

SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A, Saugerties, New York 12477 Telephone: (845) 247-6500

Parent/Guardian Emergency Information Form

Please print legibly. To ensure accurate information, it is MANDATORY that parents/guardians **SIGN AND DATE** this Student Information Form for **each student** enrolled within the Saugerties Central School District.

| | | | |
|---|----------------------------|--------------------------------|--------------------------|
| <i>Teacher:</i> | <i>Homeroom:</i> | <i>Student ID:</i> | <i>Date Updated</i> |
| | <i>Last Name</i> | <i>Family ID:</i> | <i>___/___/___</i> |
| <i>Student Name</i> | | <i>First Name</i> | <i>MI</i> |
| | | | |
| | <i>Street/Apt. #</i> | <i>City</i> | <i>State, Zip</i> |
| <i>Student Residence Address</i> | | | |
| | <i>Post Office Box</i> | <i>City</i> | <i>State, Zip</i> |
| <i>Student Mailing Address</i> | | | |
| <i>Student Household Telephone</i> | | <i>Current Grade</i> | |
| <i>Student Birth Place (city/state)</i> | | <i>Students Birth Date</i> | |
| <i>Student Birth Country</i> | | | |
| <i>Parent/Guardian Name</i> | | <i>Is student a US Citizen</i> | <i>Y or N</i> |
| | | <i>Date Student Entered US</i> | <i>Date: ___/___/___</i> |
| Elementary Only Early Dismissal Contact | <i>Name and Telephone:</i> | | |

If guardianship or residential address has changed, you must contact the building secretary to request the required change of address form or guardianship filing requirements.

Emergency Contact Information: If a Parent/Guardian cannot be reached, the individuals below are authorized to pick up my child and can be reached during school hours at the numbers listed. **Please list 3 individuals other than the parents.**

| <i>Emergency Contact 1</i> | <i>Relationship</i> | <i>Household Telephone</i> | <i>Alternate Phone</i> |
|----------------------------|---------------------|----------------------------|--------------------------|
| | | | Work _____ Cell _____ |
| <i>Emergency Contact 2</i> | <i>Relationship</i> | <i>Telephone</i> | <i>Alternate Phone</i> |
| | | | Work _____ Cell _____ |
| <i>Emergency Contact 3</i> | <i>Relationship</i> | <i>Telephone</i> | <i>Alternate Phone</i> |
| | | | Work _____ Cell _____ |

Emergency & Health Information

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. **If your child is currently under treatment for a medical condition and/or will require medication administration during the school day, you must notify the health office via phone or in person.** Special health forms must be completed and signed by your physician before ANY medication can be administered to your child.

| | |
|--------------------------|---------------|
| <i>Physician's Name:</i> | <i>Phone:</i> |
|--------------------------|---------------|

Health Comments: _____

Emergency Comments: _____

Parent / Guardian Signature _____ **Date:** _____

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Parent/Guardian Emergency Information Form

Student Last Name: _____ **Student First Name:** _____ **Student MI:** _____ **Grade:** _____

Parent/Guardian Information

Last Name _____ First Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip Code _____

Household Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____ Employer _____

Does Student Reside at this address? **IF NO, IS A MAILING TO THIS ADDRESS REQUESTED?**
Yes No Yes No

Last Name _____ First Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip Code _____

Household Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____ Employer _____

Does Student Reside at this address? **IF NO, IS A MAILING TO THIS ADDRESS REQUESTED?**
Yes No Yes No

Custodial Parent/Guardian Signature

Date