

**Three Village Central School
District**

EMERGENCY CONTACT CARD

Elementary

Student's Name: _____ Birth Date: _____ Grade: _____ Teacher: _____ Room: _____
(Last Name) (First Name) M/D/Y

Name(s) of Parent(s) or Guardian(s): 1. _____ 2. _____

Address: _____ City/State/Zip: _____ Home Phone: _____

Mother's Cell Phone: _____ Mother's Beeper: _____

Father's Cell Phone: _____ Father's Beeper: _____

Primary e-mail contact: _____ Relationship: _____

Secondary e-mail contact: _____ Relationship: _____

Parent's Place of Employment (please include city):

Mother: _____ Work Phone: _____

Father: _____ Work Phone: _____

Step Parent(s): 1. _____ 2. _____

(Name) (Phone Number) (Name) (Phone Number)

(Please indicate if step parent is an emergency contact)

If the school cannot contact either parent, please name two local relatives/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: _____ Name/Relationship: _____

Address (Town/Village): _____ Address (Town/Village): _____

Telephone Numbers(s): _____ Telephone Numbers(s): _____

Physician to be called in an Emergency (local): _____ Telephone Number: _____

Dentist to be called in an Emergency (local): _____ Telephone Number: _____

Please list any severe allergy or medical condition(s): _____

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.**

Date: _____ Signature of Parent: _____

Names of Additional Emergency Contacts

Name/Relationship: _____

Address (Town/Village): _____

Telephone Number(s): _____

Name/Relationship: _____

Address (Town/Village): _____

Telephone Number(s): _____

Name/Relationship: _____

Address (Town/Village): _____

Telephone Number(s): _____

Name/Relationship: _____

Address (Town/Village): _____

Telephone Number(s): _____