Cranford Public Schools

High School Emergency Form

□ Yes □ No I hereby authorize the release of pertinent medical information that I have provided to the school nurse (medical conditions, allergies, and/or medication regimes) to be shared with appropriate professional staff involved in the care of the below named student. This consent is valid for the current school year and is intended to allow the staff to better serve your child. **Parent/Guardian's Signature:** _____ **Date:** _____

Student's Name: _____ (Last) _____ (First) Grade: _____ Teacher/H.R. _____

Voice mail or answer machines will not be considered as a personal contact

Home Address: _____ Home Phone: _____
Cell Phone: _____ Pager #: _____

Mother's/Guardian's Name: _____ Work Phone: _____
Work Address: _____ E-mail: _____
Cell Phone: _____ Pager #: _____

Father's/Guardian's Name: _____ Work Phone: _____
Work Address: _____ E-mail: _____
Cell Phone: _____ Pager #: _____

Physician's Name: _____ Phone: _____

If we are unable to contact parent/guardian in emergency situations, it is important that we have other references (such as local friends or relatives and family physicians) whom you authorize us to contact.

Name: _____ Phone: ( ) _____
Name. _____ Phone: ( ) _____

(Rev.8/07)