

DELBARTON SCHOOL
STUDENT FOR A DAY EMERGENCY FORM
VISITING DAY _____

Student's Name: _____ Grade: _____

Home address: _____

Father's Name: _____

Mother's Name: _____

Home Phone Number: _____

Father's alternate phone #: _____ email address _____

Mother's alternate phone #: _____ email address _____

In case of an emergency who should be notified first: _____

If not available, notify:

1. Name _____ Phone: _____

2. Name _____ Phone: _____

Please list any special medical or physical needs, medical conditions or allergies the school should be aware of . If child has EpiPen or other condition which may require medication during school day, please contact nurse at 973-538-3231 x 3080 or bpereyra@delbarton.org. Medications need to be given to the school nurse along with a copy of the physician order

Signature of parent/guardian _____ Date _____