

**GEORGE F. BAKER TUXEDO HIGH SCHOOL
EMERGENCY PROCEDURE FORM
2007 – 2008**

PLEASE PRINT THE FIRST AND LAST NAMES OF ALL YOUR CHILDREN ATTENDING GEORGE F. BAKER HIGH SCHOOL:

1. _____ 2. _____
3. _____ 4. _____

HOME TELEPHONE NUMBER: _____

HOME ADDRESS: _____

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|--------------------------------------|--------------------------------|
| FATHER/GUARDIAN'S NAME: _____ | BUSINESS ADDRESS: _____ |
| WORK PHONE NUMBER: _____ | CELL NUMBER: _____ |

| | |
|--------------------------------------|--------------------------------|
| MOTHER/GUARDIAN'S NAME: _____ | BUSINESS ADDRESS: _____ |
| WORK PHONE NUMBER: _____ | CELL NUMBER: _____ |

IN CASE OF AMBULANCE TRANSPORT STUDENTS WILL BE TAKEN TO GOOD SAMARITAN HOSPITAL IN SUFFERN, NEW YORK. (845.368.5000)

IN CASE OF EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIANS LISTED ABOVE. IF A PARENT/GUARDIAN CANNOT BE REACHED, PLEASE LIST PERSON(S) WHO MAY PICK UP YOUR CHILD(REN) IN AN EMERGENCY.

YOUR CHILD(REN) WILL ONLY BE RELEASED TO PEOPLE LISTED ON THIS FORM.

1. NAME: _____ PHONE NUMBER: _____
2. NAME: _____ PHONE NUMBER: _____
3. NAME: _____ PHONE NUMBER: _____
4. NAME: _____ PHONE NUMBER: _____

**PLEASE INDICATE ANY EMERGENCY MEDICAL INFORMATION THAT WE SHOULD KNOW BELOW:
(PLEASE PROVIDE DOCUMENTATION TO THE SCHOOL NURSE)**

- CHILD'S NAME: _____ CONDITION: _____
CHILD'S NAME: _____ CONDITION: _____

THE FOLLOWING PERSON(S) ARE LEGALLY PROHIBITED FROM UNAUTHORIZED CONTACT WITH MY CHILD(REN) (PLEASE ATTACH LEGAL DOCUMENTATION)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

**PLEASE MAIL/FAX (845.351.4823) THIS FORM TO THE HIGH SCHOOL OFFICE BY
SEPTEMBER 1, 2007**