EMERGENCY CARD FOR THE 2020-21 SCHOOL YEAR PLEASE PRINT NEATLY & FILL OUT THE ENTIRE FORM!!

Part 1: Accident or Serious Illness:

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician designated and to follow his/her instructions. If it is impossible to contact this doctor, the school may make whatever arrangements necessary. I agree to update this information when necessary. (School Office: 908-754-2060).

, , ,		, ,			
Signature of Parent or Guardian Parent/Guardian Name & Best Co	ontact Number:				
School Year Class	Letter	Student's Last Name		First Name	
Special Medical Conditions:		Allergies:		Ag	e: Birth Date:
Student's Physician Name			Address		
Physician's Phone # ()_	Hospital of Choice:				
Part 2: Child needs to go home due to not feeling well or a school emergency (inclement weather, etc.) *If your child becomes ill during the school day or if there is an emergency and he/she has to go home, it is imperative that someone can come in within 15 to 30 minutes. Please fill out the information below. We will call in the order of whom you put on the list. If you want the Giving Nest to call you first – then you should put your name & information on the '#1 to Call'. Please list at least "2" people.					
Fill out in the order of whom to call your child needs to go home due to illness or emergency. We will call it order of your list. #1 to Call	if Full Nar AND	ne: First & Last	Address person would be at during school hours	1st Phone # to Try AND Please indicate if it is a Home, Work or Cell Number	2 nd Phone # to Try AND Please indicate if it is a Home, Work or Cell Number
#2 to Call					
#3 to Call					
#4 to Call					