

EMERGENCY CONTACT CARD

SCHOOL YEAR 20__ _ - 20 ___

You can update your contact information online using your NYC Schools Account at <u>schoolsaccount.nyc</u>. Don't have an account? Check out <u>schools.nyc.gov/nycsa.</u>

STUDENT INFORMATION			
Student Last Name Student First Name M.I. Date of Birth (mm/dd/yyyy) OSIS ID #			
If you have filled out the information in NYCSA: ☐ Emergency contact information is correct in NYCSA. No need to update form. ☐ Updated emergency contact information is below.			
This Guardian Can : Be Contacted in Emergencies Pick Up Student Receive School Mailings (check all that apply).			
Parent/Guardian Last Name (Student resides with) Parent/Guardian First Name Relationship Parent's Preferred Language of Communication (Written) Parent's Preferred Language of Communication (Oral) Home Telephone Work Telephone Cell Phone OK to Text Email Address (House Number) Apartment # City State Zip Code Borough			
This Guardian Can: Be Contacted in Emergencies Pick Up Student Receive School Mailings (check all that apply).			
Secondary Parent/Guardian Last Name Secondary Parent/Guardian First Name Relationship			
Secondary Parent/Guardian Last Name Secondary Parent/Guardian's Preferred La Secondary Home Telephone Secondary Email		Secondary Parent/Guardian's Preferred La Secondary Cell Phone	nguage of Communication (Oral) OK to Text
Secondary Address (House Number) Apartment # City State Zip Code Borough			
EMERGENCY CONTACTS			
List below names of three additional people who may be called in case of emergency or if child is sick in school. CHILD WILL BE RELEASED ONLY TO PEOPLE NAMED ON THIS CARD.			
Name			Relationship
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NO ACCESS If there is a person who may **NOT HAVE ACCESS** to child, please indicate: Please submit a copy of the order of protection to your child's school. Relationship **Order of Protection Exists? Effective Date of Court Order** ☐ Yes ☐ No **HEALTH INFORMATION** Name of Physician/Clinic: _____Telephone _____ ☐ Dermatologist ☐ Allergist/Immunologist ☐ Cardiologist ☐ Development/Behavioral Specialist ☐ Neurologist □ Pulmonologist □ Other _____ **Health Alert** ☐ Yes ☐ No Does child have any health condition that may affect participation in physical activities? (e.g., stair climbing, participation in gym) **Known Diagnoses** (please check all that apply) ☐ Asthma ☐ Seizures ☐ Allergies/Anaphylaxis ☐ Diabetes ☐ None ☐ Other______ Allergies (select all that apply) ☐ Milk ☐ Eggs ☐ Peanuts ☐ Tree Nuts (Other Nuts) ☐ Shellfish ☐ Soy ☐ Wheat ☐ Other My child has (X any that apply): Private health insurance Medicaid ☐ No health insurance If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? \square Yes \square No It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible. **SIBLINGS** Sibling's Last Name Sibling's First Name Sibling's School of Attendance SIGNATURE OF PARENT/GUARDIAN ☐ By checking this box, I agree to be contacted by elected School, District, and/or City-wide parent leader volunteers regarding events, updates, and other matters connected to my school community. By checking this box, I agree that my contact information can be shared with elected School, District, and/or City-wide parent leader volunteers so I can be updated on events and other matters connected to my school community. Principal will be notified in writing of any changes to information on this card Signature of Parent/Guardian FOR OFFICE USE ONLY To be completed by school staff only. Grade Class Room No. Teacher List below contacts made for emergency, illness or injury. Relevant records from Health Record Date Disposition Reason