

NTCSD SCHOOL EMERGENCY INFORMATION

DATE: _____ ___ Unlisted
___ new phone ___ new address

CHILD'S LAST NAME: _____ FIRST NAME: _____ Grade: _____

ADDRESS: _____ BIRTHDATE: _____ Rm: _____

HOME PHONE: _____ SIBLINGS (include first & last names):

Cell (Mother/Guardian): _____ 1: _____ Rm: _____

Cell (Father/Guardian): _____ 2: _____ Rm: _____

Pager: _____ 3: _____ Rm: _____

<i>Full Name of Father/Guardian</i>	<i>Place of Employment</i>	<i>Phone</i>
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<i>Full Name of Mother/Guardian</i>	<i>Place of Employment</i>	<i>Phone</i>
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Lives with (*please circle*): BOTH PARENTS FATHER MOTHER GUARDIAN

Are there **LEGALLY BINDING** custody papers/restraining orders in effect for this child:

YES _____ NO _____ *A COPY MUST BE ON FILE in the office.

EMERGENCY INFORMATION AND AUTHORIZATION

*****Please submit as many authorized contacts as possible*****

Release of minors from school (whether elementary or secondary) is governed by Section 3210 of the NYS Education Law. In summary students may only be released to the people listed below. When someone shows up to pick up the student, they must report to the school office and produce PROPER IDENTIFICATION and the name is verified as being on the list below. Minors may not be released except in the event of an emergency as determined in the sole discretion of the principal of the school, or his/her designee, provided that the persons in parental relation to the minor have been contacted and have agreed to such a release.

	Name	Relationship	Phone #1	Phone #2
1.				
2.				
3.				
4.				
5.				
6.				

Please also fill out back of card →→

Emergency Situation: In an emergency and I cannot be reached the school is authorized to send my child to the nearest hospital by ambulance for treatment. I realize that the school district cannot assume responsibility of expenses incurred.

Health Conditions: Some require special attention should an emergency or sudden illness occur. List serious allergies, recent illness or injury, immunization vaccine or other health conditions that may require special care **(please include medications your child takes at home and may affect them during the school day.)**

SPECIAL INSTRUCTIONS _____

PHYSICIAN NAME _____ **PHONE #** _____

Signature of Father *Date* *Signature of Mother* *Date*