

**Three Village Central  
School District**

**EMERGENCY CONTACT CARD**

Student's Name: \_\_\_\_\_  
(Last Name) (First Name)

Grade: \_\_\_\_\_

**\*\*Household information is viewable in the Parent Portal. Please log into the Portal and view the Family Members information. You are able to request a change to your household information electronically in the Portal.**

**NON-HOUSEHOLD AND MEDICAL INFORMATION**

*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. \* Anyone not listed as an emergency contact will not be permitted to pick up the child.*

Name/Relationship: \_\_\_\_\_

Address (Town/Village): \_\_\_\_\_

Telephone Numbers(s): \_\_\_\_\_

Physician to be called in an Emergency (local): \_\_\_\_\_

Dentist to be called in an Emergency (local): \_\_\_\_\_

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: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Address (Town/Village): \_\_\_\_\_

Telephone Numbers(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**OPTIONAL - Names of Additional Emergency Contacts**

Name/Relationship: \_\_\_\_\_

Address (Town/Village): \_\_\_\_\_

Telephone Numbers(s): \_\_\_\_\_

Telephone Numbers(s): \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_