



Emergency Form

In the event of an emergency, it is required that the Center have the following up-to-date information concerning where a family may be reached. **Please return this to the Center immediately.**

Emergency Information

Student's/Clients Name	Name of Parents/Guardians/Foster Parents
Address	
Home Phone	Email
Cell Phone	Cell Phone
Work Phone	Work Phone

Name and phone number of people to contact in case of emergency, and their relationship to the student, **and to whom the child can be released to** (other than Parent or Guardian or Foster Parent) (Use back page if necessary)

Name	Phone	Relationship to Student
Name	Phone	Relationship to Student
Name	Phone	Relationship to Student

Pediatrician/Doctor's Information

Name	Phone
Address	

In Case of an Emergency

If family cannot be reached by phone, I give permission for the Center to seek emergency medical treatment for _____ at Clara Maass Medical Center.

Signed (Parents/Guardians/Foster Parents)	Date (Release expires one year from date listed below)
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