

EMERGENCY & RELEASE FORM

Student's Full Name: _____ Age/Gr. _____

Birth Date: _____ Sex: _____ Student's Social Security Number: _____

Address: _____ City _____ Zip: _____ Phone #: _____

Mother's Name: _____ Occupation: _____ Phone # _____

Father's Name: _____ Occupation: _____ Phone # _____

Father's Cell # _____ Mother's Cell # _____

List those who are authorized to pick up your child or can be called if we are unable to contact either parent:

1. Name: _____ 2. Name: _____
Phone #: _____ Phone #: _____

3. Name: _____ 4. Name: _____
Phone #: _____ Phone #: _____

Hospital of Choice: _____ Phone #: _____

Physician: _____ Phone #: _____ Does child have health insurance? Yes No

List any allergies, chronic illnesses or medications: _____

If child does not have health insurance, NJ FamilyCare provides free or low cost insurance for uninsured children and certain low income parents. For more information, call 800-701-0710 or visit www.njfamilycare.org.

*Your child will only be released to those listed above. For the safety of our students, identification may be required. By signing below, you authorize the school to take such emergency measures as are necessary in the event that none of the above can be reached. ****Note: If one or both of the student's parents do not have a legal right to pick up the child, the school MUST have documentation stating such in order to enforce.***

Does the mother have the legal right to pick up the child? Yes No (circle) Does the father? Yes No (circle)

Parent's Signature: _____ Date: _____