

TRENTON PUBLIC SCHOOLS
Trenton, New Jersey
Medical Department

SF 6

EMERGENCY ILLNESS FORM

Year _____ School _____ Teacher _____

Dear Parent:

Sudden illness or injury could occur to your child at any time. In case of any such emergency it is important that the school be able to contact you. Please supply the following information and return to school immediately.
****** PLEASE NOTIFY THE SCHOOL OFFICE IN THE EVENT THAT YOU CHANGE YOUR ADDRESS OR TELEPHONE NUMBER. Thank you**

Child's name _____ Social Security # _____

Home address _____ Home phone # _____

Mother's name _____ Phone # _____

Mother's address _____

Mother's employer _____ Work # _____

Father's name _____ Phone # _____

Father's address _____

Father's employer _____ Work # _____

Name, address and phone # of a reliable relative, friend or neighbor who could be contacted when we are unable to reach a parent:

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Please list brothers and sisters and the school they attend:

<u>Name</u>	<u>School</u>
_____	_____
_____	_____
_____	_____

Parent/Guardian _____ Date _____