EMERGENCY CARD

ENLARGED CITY SCHOOL DISTRICT OF TROY

	Please l							
Home Address						Hom	ne Phone	
School		Grade	<u> </u>	_Home	eroom	Teac	eher	
Father					Located at _			
Mother					Located at	During	g School Hours	Phone
Step-Parent or Guard	dian				Located at	During	g School Hours	Phone
Previous Schools At	tended					During	g School Hours	Phone
In the event of emerg	gency, illı						ion:	
1 Relative, neighbor or friend				at Phone			NOTE: Please advise these individuals	
Of	OrAlternate			_ at _	Dhone		that you are listing them for emergency care and transportation.	
2	nate			_ at _	Filone			•
2. Family Physician 3. Eye Examiner 4. Family Dentist							Glasses Pur	chased Where
					Phone			
→.				_ at _	Dhono			
Family 1 5. Special health con								
	ısideratioı	ns					(Name of h	nospital in Troy, NY)
Special health conI hereby authorize	ısideratioı	ns			nt I cannot be		(Name of h	nospital in Troy, NY)
5. Special health con I hereby authorize To give emergency of	care to my	son/dau	ighter in th	ne eve	nt I cannot be	reached. Int Signature of last y	ear through Se	
5. Special health con I hereby authorize To give emergency of Date Please complete the (12 months).	care to my	son/dau	ighter in the	ne eve	nt I cannot be	reached. Int Signature of last y	ear through Se	ptember of this year
5. Special health con I hereby authorize To give emergency of Date Please complete the (12 months).	care to my	son/dau	ighter in the	ne eve	nt I cannot be	reached. Int Signature Tof last y	ear through Se	ptember of this year
5. Special health con I hereby authorize To give emergency of Date Please complete the (12 months). Physical	care to my following No Findi	son/dau y son/dau y informa Yes ngs	ghter in the distribution. It compared to the distribution of the	vers fi	rom September	reached. Int Signature In of last y In octor Dr	ear through Se	ptember of this year
5. Special health con I hereby authorize To give emergency of Date Please complete the (12 months). Physical Eye Examination	following No Findi	y son/dau y son/dau y son/dau yes ngs Yes	ghter in the distribution. It compared to the distribution of the	ne eve	rom September	reached. of last y octor Dr rk Done_	ear through Se	ptember of this year Glasses: Yes- No
5. Special health con I hereby authorize To give emergency of Date Please complete the (12 months). Physical Eye Examination Dental Exam Immunizations	following No Findi No No	y son/dau y son/dau y son/dau Yes ngs Yes Yes	oghter in the distribution. It conditions to the distribution of t	vers fi	rom September by Date	reached. of last y octor Dr rk Done_	ear through Se	ptember of this year Glasses: Yes- No
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If your child has had a summer physical or you wish to have your child have a physical from your private physician for the current school year, please contact your school nurse as soon as possible for the form to be filled out by your physician.