

*Holy Family School*  
17 Lloyd Avenue Florham Park, New Jersey 07932  
Faith, Academic Excellence, Family

**EMERGENCY INFORMATION**

School Year 20\_\_20\_\_

Family Name \_\_\_\_\_ Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
(City, State, Zip)

Alternate Address \_\_\_\_\_ (if applicable) Home Phone # \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
(City, State, Zip)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies/Dietary Restrictions/other \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies/Dietary Restrictions/other \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies/Dietary Restrictions/other \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies/Dietary Restrictions/other \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Work Address \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Father's Work Address \_\_\_\_\_ Work# \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary.

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Health Insurance Co. \_\_\_\_\_ Policy \_\_\_\_\_

If you cannot be reached, please designate two people who will assume responsibility for your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Dismissal Authorization**

My child/ren will be picked up by \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ or \_\_\_\_\_

**NO CHILD will be RELEASED to anyone other than the person/s you have indicated.**

**If someone else will be coming, you MUST SEND IN A NOTE. No exceptions will be made. This is for your child's safety.**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_