



Paramus Summer School Emergency/Authorization Release of Children

In order to assure the safety and security of each child attending summer school, parents/guardians are required to complete this form			
Child's Name (first and last name)	Male/Female	Birthdate	Age/Grade Completed
Home Address		E-mail address	
Parent/Guardian Name	Contact Number (Home)	Contact Number (Cell)	Contact Number (Work)
Parent/Guardian Name	Contact Number (Home)	Contact Number (Cell)	Contact Number (Work)
In case of an accident or serious injury, I request the school to contact me. If you are unable to reach me, or one of my emergency contact names listed below, I hereby authorize the school to call the physician and to follow his/her instructions Circle one YES NO			
Medical Conditions and or Allergies	Does child use an Epi-pen? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please supply an Epi-pen to the school nurse prior to the start of summer school		
Physician Name	Physician Phone number		
List emergency contact people who have authorization to pick up your child from summer school if parent/guardian is unavailable. Parent/guardian will be contacted first.			
Emergency Contact Name	Relationship	Emergency Contact Phone #	
Emergency Contact Name	Relationship	Emergency Contact Phone #	

Custodial Information: If a non-custodial parent is not included among those persons authorized to pick up your child, please explain and attach a copy of appropriate documents (court order).

Printed Name of Parent/Guardian _____

Signature Parent/Guardian _____