

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

DUANESBURG CENTRAL SCHOOL
STUDENT EMERGENCY INFORMATION SHEET

HmRm _____
Bus Rte _____

Website: www.duanesburg.org

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 <input type="checkbox"/>	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 _____	Name Father/Guardian _____
Mailing Address _____ (Complete) _____	Mailing Address _____ (Complete) _____
Home Phone No. _____	Home Phone No. _____
Cell/Beeper No. _____	Cell/Beeper No. _____
Email address (optional) _____	Email address (optional) _____
Place of Employment _____	Place of Employment _____
Address _____	Address _____
Work Phone No. _____	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