

**Suffern Central School District – Emergency Information Card**

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

**Student's Name** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Residing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Non Residing Parent Name/Address (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Contact Information (Please prioritize phone #'a numerically using the check box)**

**Guardian 1** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_  Cell phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

**Guardian 2** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_  Cell phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

**Chronic Problems** \_\_\_\_\_

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

List relatives or neighbors who are available and permitted to pick up and/or assume temporary care if unreachable.

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ Office Phone \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ Office Phone \_\_\_\_\_

**Dentist's Name** \_\_\_\_\_ Office Phone \_\_\_\_\_

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me or any one listed above, I hereby authorize the school to call the physician(s) indicated above to follow his or her instructions. If no physician's reachable, the school may make necessary arrangement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_