

MONROE TOWNSHIP PUBLIC SCHOOLS
STUDENT EMERGENCY FORM

Students Name _____ Date of Birth _____

Address Home _____ Phone _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Family Physician _____ Phone _____

Insurance I.D. # _____ Insurance Group # _____

If unable to reach parents in case of emergency, contact:

Name _____ Home Phone _____ Work Phone _____

List and explain any special health problem (s): _____

Date of last Tetanus (TD) Booster: _____

Allergies to Medications: _____

Foods: _____

Other: _____

Student has doctor's permission to take the following medication:

Note: In the event of illness, the student, parent or guardian, not the High School, is responsible for any expenses, including physician, hospital cost for medical needs, and if necessary, transportation home.

In case of emergency all efforts will be made to contact parents. In the event the parents cannot be reached and emergency treatment is required, a parent's signature is needed

I give my permission for my child/ward _____ to receive emergency medical treatment if I cannot be reached.

PLEASE SIGN _____
Parent/Guardian Signature