



Jakub Lau, Principal
Latina Lewis, Assistant Principal

EMERGENCY CONTACT CARD (PRINT INFORMATION)

STUDENT: Last Name: _____ First Name: _____ MI: ____ DOB: _____ Sex: _____

Parent/Guardian (Student resides with): _____ Relationship _____

Parent's Preferred Language of Communication: Written: _____ Oral: _____

Home Telephone () _____ **Work Telephone ()** _____ **Cell No. ()** _____

E-mail (Please Print): _____@_____

Address: _____ Apt. # _____ Borough _____ State _____ ZIP _____

Other Parent/Guardian: _____ **Relationship** _____

Home Telephone () _____ **Work Telephone ()** _____ **Cell No. ()** _____

E-mail (Please Print): _____@_____

Address: _____ Apt. # _____ Borough _____ State _____ 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 PERSONS NAMED ON THIS CARD. (Please PRINT CLEARLY)

Name: _____ **Telephone: ()** _____ **Relationship:** _____

Name: _____ **Telephone: ()** _____ **Relationship:** _____

Name: _____ **Telephone: ()** _____ **Relationship:** _____

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

Name: _____ **Relationship:** _____

Order of Protection Exists? **Yes** or **No**

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

Signature of Parent/Guardian

