

**CENTER MORICHES UFSD
EMERGENCY INFORMATION FORM
2019 – 2020 SCHOOL YEAR**

SO THAT WE MAY REACH YOU IN THE EVENT OF AN EMERGENCY

STUDENT'S NAME _____ HOME PHONE _____ BUS _____
ADDRESS _____ TEACHER _____ GRADE _____
_____ DOB _____

WHERE PARENTS CAN BE REACHED IF NOT AT HOME

PARENT NAME _____ TELEPHONE _____
PARENT NAME _____ TELEPHONE _____
E-MAIL _____

LIST THREE NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED. ACCORDING THE NYS LAW #3210 THESE ARE THE ONLY PEOPLE YOUR CHILD CAN BE RELEASED TO:

_____ Name _____	_____ Relationship _____	_____ Phone _____
_____ Name _____	_____ Relationship _____	_____ Phone _____
_____ Name _____	_____ Relationship _____	_____ Phone _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below, and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

SIGNATURE OF PARENT/GUARDIAN

Any special medical conditions.

Local Physician's Name _____

Address Telephone _____

***PLEASE NOTE:** If your child should not, under any circumstance, be released to specific individuals, please contact the Principal's office to discuss.