



GARDEN SCHOOL

Jackson Heights, New York

Christopher Herman, *Head of School*

EMERGENCY SHEET FOR 2020-2021

Please fill out ALL information COMPLETELY and return to Front Office ASAP

PLEASE PRINT

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

Home Address: _____

City: _____ State: _____ Zip: _____

Student Home Phone: _____ Student Cell (if applicable): _____

Student Email (if applicable): _____

PARENT / GUARDIAN 1 INFORMATION:

Parent/Guardian 1 Name: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

School Contact Email: _____ Alternate/Work Email: _____

Profession: _____ Work Title: _____

Company Name: _____

Company Address: _____

PARENT / GUARDIAN 2 INFORMATION:

Parent/Guardian 2 Name: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

School Contact Email: _____ Alternate/Work Email: _____

Profession: _____ Work Title: _____

Company Name: _____

Company Address: _____

PHYSICIAN INFORMATION:

Physician Name: _____ Phone: _____

Physician Address: _____

ADDITIONAL EMERGENCY CONTACT *(In case parents/guardians cannot be reached):*

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell: _____ Email: _____