_____ **Check Here**
(If there is new information)

DUANESBURG CENTRAL SCHOOL

STUDENT EMERGENCY INFORMATION SHEET

Website: www.duanesburg.org

HmRm_____
Bus Rte_____

1. Please print clearly. ***2. Call the office with any updated information during the school year.***

PUPIL INFORMATION: Date of Birth____/____/____ _____
Home **Phone** Number_____ unlisted ☐ Student Last Name First Name

Mailing Address: _____ **911 Address**: _____
(Complete with) _____ (Complete or) _____
(City, Zip) _____ (write "SAME") _____

MOTHER or Step Guardian INFORMATION: **(Please be Complete)** **FATHER or Step Guardian INFORMATION:**
(Custodial parents/Guardian Information needed.)

Name Mother/Guardian_____ _____
Mailing Address_____
(Complete) _____
_____
Home Phone No._____
Cell/Beeper No._____
Email address (optional) _____
Place of **Employment**_____
Address_____
Work Phone No._____

Name Father/Guardian_____
Mailing Address_____
(Complete) _____
_____
Home Phone No._____
Cell/Beeper No. _____
Email address (optional)_____
Place of **Employment**_____
Address_____
Work Phone No._____

In case parent/guardian is not available:
Emergency contact(s)_____ Phone No(s)._____
_____

Does this child have any life threatening medical condition?_____
(i.e. bee/peanut/tree nut allergy, febrile seizure)

____ Yes - Child Care

____, No - Child Care
(Check One)

EMERGENCY DISMISSAL PLAN ONLY FOR ALL K-12 STUDENTS

Return this form to the office as soon as possible

This plan will only be used in the event that school should close early due to inclement weather or another emergency related situation. The following plan that you **indicate will be in effect for your child. If your child attends the DACC After-School Program (which will not be held in an emergency situation), you MUST check Choice C** for alternate instructions, then complete the information requested. If you have filled out a Child Care/Parent Transport Form to pick up your child you must check **Choice A or C**, and complete the information requested. In an emergency situation, PHONING parents is NOT AN OPTION.

Choose ONE of the following dismissal plans, and SIGN BELOW.

A. _____ I want my child to go home.

B. _____ I want my child to go to his/her Care Giver: Name_____ Bus Rte_____
Address_____ Phone No._____

C. _____ I want my child to follow the alternate instructions I have specified below.

Send my child to the home of:
Name _____
Address (specify road and number location)
_____
Phone _____
Bus Route (call bus garage if unknown)_____

Family Doctor: _____/Telephone No.: _____ Hospital Preference:_____
(i.e. Guilderland Pediatrics, Rotterdam Family Medicine, etc.) (If your child must be taken to the hospital.)

From time to time radio, television and newspaper photos and names are taken in your child's school. Please put a check mark below **if you do not wish** to have your child's photograph and/or name used for such school promotion and media projects:
☐ CHECK HERE IF YOU DO NOT WISH TO HAVE YOUR CHILD'S PHOTO OR NAME USED FOR SCHOOL PUBLICITY.

PARENT/GUARDIAN SIGNATURE:_____ **Date:**_____

We need a new Emergency Info Sheet for every child each year. Emergency Sheets due ASAP. Parents requiring Child Care/Parent Transport forms must submit new ones each year and forms are due – no later than 7/31. The transportation office will be unable to accept busing change requests from 8/21-9/18. Forms received late will be processed and put in place on 9/21.

PLEASE FILL this FORM OUT COMPLETELY , and the CHILD CARE FORM

:jmb,6/18/15