Parent/Guardian (Student resides with): Parent's Preferred Language of Communication: Home Telephone (der of Protection Exists? Yes No
Parent's Preferred Language of Communication: Written	OralE-mail tBoroughZIP Relationship E-mail tBoroughZIP is sick in school. celationship celationship der of Protection Exists? YesNo Signature of Parent/Guardian
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rade Class Room No Teacher	
	New York City Department of Education
5-2290.00.3 (4000 Pkgs) 01/12	lew York City Department of Education
HEALTH INFORMATION	
Name of Physician/Clinic:	Telephone ()
Health Alert	
Does child have any health condition that may affect participation in physical activities?	
	e.g., stair climbing, participation in gy
Allergies No Previous Year O4 services for the current year? Yes No Previous Year	-2 V N-
out services for the current year? YesNoPrevious Year	r? YesNo
My child has (X any that apply): Private health insurance; Medicaid	. No health insurance
f "No Health Insurance," are you willing to share contact information from this card to learn about in	nsurance options? Yes No
	THE RESERVE OF THE PARTY OF THE
f none of the named contacts can be reached, what do you wish the school to do if your	child is sick or injured?
t is understood that in the final disposition of an emergency case, the judgment of the sc	shool authorities will prevail
The recommendation of the parent as indicated above will be respected as far as possible	
no resembliation of the parent de maleated above will be respected de lai de poesio	
Siblings: Last Name First Name Se	chool of Attendance
	The state of the s
FOR SCHOOL USE	
ist below contacts made for emergency, illness or injury. Relevant records from Health	Record
ist below contacts made for emergency, illness or injury. Relevant records from Health	n Recordsposition