



# GARDEN SCHOOL

Jackson Heights, New York

Christopher Herman, *Head of School*

## Emergency Contact Form (2021-2022)

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: \_\_\_\_\_