



CLIFFSIDE PARK PUBLIC SCHOOLS  
EMERGENCY INFORMATION CARD

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Sport \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Where parents can be reached if not at home – (Work, etc).**

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Alternate people to notify – List two neighbors or relatives who will assume temporary care and who may authorize or refuse medical treatment for your child in case you cannot be reached.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Is your child allergic to bee stings? YES \_\_\_\_\_ NO \_\_\_\_\_  
Is your child allergic to any medications? YES \_\_\_\_\_ NO \_\_\_\_\_ LIST \_\_\_\_\_  
Does your child have Asthma? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, is a medicated inhaler required YES \_\_\_\_\_ NO \_\_\_\_\_

List any special health/medical conditions that an attending medical person should be aware of,  
i.e. heart murmer, diabetes, etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Physician \_\_\_\_\_ Office Phone \_\_\_\_\_  
Orthopedist \_\_\_\_\_ Office Phone \_\_\_\_\_  
Insurance Information: Company \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**If emergency treatment is required and none of the above can be contacted, can the school authorities use their own judgment in sending the child to the hospital or doctor most easily accessible or make whatever arrangements are necessary? YES \_\_\_\_\_ NO \_\_\_\_\_**

**SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_**