



# 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: \_\_\_\_\_