

Saint James School
Basking Ridge, New Jersey 07920

2011-2012 STUDENT EMERGENCY/MEDICAL INFORMATION

Name of Student _____ Birth Date _____
Social Security No. _____ Grade _____
Address _____ Telephone __ (____) _____
_____ E-mail Address _____

Father's Name _____ Mother's Name _____
Occupation _____ Occupation _____
Company Name _____ Company Name _____
Work Telephone __ (____) _____ Work Telephone __ (____) _____
Cellular/Car Phone __ (____) _____ Cellular Phone __ (____) _____

If applicable,
Name of Guardian _____ Telephone __ (____) _____

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

Name _____ Telephone __ (____) _____
Relationship to Child _____ Cell Phone __ (____) _____
Name _____ Telephone __ (____) _____
Relationship to Child _____ Cell Phone __ (____) _____

Medical Doctor: _____ **Dentist:** _____
Name _____ Name _____
Telephone __ (____) _____ Telephone __ (____) _____

List any allergies: _____

List any health/medical problems: _____

List medicine/drugs taken regularly: _____

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

Hospital Preference: _____

Signed _____ Date _____

Relationship to child _____