

ACADEMIC YEAR 20__-20__
HEALTH SERVICE EMERGENCY INFORMATION SHEET
Hasting Public Schools Hastings-on-Hudson. New York 10706

Farragut Health Office 478-6224 Farragut Fax 478-6340

Hillside Health Office 478-6280 Hillside Fax 478-6279

Grade as of Sept _____
Teacher _____ **K-4 only**
Bus # _____ **K-4 only**

Student's Name _____
(Last name) (First name)

Home Address _____
Home Telephone _____ **D.O.B.** _____

Mother's Name _____
Does mother live with child? Yes ___ **No** ___ **IF "NO" PUT ADDRESS & TELE# BELOW**
Work #- _____ **Cell #** _____
Email _____
 ***** _____

Father's Name _____
Does father live with child? Yes ___ **No** ___ **IF "NO" PUT ADDRESS & TELE BELOW**
Work # _____ **Cell #** _____
Email _____

Emergency Contacts: Please list persons who will assume temporary care of your child if you can not be reached.

#1-Name _____ **Relationship** _____
home # _____ **work #** _____ **cell #** _____

#2-Name _____ **Relationship** _____
Home # _____ **work #** _____ **cell #** _____

#3-Name _____ **Relationship** _____
home # _____ **work #** _____ **cell #** _____

Physician Name _____
Address _____ **Tele #** _____

Significant Medical History (please include any allergies, medical conditions and or medications) _____

In case of an accident or serious illness, I request that the school nurse, administrator or his/her designee seek medical care for my child and make any necessary medical decisions until I can be reached. I understand and accept that the information provided to the health office regarding my child may be provided to other Hastings school personnel on an "as needed" basis in order to ensure the safety and well being of my child.

Parent/Guardian (print) _____