

**COMMACK UFSD**

**STUDENT EMERGENCY CONTACT FORM**

**PLEASE PRINT**

School \_\_\_\_\_

Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell Phone # \_\_\_\_\_ Father's Work Phone # \_\_\_\_\_

Father's e-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Cell Phone # \_\_\_\_\_ Mother's Work Phone # \_\_\_\_\_

Mother's e-mail Address \_\_\_\_\_

**IN CASE OF ILLNESS:** **LOCAL** PERSONS TO BE CALLED IN EVENT PARENT CANNOT BE REACHED  
Unless the below box is checked, I authorize the District to release my child to any of the emergency contacts listed below in case of illness or emergency.

I do not authorize the District to release my child to the emergency contacts.

Emergency Contact Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone # \_\_\_\_\_

Physicals are required for 1) All new entrants and 2) Grades Pre-K or K, 1, 3, 5, 7, 9 and 11. These physicals may be given by your private physician – written proof required – by October 15<sup>th</sup>. After that date your child will be examined by the School Physician or Physician's Assistant.

Printed Name of Parent/Guardian Signing Form \_\_\_\_\_

Signature (**form must be signed**) \_\_\_\_\_