



Community Charter School of Paterson

EMERGENCY CONTACT FORM (Please Print)

Student's Name: _____ DOB: _____ Grade: _____

Parent/Guardians Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

Doctor: _____ Preferred Hospital: _____

Doctor's Phone Number: _____

I give permission for the nurse to speak to the doctor: yes no

Pertinent Health Information: _____

Signature/Date: _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:

1st Contact Person: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone Number: _____

2nd Contact Person: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone Number: _____