EMERGENCY AND PERSONAL INFORMATION
2008 – 2009 / 5768 – 5869

STUDENT'S NAME_____

MEDICAL NEEDS LIST (If applicable)
Please describe any allergies your child has. (food, medications, insect bites, etc.)
_____

_____Hearing Problems _____Vision problems _____Asthma Other
_____
Does your child take any medication (s)?
If yes, please list: _____

ALL INFORMATION BELOW IS KEPT CONFIDENTIAL
Has there been a change in your family structure (e.g. birth, death, separation or divorce)? If there is a change during the year, please keep us informed.
_____

Is there a health condition we should be aware of?
_____

TO ASSIST YOUR CHILD SUCCEED IN RELIGIOUS SCHOOL, PLEASE LET US KNOW IF THERE ARE ANY SPECIAL LEARNING NEEDS
Has your child been evaluated and classified as ADD, ADHD, NI or any other special learning situation?
_____
What are the learning accommodations your child has in school? (Mainstream, self-contained, tutorial, learning center environment)
_____

Would you like to share any educational reports or the education section of your child's Individualized Education Plan that would enable us to help your child succeed? (If so, please attach with application)
YES NO
Is there an educator or learning specialist from secular school that you would like us to be in contact with to assist us in planning for your child?
_____

INFORMATION….EMERGENCY/LOCKDOWN RELEASE
List two neighbors, nanny, nearby relatives who will assume temporary care of your child if you cannot be reached.

1. _____
   (name) (home phone #) (cell phone #)
2. _____
   (name) (home phone #) (cell phone #)

I hereby give my consent to the Director / Administrator of the Religious School, or person designated as such, to make available to my child professional emergency medical care if such care is indicated. It is understood that a conscientious effort will be made to notify my spouse or me before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment. However, in the event this is not possible, I give my permission for my child to receive proper medical care by any doctor, nurse, ambulance personnel, paramedic or member of the medical staff of a hospital licensed by the State of New Jersey.

This is to certify that my child is in good physical health. He / she have my permission to participate in all activities (including field trips) that are part of the Religious School program.

_____
Name of Physician Phone Number

Signature of Parent Date