

**EMERGENCY HOME CONTACT****SCHOOL YEAR** \_\_\_\_\_

Student Last Name	_____	First Name	_____
-------------------	-------	------------	-------

Student OSIS #	_____	D.O.B.	_____	Grade	Sex	M	F
----------------	-------	--------	-------	-------	-----	---	---

Mother / Guardian Last Name	_____	First Name	_____
-----------------------------	-------	------------	-------

Address	_____
---------	-------

State	_____	City	_____	Zip Code	_____
-------	-------	------	-------	----------	-------

Home Phone	_____	Work Phone	_____	Cell No.	_____
------------	-------	------------	-------	----------	-------

E-Mail Address	_____
----------------	-------

Are you living in Temporary Housing Ex. Shelter, Friend, and or Relative	_____
--	-------

Father Last Name	_____	First Name	_____
------------------	-------	------------	-------

Address	_____
---------	-------

State	_____	City	_____	Zip Code	_____
-------	-------	------	-------	----------	-------

Home Phone	_____	Work Phone	_____	Cell No.	_____
------------	-------	------------	-------	----------	-------

**HEALTH ALERT**

- Does child have any health condition that may affect participation in physical activities Yes { No {  
Limitation \_\_\_\_\_  
e.g., stair climbing, participation in gym
- Allergies \_\_\_\_\_
- Medication \_\_\_\_\_
- Other Special Medical Condition \_\_\_\_\_
- 504 SERVICES current year Yes { No { Previous year 504 services Yes { No {
- Prosthetic Device Yes { No {

**RESTRICTIONS**

If there is a person who may NOT HAVE ACCESS to child, please indicate: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Order of Protection Yes { No {

Please list below names of three (3) relatives or friends who may be called in case of emergency or if child is sick in school

**CHILD WILL BE RELEASED ONLY TO PERSONS NAMED BELOW:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**PLEASE ALSO COMPLETE AND SIGN REVERSE SIDE OF THIS CARD**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail Address \_\_\_\_\_

My child has: Health Care / Insurance { Medicaid { Child Health Plus { No health Insurance {

If "No health insurance" check here { If you are willing to share contact information from this card to learn about insurance options.

Siblings	First Name	Last Name	School of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If none of the named contacts can be reached, what do you wish the school to do in case the child is sick or injured?

\_\_\_\_\_

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.

Principal will be notified in writing of any changes to information on this card

Signature of parent / guardian \_\_\_\_\_ Date \_\_\_\_\_

FOR SCHOOL USE Relevant items from Health Record \_\_\_\_\_

Please list below all contacts for emergency, sickness, or injury

Date	Contact	Reason	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Emergency Procedures**

In the event of a National Emergency the school will release students based on the following:

- A = Regular Dismissal
- B = Students maintained until 6 p.m.
- C = Student maintained until 9 p.m.
- D = Student maintained overnight