



Student Emergency Information 2024-2025 School Year

Student Name _____ Birthdate _____ Age _____

Home Address _____ 2024-2025 Grade Level _____

_____ Home Phone () _____

Mother's Name _____ Email Address _____

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

Father's Name _____ Email Address _____

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

Guardian's Name _____ Email Address _____

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

List the names of three people, in order of priority, who should be contacted if parents or guardian are not available. These people are also authorized to pick up my child/ren from school. Use back if necessary.

1. Name _____ Relationship to Student _____

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

2. Name _____ Relationship to Student _____

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

3. Name _____ Relationship to Student _____

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

Medical Doctor _____ Phone _____

Dentist _____ Phone _____

List Allergies: _____

List Health/ Medical Problems: _____

List Medicine/Drugs taken regularly: _____

Please submit any new/updated immunization records not already on file with the school nurse.

Parent(s)/Guardian(s) give SSPJ permission to contact the persons listed on this Student Emergency Information Form in case of an emergency situation when Parent(s)/Guardian(s) are not available. Parent(s)/Guardian(s) give SSPJ permission to release child/ren to those people listed if Parent(s)/Guardian(s) are not available. In Parent(s)/Guardian(s) absence, the people listed are authorized to make decision concerning child/ren. SSPJ requires a note or phone call if someone different is coming to pick up child/ren. Any court documents regarding custody or visitation arrangements should be presented to the Main Office. In the event of an emergency, every effort will be made to reach all persons listed on the Student Emergency Information form. If all efforts fail, Parent(s)/Guardian(s) consent to any medical treatment deemed necessary by competent medical clinicians to save the live or preserve the health of the child/ren.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to Student: _____

Does your child have Health Insurance? (circle one)

Yes Please provide name of Insurance Company _____

No NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information, please call 800-701-0710 or visit www.njfamilycare.org to apply online.