



# The Renaissance

45-20 83rd Street, Elmhurst, NY 11373  
www.rencharters.org • 917-242-3505 • info@rencharter2.org

Charter School 2

## Emergency Contact-Grades K-12

### Emergency Contact (Please print clearly)

These permissions will remain in place from year to year unless we receive a new form. Please notify the office when any of the aforementioned information has changed.

\*TRCS 2 will provide your email address and phone number to the PA (Parent Association) so that you may be contacted about PA and school activities.

### Student Information

\_\_\_\_\_  
Last name                      First name                      Middle Initial                      Grade

\_\_\_\_\_  
Street Address                      Apt                      City                      State                      Zip

Do you have a sibling or relative at TRCS or TRCS 2? (Name and grade) \_\_\_\_\_

### Parent/Guardian

\_\_\_\_\_  
Last name                      First name                      Relationship                      Phone number                      Email

Is English your primary language?  Yes  No

If not, please specify primary language: \_\_\_\_\_

### Additional Parent/Guardian

\_\_\_\_\_  
Last name                      First name                      Relationship                      Phone number                      Email

Is English your primary language?  Yes  No

If not, please specify primary language: \_\_\_\_\_

### Doctor

\_\_\_\_\_  
Name                      Telephone

**Emergency Contact Person**

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Last name	First name	Relationship	Telephone
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**Authorized Pick-Up Person**

**In the case that the parent/guardian/ or emergency contact is unavailable please list authorized pick up persons below:**

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Last name	First name	Relationship	Telephone
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Last name	First name	Relationship	Telephone
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Last name	First name	Relationship	Telephone
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**Authorization**

I/We hereby certify that the above information is accurate. I/We hereby give TRCS 2 permission to contact the physician named above to provide emergency care at the school and to transport to the nearest hospital for care if indicated.

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Parent or Guardian's Name (please print)

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Parent or Guardian's Signature Date