ST. THERESA SCHOOL - KENILWORTH, NJ

2019-2020

STUDENT EMERGENCY FORM

Grade: _____

Student's Name: _____ Birthdate: _____

Last First Middle Home#_____

Address: _____

City: _____ State: _____ Zip: _____

TO PARENT/GUARDIAN: To serve your child in case of an ACCIDENT or SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency medical calls:

	Name	Home Address	Cell #
Mother:	_____	_____	_____
Father:	_____	_____	_____

	Name	**Email Address**	Work #
Mother:	_____	_____	_____
Father:	_____	_____	_____

Please list two neighbors or nearby relatives who are available during the day and will assume temporary care of your child if you cannot be reached:

Name: _____ Name: _____

Address: _____ Address: _____

Home # _____ Home # _____

Cell # _____ Cell # _____

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

Family Eye Doctor _____ Phone # _____

HEALTH INFORMATION: Please list any conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic health condition which your child may have.

_____

_____

- None -

Medications: _____

Recent surgery (please specify) _____

Immunizations received within the past year: _____

I (We) the undersigned do hereby authorize the staff of St. Theresa School to contact directly the persons names on this page and do authorize the names physicians to render such treatment as may be deemed necessary in an emergency for the health of my child. In the event physicians, other persons, or parents/guardians cannot be contacted, the school staff is hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of my child. I (We) agree to be responsible for the costs of any emergency care, treatment and/or transportation; and I (we) hereby release the district from liability pertaining to any such emergency care, treatment, and/or transportation.

_____ _____ _____ _____

Signature of Parent/Guardian Date Signature of Parent/Guardian Date