



## Emergency Care Information Binghamton City School District

In case of an emergency, the school staff will contact 911  
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

### STUDENT INFORMATION

Last	First	Middle	Date of Birth
School Name	Teacher or Counselor	Gender:	Grade
		Male	
		Female	

### PARENT/GUARDIAN CONTACT INFORMATION

Any parent with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child from school. A non-custodial parent has the right to be listed as an emergency contact unless a court order or other legal document stating otherwise has been presented to the school.

Last	First	MI	Telephone
			Home
Street Address		Apt #	Work
City	State	Zip Code	Cell
Relationship	Resides With: Yes ___ No ___	Language:	E-mail

Last	First	MI	Telephone
			Home
Street Address		Apt #	Work
City	State	Zip Code	Cell
Relationship	Resides With: Yes ___ No ___	Language	E-mail

Last	First	MI	Telephone
			Home
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Last	First	MI	Telephone
			Home
Street Address		Apt #	Work
City	State	Zip Code	Cell
Relationship	Resides With: Yes ___ No ___	Language	E-mail

### OTHER CONTACT INFORMATION

Please list four people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone

Name: Last \_\_\_\_\_

First \_\_\_\_\_

Grade \_\_\_\_\_

Please fill out and sign the other side of this form. Side One of Two . **TURN OVER** for Side Two.



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		Female	
Siblings Attending School District:			
Name(s):			

Below list any current health condition that may require attention during the school day.

Medical Conditions	
Allergies	List all allergies your child has:
Foods:	Reaction:
Medicines:	Reaction:
Insects:	Reaction:
Other:	Reaction:
Asthma	Triggers:
Hearing Condition:	
Eye or Vision Condition:	Corrective Lenses:
Heart Condition:	
Respiratory Disorders:	
Blood Disorders:	
Nervous System Disorders:	
	Migraines:
	Seizures and Type, Date of Onset:
Skin Condition:	
Diabetes:	
Learning Disability:	
Physical Disability:	
History of Communicable Disease:	
Other:	

### PHYSICIAN INFORMATION

Primary Care Provider	Telephone
Specialist Care Provider	Telephone
Dentist	Telephone
Preferred Emergency Room or Hospital	Medical Insurance Provider

### MEDICATIONS

List all Medications and dosages your child receives on a regular basis:
<b>A written Doctor's order is necessary for medications that will be given at school.</b>

The school has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

I verify that the above information is true and correct and I understand that this information may be shared with personnel involved with my child.

Parent or Guardian Signature	Date
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