



# BURLINGTON COUNTY ALTERNATIVE SCHOOL

## STUDENT EMERGENCY CONTACT FORM

STUDENT'S NAME \_\_\_\_\_

STUDENT'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRIMARY EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_

PRIMARY EMAIL ADDRESS \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Group Home Guardian \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

\*\*\*Allergies \_\_\_\_\_

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*Relative or friend to be notified if parents cannot be reached:*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Work Phone(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Work Phone(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

*If we cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the school medical personnel, we hereby authorize and direct the school to send our child (properly accompanied) to the hospital most accessible. We authorize said hospital to institute necessary emergency care.*

OFFICE USE
BUS _____
HOMEROOM # _____
TEACHER _____

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_