

150
east
palisade
avenue



englewood
new jersey
07631
201-568-3042

EMERGENCY CONTACTS

CHILD'S NAME _____ TEACHER/CLASS _____

BIRTHDATE _____ HOME# _____

PARENT NAME _____ MOBILE# _____

EMPLOYER _____ WORK# _____

PARENT NAME _____ MOBILE# _____

EMPLOYER _____ WORK# _____

Should the school be unable to contact me in the event of an emergency, I give permission for the school to call either of the names listed below and release my child to:

1. NAME _____ RELATIONSHIP TO CHILD _____

ADDRESS _____

MOBILE# _____ HOME/WORK# _____

2. NAME _____ RELATIONSHIP TO CHILD _____

ADDRESS _____

MOBILE# _____ HOME/WORK# _____

EMERGENCY MEDICAL CARE AUTHORIZATION

In case of an emergency and if neither parent can be reached, the staff of First Presbyterian Pre-School and Kindergarten is hereby granted permission to administer emergency treatment and/or authorize the hospital to administer emergency treatment to my child.

CHILD'S PHYSICIAN _____ PHYSICIAN'S# _____

PHYSICIANS ADDRESS _____

NAME OF INSURANCE _____ IDENTIFICATION# _____

NAME OF INSURED _____ GROUP# _____

KNOWN ALLERGIES (INCLUDING MEDICATION) _____

SIGNATURE OF PARENT

DATE