

**SADDLE RIVER DAY SCHOOL
EMERGENCY FORM 2006/2007
(TO BE COMPLETED BY PARENTS)**

Student Name _____ Grade _____

Home Address _____ Date of Birth _____

<u>Parent/Guardian</u>	<u>Phone</u>
Mother _____	Home _____
	Work _____
	Cell _____
Father _____	Home _____
	Work _____
	Cell _____
Doctor's Name _____	Telephone _____

Dentist's Name _____ Telephone _____

Person to be notified in emergency (if parent cannot be reached)

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

Allergies to Medication _____

Medications: Students may not have any medications (pill or liquid) in their possession. This includes over the counter medications such as Tylenol. All medications must be held by the school nurse. These medications must be presented in their original container, labeled with the child's name, dosage and frequency. Each medication must be accompanied by a specific instruction sheet, signed by the doctor/parent. No medications will be provided on an "as needed" basis, as has been previous policy. These changes are being made due to changes in state regulations.

Please note any specific information, which will be of assistance in an emergency.

Please state: _____

In case of medical emergency, I understand I will be notified as soon as possible. I hereby give permission to the physician selected by the nurse/teacher, to hospitalize, secure treatment for, and to order injections, anesthesia or surgery for the child as named above. Any directions to the contrary should be specified on the back of this form and signed. I also give permission for my child to be transported to a physician's office or hospital if needed.

Signed _____ Date _____