Department of Education

EMERGENCY CONTACT CARD

SCHOOL YEAR 2026 - 2027

You can update your contact information online using your NYC Schools Account at schoolsaccount.nyc. Don't have an account? Check out schools.nyc.gov/nycsa.

STUDENT INFORMATION

Student Last Name **Student First Name** **M.I.**

Date of Birth (mm/dd/yyyy) OSIS ID #

This Guardian Can : ___ Be Contacted in Emergencies ___ Pick Up Student ___ Receive School Mailings (check all that apply).

Parent/Guardian Last Name (Student resides with) **Parent/Guardian First Name** **Relationship**

Parent's Preferred Language of Communication (Written) Parent's Preferred Language of Communication (Oral)

Home Telephone Work Telephone Cell Phone Y | N OK to Text

Email

Address (House Number) Apartment #

City State Zip Code Borough

This Guardian Can: ___ Be Contacted in Emergencies ___ Pick Up Student ___ Receive School Mailings (check all that apply).

Secondary Parent/Guardian Last Name **Secondary Parent/Guardian First Name** **Relationship**

Secondary Parent/Guardian's Preferred Language of Communication (Written) Secondary Parent/Guardian's Preferred Language of Communication (Oral)

Secondary Home Telephone Secondary Work Telephone Secondary Cell Phone Y | N OK to Text

Secondary Email

Secondary Address (House Number) Apartment #

City State Zip Code Borough

EMERGENCY CONTACTS

List below names of three additional people who may be called in case of emergency or if child is sick in school.

CHILD WILL BE RELEASED ONLY TO PEOPLE NAMED ON THIS CARD.

Name	E-mail	Telephone	Relationship

IMPORTANT – PLEASE COMPLETE NEXT PAGE >>>

NO ACCESS

If there is a person who may **NOT HAVE ACCESS** to child, please indicate:
Please submit a copy of the order of protection to your child's school.

Name	Relationship	Order of Protection Exists?	Effective Date of Court Order
		☐ Yes ☐ No	

HEALTH INFORMATION

Name of Physician/Clinic: _____ Telephone _____

☐ Allergist/Immunologist ☐ Cardiologist ☐ Dermatologist ☐ Development/Behavioral Specialist
☐ Neurologist ☐ Pulmonologist ☐ Other _____

Health Alert

Does child have any health condition that may affect participation in physical activities? ☐ Yes ☐ No

Limitations _____
(e.g., stair climbing, participation in gym)

Known Diagnoses (please check all that apply)

☐ Asthma ☐ Seizures ☐ Allergies/Anaphylaxis ☐ Diabetes ☐ None ☐ Other _____

Allergies (select all that apply)

☐ Milk ☐ Eggs ☐ Peanuts ☐ Tree Nuts (Other Nuts) ☐ Fish
☐ Shellfish ☐ Soy ☐ Wheat ☐ Other _____

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

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

Sibling's Last Name	Sibling's First Name	Sibling's School of Attendance

SIGNATURE OF PARENT/GUARDIAN

☐ By checking this box, I agree to be contacted by elected School, District, and/or City-wide parent leader volunteers regarding events, updates, and other matters connected to my school community.

☐ By checking this box, I agree that my contact information can be shared with elected School, District, and/or City-wide parent leader volunteers so I can be updated on events and other matters connected to my school community.

Principal will be notified in writing of any changes to information on this card _____
Signature of Parent/Guardian

FOR OFFICE USE ONLY

To be completed by school staff only.

Grade _____ Class _____ Room No. _____ Teacher _____

List below contacts made for emergency, illness or injury. Relevant records from Health Record _____

Date	Contact	Reason	Disposition