

**WEST MILFORD TOWNSHIP PUBLIC SCHOOLS**

**Emergency Information Form**

**Dear Parent or Guardian:** To serve your child in case of sudden illness, it is necessary to provide the following information for emergency purposes. Please correct any outdated information and complete all missing information. Write "N/A" if the area is not applicable or information is not available. Sign and return to the main office. This form will eliminate the need to complete multiple emergency cards.

ID# \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ School: \_\_\_\_\_

City: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Teacher/H.R.: \_\_\_\_\_

Name	Address	Telephone	Cell
Mother: _____	Home: _____	_____	_____
	Workplace: _____	_____	_____
Father: _____	Home: _____	_____	_____
	Workplace: _____	_____	_____
E-mail Address: _____			

List two neighbors or nearby relatives who will assume temporary care of your child.

Name	Name
_____	_____
Home Address	Home Address
_____	_____
Work Address	Work Address
_____	_____
Telephone Home	Telephone Home
_____	_____
Telephone Work	Telephone Work
_____	_____
Cell Number	Cell Number
_____	_____
Relationship	Relationship
_____	_____