

**NORTH SHORE HEBREW ACADEMY HIGH SCHOOL
GREAT NECK PUBLIC SCHOOLS
Health Services
UPDATED EMERGENCY CONTACT FORM**

SCHOOL YEAR: _____

Student's Name: _____ **Grade** _____

Address: _____

Town/State: _____ **Zip Code:** _____

Mother's Name: _____

Home #: _____ **Business #:** _____

Cell Phone #: _____

Email address: _____

Father's Name: _____

Home #: _____ **Business #:** _____

Cell Phone #: _____

Email address: _____

****Please list the names of two people (at least one neighbor) who could take care of your son/daughter should he/she be sent home in an emergency and no one is home:**

1. Name: _____ **Relationship:** _____

Address: _____ **Phone #: ()** _____

2. Name: _____ **Relationship:** _____

Address: _____ **Phone #: ()** _____

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Family Doctor in Emergency: _____

Telephone #: () _____

Family Dentist in Emergency: _____

Telephone #: () _____

****Medical Concerns:**

Parent Signature: _____

Date: _____