

**DAVID PATERSON SCHOOL**

40 Fulton Avenue  
Hempstead, New York 11550

**EMERGENCY FORM 2025-2026**

**Student's Name:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Apt#:** \_\_\_\_\_

**Telephone#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Child lives with (1)** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**(2)** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Emergency Contacts:**

**(1) Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**(2) Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

• **Any extenuating circumstances: Order of Protection, Custody Restrictions, Etc.**  
**Explanation:** \_\_\_\_\_

**Child(ren) may only be released to:**  
**(NAME & RELATIONSHIP)**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PHOTO ID MANDATORY WHEN STUDENTS ARE BEING PICKED  
UP PRIOR TO DISMISSAL TIME. PLEASE CALL THE SCHOOL IF  
PICKING YOUR CHILD UP EARLY.**