

*** PLEASE COMPLETE BOTH SIDES OF THE CARD ***

Elementary

Three Village Central School District

Emergency Contact Card

Student's Name: _____ Birth Date: _____ Grade: _____ Teacher _____ Room _____

Mother or Guardian: _____ Father or Guardian: _____

Address _____ City/State/Zip _____

Home Phone # (____) _____

Primary E-mail Contact _____ Relationship _____ Secondary E-mail Contact _____ Relationship _____

Mother's Cell: (____) _____ Father's Cell: (____) _____

Mother's Work # (____) _____ Father's Work # (____) _____

Mother's Place of Employment: _____ Father's Place of Employment: _____

Step Parent(s) (____) _____ Step Parent(s) (____) _____

(Please indicate if step parent or guardian is an emergency contact)

Physician to be called in an Emergency (Local) – (____) _____

Dentist to be called in an Emergency (Local) – (____) _____

Please list any severe allergy or medical condition: _____

Please list any injury or hospitalization (with dates) student has had in the past year: _____

Please List student's current medications: _____

New York State Law requires children entering Kindergarten and new entrants to be examined by their family physician and a report submitted before entering District schools. Physical exams are also required in grades 1,3,7, and 10. It is recommended that this be done by your family physician. Children who do not submit a physical report will be seen by the school physician.

*The parent/guardian is responsible for notifying the school of any changes in the above stated information.

(OVER)

If the school cannot contact either parent, please name two local relative/friends who may be called upon to assume responsibility if child is ill or injured. Transportation of an ill or injured child is to be arranged by parent or persons named below. Please feel free to add additional names to the back of the card.
*Anyone not listed as an emergency contact will not be permitted to pick up the child.

Name/Relationship: _____
Address: _____
City, State, Zip _____
Home # (____) _____ Cell # (____) _____
Work # (____) _____

Name/Relationship: _____
Address: _____
City, State, Zip _____
Home # (____) _____ Cell # (____) _____
Work # (____) _____

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Address: _____
City, State, Zip _____
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Address: _____
City, State, Zip _____
Home # (____) _____ Cell # (____) _____
Work # (____) _____

Name/Relationship: _____
Address: _____
City, State, Zip _____
Home # (____) _____ Cell # (____) _____
Work # (____) _____

DATE: _____ Signature of Parent _____