SADDLE RIVER DAY SCHOOL
147 Chestnut Ridge Road • Saddle River, NJ 07458 • 201-327-4050 • www.saddleriverday.org

**EMERGENCY FORM 2025-2026**
(TO BE COMPLETED BY PARENTS)

Student Name _____ Grade _____ Date of Birth _____

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Student Name _____ Grade _____ Date of Birth _____

Student Name _____ Grade _____ Date of Birth _____

Complete Home Address _____

_____

Parent/Guardian Contact Information

#1 _____ Home _____

Relationship to student_____ Work _____

Cell _____

#2 _____ Home _____

Relationship to student_____ Work _____

Cell _____

Doctor's Name _____ Phone _____

Person to be notified in emergency (if parent cannot be reached or pick up student):

1. Name _____ Phone _____

   Relationship to student _____

2. Name _____ Phone _____

   Relationship to student _____

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**Allergies: Food, Medication, etc**._____

_____

***Please note pertinent information that will be of assistance in an emergency.***

Please state: _____

_____

In case of medical emergency, I understand I will be notified as soon as possible. I hereby give permission to the physician selected by the nurse/teacher/administration, to hospitalize, secure treatment for, and to order injections, anesthesia or surgery for the child as named above. Any directions to the contrary should be specified on the back of this form and signed. I also give permission for my child to be transported to a hospital if deemed necessary.

Signed _____ Date _____