



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, Ph. D., Headmaster

EMERGENCY SHEET FOR 2016-2017

PLEASE FILL OUT ALL INFORMATION COMPLETELY AND RETURN TO FRONT OFFICE ASAP

PLEASE PRINT

Student's Name: _____ Date of Birth: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Student Home Phone: _____ Student Cell: (if applicable): _____

Student's E-Mail Address (if applicable): _____

PARENT 1 INFORMATION

Parent 1/Guardian's Name: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

School contact email: _____ Alternate email (work): _____

Profession: _____ Work Title: _____

Company Name: _____

Company Address: _____

PARENT 2 INFORMATION

Parent 2/Guardian's Name: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

School contact email: _____ Alternate email (work): _____

Profession: _____ Work Title: _____

Company Name: _____

Company Address: _____

PHYSICIAN INFORMATION

Physician's Name: _____

Physician's Address: _____

Physician's Phone(s): _____

ADDITIONAL EMERGENCY CONTACT (In case parents/guardians cannot be reached)

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____