

**EMERGENCY CONTACT CARD (Print Information)****SCHOOL YEAR 20\_\_ TO 20\_\_**

**Student:** Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ ID# \_\_\_\_\_  
**Parent/Guardian** (Student resides with): \_\_\_\_\_ Relationship \_\_\_\_\_  
 Parent's Preferred Language of Communication: \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
 Home Telephone ( ) \_\_\_\_\_ Work Tel. ( ) \_\_\_\_\_ Cell No. ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. \_\_\_\_\_ Borough \_\_\_\_\_ ZIP \_\_\_\_\_  
**Other Parent/Guardian:** \_\_\_\_\_ Relationship \_\_\_\_\_  
 Parent's Preferred Language of Communication: \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
 Home Telephone ( ) \_\_\_\_\_ Work Tel. ( ) \_\_\_\_\_ Cell No. ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. \_\_\_\_\_ Borough \_\_\_\_\_ ZIP \_\_\_\_\_

List below names of three (3) persons who may be called in case of emergency or if child is sick in school.

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

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

If there is a person who may NOT HAVE ACCESS to child, please indicate:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Order of Protection Exists? Yes \_\_\_ No \_\_\_

Principal will be notified in writing of any changes to information on this card \_\_\_\_\_

**Signature of Parent/Guardian****IMPORTANT- PLEASE COMPLETE REVERSE SIDE OF THIS CARD > > > > > > > > > > > > > > > > > >**

Grade \_\_\_\_\_ Class \_\_\_\_\_ Room No. \_\_\_\_\_ Teacher \_\_\_\_\_  
**25-2290.00.3 (4000 Pkgs)** **New York City Department of Education**

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Grade \_\_\_\_\_ Class \_\_\_\_\_ Room No. \_\_\_\_\_ Teacher \_\_\_\_\_  
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