

Holy Family School
17 Lloyd Avenue Florham Park, New Jersey 07932
Faith, Academic Excellence, Family

EMERGENCY INFORMATION

School Year 20__20__

Family Name _____ Address _____ Home Phone # _____
(City, State, Zip)

Alternate Address _____ (if applicable) Home Phone # _____ Mother _____ Father _____
(City, State, Zip)

Name _____ Birthdate _____ Grade _____
Allergies/Dietary Restrictions/other _____

Name _____ Birthdate _____ Grade _____
Allergies/Dietary Restrictions/other _____

Name _____ Birthdate _____ Grade _____
Allergies/Dietary Restrictions/other _____

Name _____ Birthdate _____ Grade _____
Allergies/Dietary Restrictions/other _____

Mother's Name _____ Cell Phone _____ Email: _____

Mother's Work Address _____ Work # _____

Father's Name _____ Cell Phone _____ Email: _____

Father's Work Address _____ Work# _____

In case of 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 call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary.

Physician's Name _____ Phone Number _____

Address _____ Health Insurance Co. _____ Policy _____

If you cannot be reached, please designate two people who will assume responsibility for your child.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Dismissal Authorization

My child/ren will be picked up by _____, _____, _____ or _____

NO CHILD will be RELEASED to anyone other than the person/s you have indicated.

**If someone else will be coming, you MUST CONTACT US, EMAIL OR SEND IN A NOTE. No exceptions will be made.
This is for your child's safety.**

Parent/Guardian's Signature _____ Date _____