



**GERMAN LANGUAGE SCHOOL**  
AT GERMAN INTERNATIONAL SCHOOL NEW YORK

50 Partridge Road  
White Plains, NY 10605  
+1 914 948 6513 Ext. 203  
+ 1 914 948 6529 Fax  
languageschool@gisny.org  
www.gisny.org/languageschool

## EMERGENCY INFORMATION

**School Year 2022-2023**

NAME OF STUDENT: Click or tap here to enter text.

CLASS: Choose an item.

DATE OF BIRTH: Click or tap to enter a date.  
MONTH/DAY/YEAR

**ALLERGIES** or other medical conditions: Click or tap here to enter text.

**Has your child received a Covid 19 vaccine?** Yes  **If yes, please provide a copy of proof of vaccination.** No

NAME OF PARENT/S OR LEGAL GUARDIAN/S: Click or tap here to enter text.

ADDRESS

Click or tap here to enter text.  
(STREET)

Click or tap here to enter text.  
(CITY)

Click or tap here to enter text.  
(STATE and ZIP)

Home Number of Parent/s: Click or tap here to enter text.

EMAIL: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.  
(MOTHER)

Click or tap here to enter text.  
(FATHER)

PARENT'S INSURANCE COMPANY: Click or tap here to enter text.

POLICY NUMBER: Click or tap here to enter text.

1. The school has my permission to call my family physician or another physician in an emergency when my family physician or I cannot be contacted.
2. NAME OF FAMILY PHYSICIAN: Click or tap here to enter text.

TELEPHONE NUMBER: Click or tap here to enter text.

3. The school has my permission in an emergency when I (or my physician) cannot be contacted to take my child to the emergency room of the nearest hospital, and the hospital medical staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child. The original of this form shall be taken to the hospital with the patient.

By typing my name on this electronic record, I am agreeing to the terms and conditions as contained herein, and I intend it to serve as my electronic signature. I agree and authorize the German Language School at German International School New York to rely on my electronic signature and understand and acknowledge that it has a legally binding effect.

SIGNATURE/S OF PARENT/S OR LEGAL GUARDIAN/S: Click or tap here to enter text. Date: Click or tap to enter a date.  
Click or tap here to enter text. Date: Click or tap to enter a date.