



Lynbrook Public Schools

SCHOOL EMERGENCY INFORMATION FORM *(Please Print)*

Student Name (Last, First, Middle)	Grade	Date of Birth	School/Teacher
Home Address	City		State Zip
Telephone # (with area code)	Names of Parents/Guardians with Whom Student Resides		

Father's Name	Mother's Name	Guardian's Name
Father's Home Phone # (with area code)	Mother's Home Phone # (with area code)	Guardian's Home Phone # (with area code)
Father's Employer Name	Mother's Employer Name	Guardian's Employer Name
Business Telephone # (with area code)	Business Telephone # (with area code)	Business Phone # (with area code)
Cell Phone # (with area code)	Cell Phone # (with area code)	Cell Phone # (with area code)
E-Mail Address	E-Mail Address	E-Mail Address

Emergency Contact Name (1)	Emergency Contact Name (2)
Relation to Student (Grandparent, Family Friend, etc..)	Relation to Student (Grandparent, Family Friend, etc..)
Home Telephone # (with area code)	Home Telephone # (with area code)
Work Telephone # (with area code)	Work Telephone # (with area code)
Cell Phone # (with area code)	Cell Phone # (with area code)

Name of Physician	Telephone #
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During the past year has your child had any serious illness, injury or operation? Yes No

If yes, please describe and include dates

List any medications taken on a regular basis

**NYS Department of Education requires Physical Examinations for all students in grades K, 2, 4, 7, 10
& all students new to the district**

I wish to have this examination performed by the **student's physician** Yes No

I wish to have this examination performed by the **school physician** Yes No

Signature of Parent or Guardian	Date
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