

**OCEANPORT SCHOOL DISTRICT
EMERGENCY FORM**

Student Name: _____ D.O.B. _____ Grade: _____

Mother/Guardian: _____ Home Phone: _____
Home Address: _____ Cell Phone: _____
Business Address: _____ Work Phone: _____
Email: _____

Father/Guardian: _____ Home Phone: _____
Home Address: _____ Cell Phone: _____
Business Address: _____ Work Phone: _____
Email: _____

Relative/Friend to contact in case of illness/emergency/pick-up:

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____

Physician to call in case of emergency: _____
Address: _____ Phone: _____

NOTE: If we are unable to contact your physician, the school physician will be called.

I hereby grant permission to my child's teacher, school nurse, or school principal to call a doctor, ambulance or hospital in case of urgent need. IF MY CHILD IS NOT COVERED BY SCHOOL INSURANCE, I WILL BE RESPONSIBLE FOR ANY BILLS INCURRED.

If it is necessary to take your child to the hospital, please list the hospital of your choice:

List other children in school and their grade:

NOTE: If any of the above information changes or special instructions regarding the child's condition are needed during the school year, even temporarily, please notify the school.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____