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

Date: _____

Clarke Schools for Hearing and Speech/New York
Emergency Contacts and Consent to Pick Up

Full Name Parent 1: Signature:		Parent 1 cell number: Parent 1 work number:	Parent 1 address:
Full Name Parent 2: Signature:		Parent 2 cell number: Parent 2 work number:	Parent 2 address (if different):

Emergency Contacts

List 3 people, not including either parent. If there is an emergency or your child is sick and we can't reach a parent, an emergency contact will be called. Please make sure your contacts know they are on this list.

Name	**Phone Number**	**Relationship to Child**

Unauthorized Contacts: List anyone who is not allowed to pick up or have contact with your child.

Name	Relationship to child	**Is there a court order related to this individual? (if yes, it must be attached**)

Pediatrician's Name/Number:	
HEALTH ALERTS: List any health alerts, medical conditions, allergies, etc. and instructions in case of emergency and the parent/emergency contacts can't be reached. Please list any regular medicines your child takes.	

People authorized to pick-up your child.

Children will not be released to anyone that is not on this list. This is for babysitters, emergency contacts, or family members who may pick up your child occasionally or regularly. Please make sure that anyone authorized to pick up your child brings valid picture identification. Children will not be released to anyone who does not show valid picture identification. Please add any additional names on the back.

Name:	Relationship to child	Phone Number	E-mail address

The completed form is valid until September of the next school year. Consent can be revoked by parent/guardian at any time.

Updated 4-2024