RONDOUT VALLEY CENTRAL SCHOOL DISTRICT
HEALTH SERVICES HEALTH/ EMERGENCY INFORMATION

YEAR: 2025-26 Grade: _____ Homeroom Teacher: _____

Student Name: _____ **Date of Birth:** _____
(Last) (First) (Middle)

Gender: _____ **Non-Binary**:_____ **Prefer not to answer**:_____

Residence Address: _____ Is this address new? Y N
(Location of Home: Street/Road/Fire No.)

Mailing Address: _____ Is this address new? Y N
(PO Box or No. of Street or Road)

Student resides with (circle one): Both Parents at same address Both Parents at separate addresses Mother Father Mother/Stepfather* Father/Stepmother* Guardian* Foster Parents* Grandparents*

Parent/Guardian Name: _____ **Parent/Guardian Name:** _____

Relationship to Child: _____ **Relationship to child:** _____

Residence Address: _____ **Residence Address:** _____

Mailing Address: _____ **Mailing Address:** _____

_____ _____

Phone: _____ **Phone:** _____

Business Phone: _____ **Business Phone:** _____

e-mail address: _____ **e-mail address:**_____

Are there any custody issues with court papers given to the school office? YES or NO (circle if applicable)
***Name of natural Parent/Guardian not living in the home (include address & phone if available). Contact in emergency? YES or NO**

_____

*** Name & Mailing Address of Guardian, Grandparent, Stepparent or Foster Parent if not included above** (include residence address if different)**:**

_____

***Home Phone, Business, or Cell of Guardian, Grandparent, Stepparent, or Foster Parent:**

_____

List two local relatives or neighbors to contact if you are not available:
(I give permission for these people to pick up my child and assume temporary care if necessary and I cannot be reached)

1)_____
(Name) (Address) (Phone)

2)_____
(Name) (Address) (Phone)

List other brothers/sisters currently attending Rondout Valley Central Schools:

_____ _____ _____ _____ _____
(Name) (DOB) (School building name) (Grade in Sept.) (List address if different than above)

_____ _____ _____ _____ _____
(Name) (DOB) (School building name) (Grade in Sept.) (List address if different than above)

_____ _____ _____ _____ _____
(Name) (DOB) (School building name) (Grade in Sept.) (List address if different than above)

_____ _____ _____ _____ _____
(Name) (DOB) (School building name) (Grade in Sept.) (List address if different than above)

Please complete the other side!

RONDOUT VALLEY CENTRAL SCHOOL DISTRICT HEALTH OFFICE EMERGENCY FORM

Hospital Choice: _____

Doctor: 1st Choice _____ Phone: _____

2nd Choice _____ Phone: _____

_____ _____ _____

Hospitalization coverage | name of insurance company | contract policy #

In the event that neither parent/guardian can be contacted in a serious emergency requiring medical attention, you have my permission to take my child _____ to the Emergency Room and this note will serve as authorization for the Emergency Room Staff to take whatever steps they think necessary for the welfare of my child.

_____ _____

Signature of Parent/Guardian | Date

Dear Parent/Guardian:

Every year it is necessary to update the health information on your child. Please indicate below any pertinent information regarding your child's health that we should be aware of during the time she/he is in school. Also, indicate the course of action you would like to follow if a problem occurs.

Sincerely,

School Nurse

HEALTH INFORMATION AND INSTRUCTIONS:

_____

_____

_____

_____

_____

_____ _____

Signature of Parent/Guardian | Date

DH #2a 09/24