Farmingdale Public Schools – Emergency Contact Information

20_____

Student's Name_____ School_____ Grade_____ HR_____
(Last) (First) (MI)

Student Cell (if applicable)_____ Birth Date_____/_____/_____ Walker_____ or Bus #_____

Address_____ Home Phone #_____
(Street) (City) (Zip Code)

Mother/Guardian_____ Work#_____ Cell#_____ Email_____
(Last) (First)

Father/Guardian_____ Work#_____ Cell#_____ Email_____
(Last) (First)

If either parent cannot be reached, please contact one of the following people (in order of preference). This may include a sibling over the age of 18. In case of an emergency evacuation/relocation, the following people also have my permission to pick up my child if a parent or guardian cannot be reached.

1- Name_____ Relationship_____

Phone #_____ Cell #_____

2- Name_____ Relationship_____

Phone #_____ Cell #_____

3- Name_____ Relationship_____

Phone #_____ Cell #_____

If your child has a 12th grade sibling, please complete:

_____ _____
(Name of 12th Grader) (Cell Phone Number)

PLEASE COMPLETE OTHER SIDE OF CARD

Health Information:

Physician's Name_____Phone #_____
Address_____Hospital_____

Medicaid ☐ Yes ☐ No

1. During the last school year has your child had any serious illness, communicable disease, injury or operation? Yes / No

Specify_____

2. Does your child have any allergies? Yes / No Specify_____
_____Is an EPI-PEN required? Yes / No

3. Does your child take any medications (excluding vitamins and herbal supplements) on a regular basis? Yes / No
Specify_____

4. Have there been any changes in your family (new baby, death of close relative) that could affect your child? Yes / No
Specify_____

5. Is there anything concerning your child's general health, eyes, or ears which we should know about in order to provide special care? Yes / No
Specify_____

6. Does your child wear contact lenses? Yes / No Glasses? Yes / No

7. If your child received any immunizations during the past school year, please submit the physician's certificate.

8. The physical examination is required by law for all new entrants as well as all students in grades K, 2, 4, 7, and 10. **PHYSICALS MUST BE RECEIVED BY OCTOBER 1ST.**

I understand it is my responsibility to inform the school of changes in any of the above information._____
(Signature of Parent / Guardian) (Date)

PLEASE COMPLETE OTHER SIDE OF CARD