

**EMERGENCY HOME CONTACT**

**AFFIX ATS STUDENT LABEL HERE**

**SCHOOL YEAR** \_\_\_\_\_

Student I.D. # \_\_\_\_\_ **DOB** \_\_\_\_\_

Student Last Name \_\_\_\_\_ **First Name** \_\_\_\_\_ **Sex** M \_\_\_ F \_\_\_

**Mother** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell/Beeper Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Father** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Cell/ Beeper Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Name of adult student lives with** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **Work phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email** \_\_\_\_\_

**Health Alert**  
Does child have any health condition that may affect participation in physical activities? Yes \_\_\_ No \_\_\_

**Limitation(s)** \_\_\_\_\_ e.g. stair climbing, participation in gym.

**Allergies** \_\_\_\_\_

504 Services current year Yes \_\_\_ No \_\_\_ Previous year 504 services. Yes \_\_\_ No \_\_\_

Please list below names of three (3) relatives or friends who may be called in case of emergency or if child is sick in school.

**CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THIS CARD**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

If there is a person who may NOT HAVE ACCESS to child, please indicate

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Order of Protection** Yes \_\_\_ No \_\_\_

If none of the named contacts can be reached, what do you wish the school to do in case the child is sick or injured?

**PLEASE ALSO COMPLETE AND SIGN REVERSE SIDE OF THIS CARD.**

My child has: Private Health Insurance \_\_\_ Medicaid \_\_\_ Child Health Plus \_\_\_ No health insurance \_\_\_

If "No health insurance" check here \_\_\_ if you are willing to share contact information from this card to learn about insurance options.

Name of Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Siblings:	First Name	Last Name	School of Attendance
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

If none of the named contacts can be reached, what do you wish the school to do in case the child is sick or injured? \_\_\_\_\_

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible

Principal will be notified in writing of any changes to information on this card

\_\_\_\_\_  
Signature of Parent/Guardian

**FOR SCHOOL USE**

Relevant items from Health Record \_\_\_\_\_

Please list below all contacts for emergency, sickness, or injury

DATE	CONTACT	REASON	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____