

**EMERGENCY CONTACT** (Print Information) Student ID# \_\_\_\_\_ **SCHOOL YEAR 2024 to 2025**

**Student:** Last Name \_\_\_\_\_, First \_\_\_\_\_, DOB \_\_\_\_\_ Sex M F

**Parent/ Guardian:** Lives with  \_\_\_\_\_ Relationship: \_\_\_\_\_

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Preferred Language of Communication: \_\_\_\_\_ Email: \_\_\_\_\_

**Ethnicity:** Hispanic or Latino Yes  No  **Race:**  American Indian or Alaskan Native  Asian  White  Multi Racial  
 Black or African American  Native Hawaiian/ Pacific Islander  Hispanic

Mother Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Guardian Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ Apt \_\_\_\_\_ Borough \_\_\_\_\_ Zip \_\_\_\_\_

List below the names of three (3) **(NOT Parent/s)** persons 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 YOUR CHILD, PLEASE INDICATE\*\*\***

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Order of Protection exists? Yes \_\_\_ No \_\_\_

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

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

## Health Information

Name of Physician/ Clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Health Alert

Does your child have any health condition(s) that may affect participation in physical activities?

Limitations: \_\_\_\_\_ (e.g., stair climbing, participation in gym)

Allergies: \_\_\_\_\_

My child has: Private health insurance \_\_\_\_\_; Medicaid  No health insurance   
Name of Provider

If none of the names listed on this card, can be reached, what do you wish the school to do if your child is sick or injured?

***It is understood that in the final disposition of an emergency case, the judgement of St. Francis de Sales School for the Deaf in Brooklyn school's authorities will prevail. The recommendation of the parent/guardian as indicated above will be respected as far as possible.***

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

**For School Use ONLY** .....

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Grade \_\_\_\_\_ Room No. \_\_\_\_\_ Teacher \_\_\_\_\_