**P12X Emergency Blue Card**

Grade \_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_ Room \_\_\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_

DOB: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Sex: M F OSIS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

Parent/Guardian (student resides with): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Preferred Language: Oral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ Borough: \_\_\_\_\_\_\_\_\_\_\_\_

Other Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Preferred Language: Oral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # ( ) \_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ Borough: \_\_\_\_\_\_\_\_\_\_\_\_

Siblings: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_

**EMERGENCY CONTACT/DISMISSAL INFORMATION**

My child can go home alone (Metro Cards Grades 6-12) Yes [ ] No [ ] Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD WILL BE RELEASED **ONLY** TO PERSONS NAMED ON THIS CARD.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this is a person who may **NOT HAVE ACCESS** to the child please indicate:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Order of Protection Exists? Yes \_\_\_ No \_\_

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION**

Name of Physician/Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_

Health Alert: Does your child have any health conditions that may affect participation in physical activities Yes [ ] No [ ]

Limitations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. stair climbing) Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

504 Services for current year? Yes [ ] No [ ] 504 Services for previous year? Yes [ ] No [ ]

My child has (check all that apply) \_\_\_private health insurance \_\_\_Medicaid \_\_\_ No health Insurance

If “No health insurance” are you willing to share contact information from this card to learn about insurance options? \_\_Yes \_\_ No

**Tarjeta Azul de Emergencia de P12X**

Grado \_\_\_\_\_\_\_\_ Clase \_\_\_\_\_\_\_\_ Sitio \_\_\_\_\_\_\_\_ Profesor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMACION DEL ESTUDIANTE**

Apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial \_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Sexo: M F OSIS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMACION DE LA FAMILIA**

Padre/Tutor (el estudiante reside con): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relacion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lenguaje preferido del padre: Oral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Escrito: \_\_\_\_\_\_\_\_\_\_\_\_\_ Correo Electronico \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefono Casero #( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trabajo # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Celular# ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direccion Casera: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apto # \_\_\_\_\_\_\_\_

Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_\_\_ Codigo postal: \_\_\_\_\_\_\_\_\_\_ Municipal: \_\_\_\_\_\_\_\_\_\_\_\_

El otro Padre/Tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relacion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lenguaje preferido del padre: Oral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Escrito: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefono Casero# ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trabajo # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Celular # ( ) \_\_\_\_\_\_\_\_\_\_\_\_

Direccion Casera: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apto # \_\_\_\_\_\_\_\_

Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_\_\_ Codigo postal: \_\_\_\_\_\_\_\_\_\_ Municipal: \_\_\_\_\_\_\_\_\_\_\_\_

Hermanos: Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_\_\_\_

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grado: \_\_\_\_\_\_\_

**INFORMACION DEL CONTACTO DE EMERGENCIA/DESPIDO**

Mi nino puede ir a casa solo (la tarjeta del metro califica grados 6-12) Si [ ] No [ ] Firma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enumere debajo los nombres de 3 personas **que pueden** ser llamados en caso de urgencia o si su nino esta enfermo en la escuela

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relacion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contacto# \_\_\_\_\_\_\_\_\_\_\_\_

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relacion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contacto# \_\_\_\_\_\_\_\_\_\_\_\_

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relacion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contacto# \_\_\_\_\_\_\_\_\_\_\_\_

Si hay una persona **que no debe** tener acceso al nino, por favor indique:

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relacion \_\_\_\_\_\_\_\_\_\_Existe una orden de proteccion? Si \_\_\_ No \_\_

En caso de que no podamos contactar a ninguna de las personas aqui indicadas, que desea que haga la escuela sis u hijo estuviera enfermo o lesionado?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMACION DE LA SALUD**

Nombre del medico/de la clinica \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telefono # \_\_\_\_\_\_\_\_\_\_\_\_

Alarma de la salud: Tiene su nino cualquier condicion de la salud que pueda afectar la participacion en actividades fisicas Si [ ] No [ ]

Limitaciones \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(e.g. subir escaleras) Alergias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

504 Servicios por ano actual? Si [ ] No [ ] 504 Servicios por ano anterior? Si [ ] No [ ]

Mi nino tiene(marque todo lo que aplique) \_\_\_seguro medico privado \_\_\_Medicaid \_\_\_ Ningun seguro medico

Si “ningun seguro medico”, esta usted dispuesto a compartir la informacion del contacto de esta tarjeta para aprender mas sobre opciones acerca de seguro? \_\_Si \_\_ No