

MARLBORO CENTRAL SCHOOL DISTRICT

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Dear Parent;

New York State Education Law mandates that all students have updated EMERGENCY INFORMATION on file in the school health office. Please cooperate by completing the lower half of this page and signing in the appropriate area. Return the form to the _____ School Health Office by _____. It is in the best interest of your child to provide the school with accurate and updated information so that help/assistance may be given in emergency situations. It is the **responsibility** of the parent/guardian to inform the school when telephone numbers (home/job) are changed.

Sincerely,
Health Office

EMERGENCY INFORMATION

Student Name _____ Grade _____

Street Address _____

Mailing Address _____

Parent/Guardian Names _____

Does Child Live With Parents Listed Above? Yes No – Explain _____

Home Phone # _____ E-mail Address _____

Mother's Cell Phone # _____ Father's Cell Phone # _____

Mother's Work Phone # _____ Father's Work Phone # _____

Are there any Custodial Issues? Yes No

If yes explain: _____

Emergency Name & Numbers (to call in the event of illness/accident when **parent cannot** be reached)

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Family Physician _____ Phone # _____

Hospital Preferred _____ Phone # _____

Does the student have any ongoing medical/allergic conditions? _____

Does the student take medication on a regular basis? _____ If so what? _____

For the health and safety of your child this information will be shared with the appropriate school personnel.

Signature of Parent/Guardian _____ Date _____