

SUFFERN CENTRAL SCHOOL DISTRICT - EMERGENCY INFORMATION CARD

Date _____ School _____ Grade _____ Homeroom _____

Student's Name (Please Print) Last Name _____ First Name _____

Residing Address _____

Mailing Address (if different) _____

Home Phone # _____

Non-Residing Parent Name/Address (if applicable) _____

Home Phone # _____

Cell Phone # _____ Work Phone # _____ E-mail _____

PARENT/GUARDIAN CONTACT INFORMATION (Please prioritize phone #'s numerically, using check box)

Guardian 1: Name _____ Relationship _____

Home Phone # _____ Cell # _____

Work Phone # _____ E-mail _____

Guardian 2: Name _____ Relationship _____

Home Phone # _____ Cell # _____

Work Phone # _____ E-mail _____

Chronic Physical Problems _____

Allergies _____

List relatives or neighbors who will be available and permitted to pick up and/or assume temporary care if unreachable

Name _____ Relationship to student _____

Address _____

Home # _____ Cell # _____ Work # _____

Name _____ Relationship to student _____

Address _____

Home # _____ Cell # _____ Work # _____

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me or anyone listed above, I hereby authorize the school to call the physician(s) indicated below and follow his/her instructions. If no physician is reachable, the school may make whatever arrangements seem necessary.

Parent/Guardian Signature _____

Physician's Name _____ Office Phone # _____

Physician's Name _____ Office Phone # _____

Dentist's Name _____ Office Phone # _____