



Emergency and Release Form

Student's Full Name: _____ Age: _____

Birth Date: ____/____/____ Sex(circle): M or F

Address: _____ City: _____ Zip: _____

PRIMARY – Parent/Guardian Name: _____ Relationship: _____

Cell Phone: _____ Other: _____

SECONDARY –Parent/Guardian Name: _____ Relationship: _____

Cell Phone: _____ Other: _____

List those who are authorized to pick up your children or can be called if we are unable to contact either parent (list in order of preference): *Must be within 1 HOUR distance from Transformation Learning Center.*

1. Name: _____

Phone #: _____

Relationship: _____

2. Name: _____

Phone #: _____

Relationship: _____

3. Name: _____

Phone #: _____

Relationship: _____

4. Name: _____

Phone #: _____

Relationship: _____

In the event of an extreme emergency, if parent, guardian or emergency contacts cannot be reached, I give permission to the school authority to arrange appropriate medical care at _____ Hospital or other medical or dental facility.

Hospital Choice: _____ Phone #: _____

Physician: _____ Phone #: _____

Does child have health insurance? (circle) Yes or No

List any allergies, chronic illnesses or medications:

If child does not have health insurance, NJ Family Care provides free or low-cost insurance for uninsured children and certain low-income parents. For more information, call (800) 701-0710 or visit www.njfamilycare.org.

*Your child will only be released to those listed above. For the safety of our students, **identification will be required.** By signing below, you authorize the center to take emergency measures as necessary in the event that none of the above can be reached. ****Note: If one or both of the student's parents do not have a legal right to pick up the child, the school MUST have legal documentation stating such in order to enforce.***

Does the mother have the legal right to pick up the child? (circle) Yes or No

Does the father? (circle) Yes or No

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____