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>

Department of Education

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's Preferred Language of Communication (Written) Secondary Parent/Guardian's Preferred Language of Communication (Oral)
Secondary Home Telephone Secondary Work Telephone Secondary Cell Phone OK to Text
Secondary Email
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	E-mail	Telephone	Relationship

NO ACCESS

If there is a person who may NOT H	AVE ACCESS to child, please ind	icate:	
Please submit a copy of the order o			Effective Date of Count Order
Name	Relationship	Order of Protection Exists?	Effective Date of Court Order
HEALTH INFORMATION			
Name of Physician/Clinic:		Telephone	
□ Allergist/Immunologist □ Car □ Neurologist □ Pul	0	t Development/Behavioral Sp	ecialist
Health Alert Does child have any health condition Limitations (e.g., stair climbing, part		physical activities? 🛛 Yes 🔲	No
Known Diagnoses (please check all		□ None □ Other	
Allergies (select all that apply)			
□ Milk □ Eggs □ Peanut			
Shellfish Soy Wheat	Other		
My child has (X any that apply):	Private health insurance	Medicaid 🛛 🗅 No health insura	nce
If "No Health Insurance," are you will	ing to share contact informatior	n from this card to learn about insurar	ice options? 🛛 Yes 🔲 No
It is understood that in the final disp The recommendation of the parent a		ne judgment of the school authorities of the school authorities of the school authorities of the school as far	will prevail.
SIBLINGS			
Sibling's Last Name	Sibling's First Name	e Sibling's S	chool 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	Contact	1	Reason	Disposition				