



154 West 93rd Street New York, NY 10025
 Phone: 212-222-1450 | Fax: 212-222-1828
 E-Mail: info@ps333.org | Website: www.ps333.org
 Principal: Claire Lowenstein | Assistant Principals: Kerry Powers & Modesta Peralta

TEACHER: CLASS:

*** RETURN FORM TO TEACHER ***

Emergency Contact Information

Please print information and give to your teacher as soon as possible. **Students are not allowed to go on first Friday field trips without this form!**

CLASS / TEACHER : _____

Student Last Name:		Student First Name:		MI:
Date of Birth:		Sex:	ID#	
Parent/Guardian:		Relationship:		
Parent's preferred language of communication:		Written:	Oral:	
Home phone:	Work phone:	Cell phone:		
Email address:				
Home Address:			Apt.	Borough
Other Parent/Guardian:		Relationship:		
Parent's preferred language of communication:		Written:	Oral:	
Home phone:	Work phone:	Cell phone:		
Email address:				
Home Address:			Apt.	Borough
Zip				

List below names of three persons who may be called in case of an emergency. Child will be released **ONLY** to persons named on this emergency contact information.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

If there is a person who may NOT have access to child, please indicate:

Name:	Relationship:	Order of protection exists? Yes or No
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Principal will be notified in writing of any changes to information on this form.

Signature of parent/guardian:	Date:
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Walking Field Trip Permission

To give permission for your child to participate in walking field trips, please fill out this form and return it to your child's teacher. We will keep the information on file and you will be notified in advance of any walking trips your child may take. Please contact your child's teacher if you have any questions regarding trips planned for the year.

Student's Name:	Class:
I, _____, the parent/guardian of the student named above, hereby	
give my permission for my child to take part in MSC walking field trip(s) during the 2016 – 2017 school year.	
Signature of parent/guardian:	Date:

→→→→→→→→→ FILL OUT AND COMPLETE THE BACK →→→→→→→→→

Dismissal and Afterschool Routines

In an emergency, I can be reached at:		
Person(s) permitted to pick up my child from school:		
Name:	Phone:	
Name:	Phone:	
On the following weekdays, my child will be attending an afterschool program and will be picked up by:		
Day of the week	Name of organization or person	Contact Phone
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Signature of parent/guardian:		Date:
Child's Name:		Class:

Health Information

Name of physician/clinic:		Phone:	
Does child have any health condition that may affect participation in physical activities? Yes or No			
Limitations (ex: stair climbing, participation in gym):			
Allergies:			
504 services for the current year? Yes or No		Previous Year? Yes or No	
My child has ("x" any that apply): Private health insurance?		Medicaid?	No health insurance?
If "No health insurance," are you willing to share information from this form to learn about insurance options? Yes or No			
If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?			
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 Last Name	Siblings First Name	School of Attendance	

BELOW IS FOR SCHOOL USE ONLY:

List below contacts made for emergency, illness or injury. Relevant records from Health Record:			
Date	Contact	Reason	Disposition