



2011-2012

1650 Palisade Avenue, Teaneck, New Jersey 07666 • Tel 201-833-4307 • Fax 201-833-0816

EMERGENCY FORM

A new form must be completed for each student every year.

STUDENT INFORMATION

Student Name:	Graduation Year:
Address:	Birthdate:
City, State Zip	Cell Phone:
Home Phone:	Email:

PARENT/GUARDIAN INFORMATION

Name:	Occupation:
Address:	Employer:
City, State, Zip	Work Address:
Home Phone:	Work Phone:
Cell Phone:	
Email:	

Name:	Occupation:
Address:	Employer:
City, State, Zip	Work Address:
Home Phone:	Work Phone:
Cell Phone:	
Email:	

EMERGENCY CONTACTS

Contact 1:	Contact 2:
Phone:	Phone:

MEDICAL INFORMATION

Doctor:	Health Insurance Provider:
Phone	
Address	Policy Number or Medical ID:

PERMISSION

In the event of an emergency, I give permission for school authorities to act on my behalf until emergency contacts can be reached. I give permission for my daughter to receive medical treatment from school personnel as deemed necessary. I give consent for my daughter to participate in school trips.

PARENT SIGNATURE

DATE