

Please fax to Office of Pupil Services at (516) 377-9311

or

mail or drop off to:

Baldwin School District, Office of Pupil Services, 960 Hastings Street, Baldwin NY 11510

Baldwin Union Free School District
EMERGENCY CONTACT

FOR SCHOOL USE ONLY:

LEP: _____

Language: _____

STUDENT'S NAME _____ Classroom or
Last Name First Name Middle Initial Homeroom _____ Locker _____

PARENT OR GUARDIAN
Name of Parent or Guardian 1 _____ Home Address _____ Home Phone () _____
Business Address _____ Business Phone () _____
E-mail _____ Cell Phone # _____

PARENT OR GUARDIAN
Name of Parent or Guardian 2 _____ Home Address _____ Home Phone () _____
Business Address _____ Business Phone () _____
E-mail _____ Cell Phone # _____

OTHER CONTACTS If school cannot reach either of the above, please name a relative or friend *living in the school district* who may be called in the event of student illness or school emergency.
Name _____ Address _____ Phone () _____
Relationship of Contact to Student: _____

If school cannot reach either of the above, please name a relative or friend *living outside the school district*.
Name _____ Address _____ Phone () _____
Relationship of Contact to Student: _____

PHYSICIAN & DENTIST
Name of local physician to be called in case of emergency _____ Address _____ Phone () _____
Name of family dentist _____ Address _____ Phone () _____

SPECIAL INSTRUCTIONS
If no one listed above can be reached, are there any special instructions you would like the school to follow if your child is sick or injured?

(While the school will make every reasonable attempt to follow these instructions, the judgment of school authorities will prevail in the final disposition of any emergency case.)

Note: Use the back of this card for additional names or information. _____
Signature of Parent or Guardian _____ Date _____

DISTRITO LIBRE ESCOLAR DE BALDWIN
CONTACTO EN CASO DE EMERGENCIA

Estudiante _____ Clase _____
apellido primer nombre inicial

Nombre _____
Madre o Guardià Direcció de casa Telèfono

Direcció de negocio _____ Telèfono _____

Correo-E _____ Celular _____

Nombre _____
Padre o Guardià Direcció de casa Telèfono

Direcció de negocio _____ Telèfono _____

Correo-E _____ Celular _____

Si la escuela no puede contactar a cualquiera de los dos, el nombre de un parente o amigo residente en el Distrito Escolar que se puedan llamar en caso de enfermedad o si es necesario llevar el estudiante a su casa

Nombre _____ Direcció _____ Telèfono _____

Nombre de doctor de familia _____ Direcció _____ Telèfono _____

Nombre de dentista _____ Direcció _____ Telèfono _____

V. Si alguna vez durante el año esta informaciòn cambia, le darè noticia escrita al principal.

Signatura de Parente o Guardià

Fecha