



HAUPPAUGE PUBLIC SCHOOLS

****Please use this form for student emergency contact information only****
(Please print clearly)

Student Last Name: _____ First Name: _____

Home Address: _____ Town: _____

Home Phone: _____

Non-Household Contact Information

*Please include the name and number of your child's physician and dentist below along with any and all non-household contacts. Include the type of *Relationship to student.*

<u>First Name</u>	<u>Last Name</u>	<u>*Relationship</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
_____	_____	Physician/M	_____	_____	_____
_____	_____	Dentist/M	_____	_____	_____
_____	_____		_____	_____	_____
_____	_____		_____	_____	_____
_____	_____		_____	_____	_____
_____	_____		_____	_____	_____
_____	_____		_____	_____	_____

Parent/Guardian Signature: _____

*Relationship: The relationship to the student and type of contact
M = Medical Only
M/C = Medical and Closing
C = Closing Only