



GERMAN LANGUAGE SCHOOL
AT GERMAN INTERNATIONAL SCHOOL NEW YORK

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EMERGENCY INFORMATION STUDENTS

School Year 2024/2025

NAME OF STUDENT:

CLASS:

DATE OF BIRTH:

ALLERGIES or other medical conditions:

NAME OF PARENT/S OR LEGAL GUARDIAN/S:

ADDRESS

Home Number of Parent/s:

EMAIL:

Cell Phone Number:

(Parent 1)

(Parent 2)

PARENT'S INSURANCE COMPANY:

POLICY NUMBER:

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:
TELEPHONE NUMBER:
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. The hospital medical staff has my authorization to provide a treatment that 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 (in any form) on this electronic record, I agree to the terms and conditions as contained herein and 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 OF PARENT OR LEGAL GUARDIAN:

Date: