

Pals Emergency Information Sheet
Gibbsboro Elementary School Students

Name _____ Date of Birth _____ Sex: _____
M/F _____ (Last Name, First Name) Grade _____ Teacher _____

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- HOME TELEPHONE # _____

PUPIL RESIDES WITH: Both Parents / Mother Only / Father Only / Shared Custody / Mother Stepfather /
Father StepMother / Grandparent / Guardian (Please circle which applies)

PARENTS'/GUARDIANS' NAME _____

ADDRESS _____

Mother's CELL PHONE # _____ Father's CELL PHONE # _____

Non-Custodial Mother/Father Information if applicable: Name _____

PARENT EMAIL ADDRESS _____

MOTHER'S EMPLOYER _____ WORK # _____

ADDRESS _____ OCCUPATION _____

FATHER'S EMPLOYER _____ WORK # _____

ADDRESS _____ OCCUPATION _____

TELEPHONE NUMBERS TO CALL BETWEEN 12:45 PM AND 3:45 PM

(Please list numbers in order that you would like to be called in case of emergency including home, cell, work, etc. These are the 1st numbers we will call in case of emergency. Once we make contact with any one person on this list we will move on to the next student. Please let the people listed below know that you have designated them as an emergency contact person and they should contact you immediately.)

NAME OF CONTACT PERSON, RELATIONSHIP TO YOUR CHILD, and their PHONE NUMBER

1st _____
2nd _____
3rd _____
4th _____

IN CASE OF EMERGENCY MY CHILD/CHILDREN MAY BE RELEASED TO THE FOLLOWING PEOPLE:

(These individuals will be required to provide identification.) All children will be held at the designated emergency area. Children will be released **ONLY** to the contacts listed below:

1. _____ 2. _____

3. _____ 4. _____

INFORMATION ON THIS PAGE WILL BE KEPT CONFIDENTIAL

IS ANYONE **LEGALLY** PROHIBITED FROM PICKING UP YOUR CHILD? If so, please list below and provide proper documentation.

NAME AND RELATIONSHIP

1. _____
2. _____

DOES STUDENT(S) HAVE HEALTH INSURANCE?

YES _____ If yes, name of insurance company _____
NO _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.
For more information call 800-701-0710 or visit www.njfamilycare.org to apply on-line.

You may release my name and address to the NJ FamilyCare Program to contact me about insurance. [] Yes [] No

Signature: _____ Printed Name: _____
(Written consent required to 20 U.S.C..1232g (b)(1) and 34 C.F.R. 99.30 (b))

PLEASE LIST ANY MEDICAL PROBLEMS, INCLUDING ALLERGIES: _____
(CHILD'S NAME)

My child is taking the following medication(s): _____

ANY PHYSICAL LIMITATIONS? _____ NO _____ YES (IF YES PLEASE EXPLAIN)

FAMILY DOCTOR: _____ PHONE # _____

I GIVE PERMISSION FOR PERTINENT MEDICAL INFORMATION TO BE SHARED WITH APPROPRIATE STAFF IF IT IS EDUCATIONALLY RELEVANT. _____ YES _____ NO

PARENTS MUST ASSUME RESPONSIBILITY FOR TRANSPORTATION TO HOME OR HOSPITAL. IN CASE OF EXTREME EMERGENCY, YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL.

IN CASE OF EMERGENCY/IMPORTANT INFORMATION...

Gibbsboro School will implement the Honeywell Alert System which will automatically dial your home phone number and cell phone numbers to relay a recorded message informing you of any emergency situations, school closings, or other important information during the school year. **It is imperative that you inform your child's school office immediately of any telephone number changes.**

ALL PARENTS SHOULD MAKE ARRANGEMENTS WITH FAMILY OR NEIGHBORS IN CASE CHILDREN ARE SENT HOME EARLY DUE TO AN EMERGENCY. PLEASE BE SURE YOUR CHILD IS AWARE OF YOUR PLAN.

Signature of Parent/Guardian Date

PLEASE NOTIFY THE SCHOOL IMMEDIATELY REGARDING ANY CHANGES TO THE ABOVE LISTED INFORMATION. THANK YOU!!