

EMERGENCY CONTACT FORM
TAPPAN ZEE HIGH SCHOOL 2016-2017

Please complete the information listed below and have the student return it to the first period teacher or the school nurse. Thank you.

Student name: _____ Grade: _____

Address: _____

Telephone #: _____

Emergency Numbers – These should be people available during the regular school day.

1. Name: _____ Telephone #: _____

2. Name: _____ Telephone #: _____

Parent or Guardian Name: _____

Employment Address: _____

Father _____ Telephone #: _____
Cell # _____

Mother _____ Telephone #: _____
Cell # _____

Should your child's school day be modified in any way due to a change in his/her health? _____ If yes, please explain _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and the follow his instructions. If it is impossible to contact this physician, I give permission for my child to be transferred to Nyack Hospital by The South Orangetown Ambulance Corp., only after all efforts are made to contact us or our designated emergency numbers.

Doctor's name: _____ Telephone #: _____

Signature of Parent/Guardian: _____ Date: _____

RETURN FORM TO TZHS HEALTH OFFICE