

**DIOCESE OF METUCHEN
SCHOOL OFFICE
FAMILY EMERGENCY INFORMATION**

(This form shall be filled out each September. Please type or print legibly)

Family Name _____

Address _____

Telephone # _____

Father's Name _____

Mother's Name _____

Cell No. _____

Cell No. _____

Business Phone _____

Business Phone _____

Please circle one-

Marital Status: Married, Separated, Divorced, Remarried, Widowed, Single

If separated or divorced, custodial parent: _____

Name of Child _____ Birth date _____ Grade _____

After school activities: _____

List any allergies: _____

List medicine/drugs taken regularly: _____

Name of Child _____ Birth date _____ Grade _____

After school activities: _____

List any allergies: _____

List medicine/drugs taken regularly: _____

Name of Child _____ Birth date _____ Grade _____

After school activities: _____

List any allergies: _____

List medicine/drugs taken regularly: _____

Name of Child _____ Birth date _____ Grade _____

After school activities: _____

List any allergies: _____

List medicine/drugs taken regularly: _____

**DIOCESE OF METUCHEN
SCHOOL OFFICE
FAMILY EMERGENCY INFORMATION**

Emergency Form (continued)

Name of Child _____ Birth date _____ Grade _____

After school activities: _____

List any allergies: _____

List medicine/drugs taken regularly: _____

List the names of three persons, in order of priority, who should be contacted if the parents or guardian are not available.

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

In addition to the parent, the following people have my permission to pick up my child from school, the **Extended Care Program** (if applicable) or after school activities.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Medical Doctor: _____

Dentist: _____

Telephone _____

Telephone _____

In the event of an emergency and none of the persons listed (above) on the form are available, I authorize the school to take my child to a hospital, doctor's or dentist's office for emergency care.

Health Insurance Co: _____

Policy # _____

Signed _____

Date _____

Relationship to child _____

I authorize the School Nurse or Principal to administer Tylenol or Ibuprofen.
yes _____ no _____