

**Summer Pals Emergency Information Sheet  
Gibbsboro Elementary School**

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 7:00 AM AND 6:00 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 1<sup>st</sup> 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**

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

**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. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**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](http://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!!