



# VALLEY STREAM UNION FREE SCHOOL DISTRICT THIRTEEN

## Contact Verification for Students

**Surname:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ School: \_\_\_\_\_ Grade: \_\_\_ Date Entered District: \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contacts – Please list at least two emergency contacts**

Name	Relationship	Home Phone	Work Phone	Cell Phone	Address	Email Address
1.) _____						
2.) _____						
3.) _____						

**Student Allergies:**

Any Known Allergies: \_\_\_\_\_ Allergy Reaction: \_\_\_\_\_

Does your child take medication on a regular? \_\_\_\_\_ Specify: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

**In case of an accident or serious illness, we will make effort to contact you and/or your emergency contacts. If unable to reach you, we will provide the emergency care deemed necessary. I give my permission for the school nurse to share health information with appropriate personnel.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_