



Public Schools of Edison Township

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Bernard F. Bragen, Jr., Ed.D.
Superintendent of Schools

Daniel P. Michaud
Business Administrator /Board Secretary

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AUTHORIZATION FOR FAMILY PHYSICIAN

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician designated on this form to follow his/her instructions. If the physician cannot be reached, I authorize the school to take whatever emergent measures appear reasonably appropriate to safeguard my child's well-being until I can be contacted. I further accept all financial responsibility for any charges assessed, or costs incurred, to health care providers or other third parties in arranging for medical treatment of my child as authorized above.

Student Name: _____ Grade/Teacher: _____

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature: _____

Family Physician: _____

Physician's Telephone Number: _____

PLEASE RETURN THIS FORM TO THE PRINCIPAL'S OFFICE

Nothing Less Than Excellence