Valley Stream UFSD # 24 Emergency Contact Information

Student:				Grade: Birth Date:
Address:	Last		First Name	
Email Address:	Address:			Home Phone:
Email Address: Child resides with both parents Mother only Father only Other	Mother:		Work Ph:	Cell Ph:
Email Address: Child resides with both parents Mother only Father only Other	Email Address:			
Child resides with both parents Mother only Father only Other	rather:		vvork Pn:	Cell Ph:
1	Child resides with	both pare	nts Mother only	Father only Other
2. Name Relationship to Child Telephone Family Doctor: Name Phone PLEASE COMPLETE OTHER SI Name Phone Please Complete Others Si Name Phone Please with district personnel for legitimate educational interests regarding your child. In case of accident or serious illness, I request th school contact me. If the school is unable to reach me, I hereby authorize the school to call the physic indicated on the reverse side and to follow his/her instructions. If it is impossible to contact the physic the school may make whatever arrangements seem necessary to insure the proper care of my child. Signature of parent/Guardian Signature of parent/Guardian Sypecify: es your child take medications regularly? Specify:	1			CASH SIGNED SECTION OF THE SECTION O
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 th school contact me. If the school is unable to reach me, I hereby authorize the school to call the physic indicated on the reverse side and to follow his/her instructions. If it is impossible to contact the physic the school may make whatever arrangements seem necessary to insure the proper care of my child. Signature of parent/Guardian Specify: Specify:	***************************************	Name -	Relationship to Child	Telephone
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ring past year, did your child have any serious illness or operations? Specify:	legitimate educatic school contact me. indicated on the re the school may ma	onal interests rega If the school is un everse side and to ke whatever arran	ording your child. In case of nable to reach me, I hereby follow his/her instructions. In gements seem necessary to	l be shared with district personnel for accident or serious illness, I request the authorize the school to call the physic of it is impossible to contact the physic of insure the proper care of my child. Signature of parent/Guardian
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