



**GERMAN LANGUAGE SCHOOL**  
AT GERMAN INTERNATIONAL SCHOOL NEW YORK

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## EMERGENCY INFORMATION ADULTS

**School Year 2024/2025**

NAME OF STUDENT:

CLASS: Adult

DATE OF BIRTH:

**ALLERGIES** or other medical conditions:

NAME OF EMERGENCY CONTACT:

ADDRESS

Home Number:

EMAIL:

Cell Phone Number:

(Emergency Contact 1)

(Emergency Contact 2)

INSURANCE COMPANY:

POLICY NUMBER:

1. The school has my permission to call my physician or another physician in an emergency when my physician cannot be contacted.
2. NAME OF PHYSICIAN: T
3. The school has my permission in an emergency when my physician cannot be contacted to take me to the emergency room of the nearest hospital. The hospital medical staff has my authorization to provide a treatment that a physician deems necessary for my well-being. The original of this form shall be taken to the hospital with the patient.

By typing my name (in any form) on this electronic record, I agree to the terms and conditions contained herein and intend it to serve as my electronic signature. I agree and authorize the German Language School at German International School New York to rely on my electronic signature and understand and acknowledge that it has a legally binding effect.

STUDENTS SIGNATURE:

Date: