

Valley Stream UFSD # 24 Emergency Contact Information

Grade: _____

Student: _____
Last Name First Name

Birth Date: _____

Home Phone: _____

Address: _____

Mother: _____ Work Ph: _____ Cell Ph: _____

Email Address: _____

Father: _____ Work Ph: _____ Cell Ph: _____

Email Address: _____

Child resides with _____ both parents _____ Mother only _____ Father only _____ Other _____

List two names and phone numbers of persons to be contacted in an emergency if the parent/guardian cannot be reached

1. _____
Name Relationship to Child Telephone

2. _____
Name Relationship to Child Telephone

Family Doctor: _____

Name

Phone

PLEASE COMPLETE OTHER SIDE

Date: _____

Please verify that all information is correct. This information will be shared with district personnel for legitimate educational interests regarding your child. In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on the reverse side and to follow his/her instructions. If it is impossible to contact the physician the school may make whatever arrangements seem necessary to insure the proper care of my child.

Signature of parent/Guardian

Does your child have allergies? _____ Specify: _____

Does your child take medications regularly? _____ Specify: _____

During past year, did your child have any serious illness or operations? _____ Specify: _____

Special Medical Conditions: _____