

# HOPEWELL PUBLIC SCHOOLS

## Emergency Procedure Sheet

Office Use Only Entered _____ Initials _____
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School Year \_\_\_\_\_  
Pupil's Name (Print) \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Grade \_\_\_\_\_ Parent's Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other# \_\_\_\_\_

Email Address \_\_\_\_\_

Do not put anyone on this sheet that does not have permission to pick up your child or that we can not call if you can not be reached.

In case of an emergency, illness, or accident to the child named above, the school is authorized to proceed as indicated below:  
**Number each item 1, 2, 3 etc., in the order of desired action: (PLEASE PRINT)**

	Mother's Name _____ Place of Employment _____ Work Phone _____
	Father's Name _____ Place of Employment _____ Work Phone _____

	Contact Family Physician (Name) _____ Physician's Phone Number _____
	Take Child to any Licensed Physician
	My child does not have medical insurance, I would like the nurse to contact me for information on getting insurance.

	Babysitter's Name _____ Phone _____
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	Other desired procedure: _____
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Yes _____	No _____*	Are both parents allowed to see this child?
Yes _____	No _____*	Are both parents allowed to visit child at school?
Yes _____	No _____*	Are both parents allowed to pick up this child?
<b><i>*If you answered no to any of these questions, custody papers must be on file with the school.</i></b>		

If yes to the above questions PLEASE Print: Mother's Name _____
If yes to the above questions PLEASE Print: Father's Name _____

<b>List the names of anyone other than the parent(s) that have permission to pick the student up from school or that we may call if the parent can not be reached.</b>		
<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>

Signature of Parent(s) or Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_  
**(MUST BE SIGNED BY PARENT/GUARDIAN)**