

Academy: _____

**MORRIS COUNTY SCHOOL OF TECHNOLOGY
EMERGENCY REFERENCE CARD**

Grade: _____

PUPIL: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name)
Home Address: _____ City/State/Zip: _____

Parent/Guardian 1 Name: _____

Email: _____ Relationship: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Parent/Guardian 2 Name: _____ Relationship: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Emergency Contact: Name: _____ Cell: _____ Work: _____ Home: _____
(It is assumed that the designated emergency person will care for the student until the parent is available.)

Physician: _____ Telephone No.: _____

Dentist: _____ Telephone No.: _____

Hospital Preference: _____ Morristown _____ St. Clare's, Denville _____ St. Clare's, Dover

List:

Restrictions: _____

Life Threatening Allergies: _____

Medical Conditions: _____

Medications: _____

____ Please check if there has been a name change of parent/guardian, address or telephone number

List any medical/surgical/immunizations your child has received during the past year:

Please list other children in your family:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the person(s) named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this card, or parents/guardians cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent(s) / Guardian(s): _____ Date: _____