

# Student For A Day Emergency Form



VISITING DAY \_\_\_\_\_

Student's Name \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student's Interests: \_\_\_\_\_

Home Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Father's alternate phone # \_\_\_\_\_ email address \_\_\_\_\_

Mother's alternate phone # \_\_\_\_\_ email address \_\_\_\_\_

In case of an emergency who should be notified first: \_\_\_\_\_

If not available, notify:

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any special medical or physical needs, medical conditions or allergies the school should be aware of. If student has Epipen or other condition, which may require medication during school day, please contact nurse at 973-538-3231 x 3080 or [dmcauliffe@delbarton.org](mailto:dmcauliffe@delbarton.org) Medications need to be given to the school nurse along with a copy of the physician order. I give permission for my son to attend Student for a Day at Delbarton and authorize any medical treatment in my absence, for the well-being of the student, in case of an emergency. I agree to hold harmless Delbarton School, its employees and agents, and the physician or hospital treating my son, exclusive of negligence, from any injury or sickness occurring during this visit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_