Tewksbury Township School District - 173 Old Turnpike Road - Califon, New Jersey 07830

EMERGENCY CONTACT INFORMATION FORM SCHOOL YEAR 2008-2009

Please Note: It is the responsibility of the parent/guardian to notify your child's school in writing of any changes to the information indicated on this form:

Child's Name:	Teacher: Grade:
Child's Gender:	Nickname: (If applicable)
Home Phone:	
Home Physical Address:	P.O. Box:
Mother's Name:	Mother's Business Name, Location, Office Phone:
Mother's Cell:	
Mother's e-mail:	
Father's Name:	Father's Business Name, Location, Office Phone:
Father's Cell:	
Father's e-mail:	
Student Resides in Tewksbury with: (Circle One) Parents Father and Stepmother Mother Mother and Stepfather Grandparent(s) Guardian	If parents are not married, please indicate if you would like school related letters, newsletters, etc. sent to an additional name and address:

ETHNICITY: State and Federal regulations require parent/guardians to indicate the following:

Child's Race: (Circle One) White Hispanic/Latino American Indian/Alaskan Asian Black
Pacific Islander/Hawaiian Multi-Racial/Other
Home Language: Native Language:

DISMISSAL FROM SCHOOL WHEN PARENT/GUARDIAN CANNOT BE CONTACTED FOR STUDENT ILLNESS: On days when your child is ill and we cannot contact you, please designate two local adults that are authorized to care for your child in your absence. A local contact is someone available during the school day in Tewksbury or a neighboring town within approximately 20 minutes of the school.

Local Contact:	**Daytime Phone Number:**	**Cell Phone Number:**	**Relationship to Child:**
1.			
2.			

MEDICAL INFORMATION:

Family Physician:	**Physician's Office Phone:**
Preferred Hospital:	**Please indicate if the child has a medical condition the staff and nurse need to be alerted to: Yes/No**

Parent's/Guardian's Signature

Date

Please check yes if you wish to be included in the Tewksbury PTA emergency chain. Check no if you do not wish to be included:
Yes No