

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

Physician's Name:	Phone:
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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