



## Emergency Contact Card 2018-2019

(Please Print)

**Student:** Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_\_

**Student:** Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_\_

**Student:** Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_\_

**Student:** Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian #1** \_\_\_\_\_ Relationship \_\_\_\_\_

Parent's Preferred Language of Communication: Written \_\_\_\_\_ Oral \_\_\_\_\_

Home Telephone (     ) \_\_\_\_\_ Work Telephone (     ) \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

**Parent/Guardian #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Parent's Preferred Language of Communication: Written \_\_\_\_\_ Oral \_\_\_\_\_

Home Telephone (     ) \_\_\_\_\_ Work Telephone (     ) \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

### ADDITIONAL PERSONS AUTHORIZED FOR PICK-UP (please list 3):

Name \_\_\_\_\_ Telephone (     ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone (     ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone (     ) \_\_\_\_\_ Relationship \_\_\_\_\_

If there is a person who may NOT HAVE ACCESS to child, please indicate:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Order of Protection Exists? Yes No  
(documentation may be requested)

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### Elm City Montessori School

Primary School: 375 Quinnipiac Avenue • New Haven, CT 06513

Elementary School: 495 Blake St • New Haven, CT 06515

Phone: 203.903.4031 • Fax: 203.946.6077

[www.elmcitymontessori.org](http://www.elmcitymontessori.org)

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**HEALTH INFORMATION**

Name of Physician/Clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Health Alert**

Does child have any physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

Birth to 3 services for the current year? Yes \_\_\_\_\_ No \_\_\_\_\_ Previous Year? Yes \_\_\_\_\_ No \_\_\_\_\_

ECAT services for the current year? Yes \_\_\_\_\_ No \_\_\_\_\_ Previous Year? Yes \_\_\_\_\_ No \_\_\_\_\_

My child has (X any that apply): Private health insurance: \_\_\_\_\_ Medicaid: \_\_\_\_\_ No health insurance \_\_\_\_\_

If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? Yes No

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?  
\_\_\_\_\_

Hospital of choice? \_\_\_\_\_

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

**Siblings:**

Last Name	First Name	School of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Principal will be notified in writing of any changes to information on this card**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**


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