

Site: _____ Classroom: _____

EMERGENCY CARD



PLEASE PRINT

Child's Name _____ D.O.B. _____ Sex: M ___ F ___

Address _____ City _____ State NJ Zip Code _____

Mother's/Guardian Name _____ Father's/Guardian _____

E-Mail: _____ E-Mail _____

Home Address _____ Home Address _____

Town _____ Town _____

Home Phone _____ (Cell) _____ Home Phone _____ (Cell) _____

Name of Employer/School _____ Name of Employer/School _____

Work Phone _____ Work Phone _____

****Please Read Carefully****

In the event of a student becoming ill or hurt, or in the event of an emergency closing, please list below the order in which you want School 8 Annex to contact you. List the person's name and relationship (Mother, Father, relative, friend, etc.) No other calls will be made once a listed person has been reached. **Be sure to inform this person that you have listed their name to pick up your child if you cannot be reached.**

Order	Phone Number	PERSON BEING CALLED – NAME AND RELATIONSHIP
1		
2		
3		
4		
5		

Medical Information:

Child's Doctor _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

Hospital Choice (Non Emergency) _____

Allergies: _____

Health problems/conditions: _____

Special needs that may require accommodations (medication, diet, glasses, etc.): _____

Insurance Company: _____ Group Number: _____

Insurance ID Number: (Copy of Card) _____

I understand that this information will be used in the event of an emergency school closing as listed in the Student Handbook and that **it is my responsibility to advise the school in writing of any changes to this information.** Please note that parents must be familiar with all emergency closing procedures and that any school closure or early dismissal is posted on the district website at www.clifton.k12.nj.us.

Signature of Parent/Guardian _____ Date: _____

CLIFTON PUBLIC SCHOOLS
PERMISSION FORM

Student Name: _____

Check (✓) below for any of the following item for which you DO give permission. Write "No" for any items for which permission is NOT given. Assure that each item is clearly explained and understood before giving permission.

1. _____ I authorize Clifton Public School's staff to administer basic first aid, should injury occur, during the time my child is in your care.
2. _____ I authorize the emergency doctor (and whomever he/she may designate as his/her assistants) to perform necessary treatment and/or procedures as they deem therapeutically necessary. I understand that Clifton Public School will make every attempt to contact me in case of emergency and that when reached, my presence with my child is necessary.
3. _____ I give my child permission to take part in all Clifton Public School's outside activities, such as nature walks or use of playground.
4. _____ In the event of a medical emergency, I authorize Clifton Public Schools to seek emergency medical care for my child as deemed necessary by the Director.
5. _____ I give permission for photo press releases of my child relating to the Clifton Public Schools program that may be used for brochures, advertisements, in newspaper articles, or other media events.
6. _____ I give permission for photos and video to be taken of my child and for other parents to view them in the event that photos or videos are sent home or posted in a public forum.
7. _____ I hereby give permission for my child to brush his/her teeth daily at school.
8. _____ I hereby allow Clifton Public Schools to contact appropriate agencies in regard to verification of income.
9. _____ I hereby give permission to add my email address and/or telephone number to a class list and for that information to be dispersed to other class parents.
Preferred phone #: _____ Preferred email: _____
10. _____ I consent to the following screenings for my children:

___Hearing ___Mental Health ___Vision ___Developmental ___Height/Weight ___Speech & Language

Print Parent/Guardian Name: _____

Signature of Parent/Guardian

Date

Custodian Information:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, name the person below and attach a copy of the Court Order (whether temporary or permanent).

Name of Person: _____
