

CCCNJ CHINESE LANGUAGE SCHOOL EMERGENCY FORM

STUDENT NAME _____

STUDENT NAME _____

STUDENT NAME _____

FATHER _____ PHONE _____ CELL PHONE _____

MOTHER _____ PHONE _____ CELL PHONE _____

ALTERNATE CONTACTS:

NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

PHYSICIAN _____ PHONE _____

ALLERGIES _____

MEDICATIONS AND OTHER SIGNIFICANT MEDICAL INFORMATION: _____

I _____ give permission to CCCNJ Chinese Language School to make whatever emergency (i.e.: first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the school.

In case of medical emergencies, I understand that my child will be transported to the nearest medical facility by the local emergency medical service for treatment if deemed necessary.

It is understood that in some medical situations, School staff personnel will act as guardians of the child prior to the notification of the child's parent and/or family physician when interacting with the emergency medical personnel and emergency medical facilities.

SIGNATURE _____ DATE _____