

**CCCNJ CHINESE LANGUAGE SCHOOL EMERGENCY FORM**

STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

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STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER \_\_\_\_\_ PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER \_\_\_\_\_ PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ALTERNATE CONTACT  
NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

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 (ie: 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 a medical emergency, I understand that my child will be transported to \_\_\_\_\_ by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary.

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_