Contact Information Form
2018-2019

Scholar's Name: _____ Birth Date _____/_____/_____

Home Address: _____ Zip: _____

Parent/Guardian: _____ Phone #:_____

In Case of an Emergency:

Who is your scholar's primary care physician: _____

Does your scholar have any known allergies to food or medication? ☐ Yes ☐ No

If yes, please identify the allergy: _____

I hereby authorize _____ (Name of Hospital in Albany, NY) to give emergency care to my son/daughter in the event I cannot be reached.

Whom should we contact if we are unable to reach you?

Primary person: _____ _____
Name / Relationship Phone

Alternate person: _____ _____
Name / Relationship Phone

30 Watervliet Ave., Albany, NY 12206 Ph: 518.432.4300 F: 518.432.4311 tpenn@henryjohnsoncs.org
www. henryjohnsoncs.org

Scholar Pick-Up Authorization / Emergency Dismissal

I, as parent/guardian of the scholar named above, authorize the adults listed below to pick up my scholar from school. I realize that the school may contact a person(s) listed below in the event of an emergency when they are unable to reach me or the contact listed above.

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

Scholar Non-Authorization Pick-Up

I, parent/guardian of the scholar named above deny authorization to the adults listed below to pick up my scholar from school. ** **Non-authorized parents will need a court order.**

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

Most of the time my scholar:

_____ Rides the bus to school
_____ Rides the bus from school
_____ Is a morning drop-off
_____ Is a pick up at dismissal

_____ Date

_____ Parent/Guardian Signature