

LITTLE SILVER SCHOOLS EMERGENCY PROCEDURE FORM

Student _____ D.O.B. _____ Grade _____ Teacher _____

Primary Parents/Guardian _____ Address _____

Home Phone _____ Email Address _____

Mom's Cell Phone _____ Dad's Cell Phone _____

Mother's Employer _____ Work Phone _____

Father's Employer _____ Work Phone _____

Siblings: (names and grades) _____

Secondary/Joint Parent/Guardian _____ Address _____

Home Phone _____ Cell Phone _____ Email Address _____

Employer _____ Work Phone _____

In the event of a minor illness or emergency, list 2 local individuals who can assume temporary care of your child DURING SCHOOL HOURS if you cannot be reached:

1. _____ Telephone _____ Cell _____

2. _____ Telephone _____ Cell _____

Does child have Health Insurance? Please check (√)

Yes (if yes, name of Insurance Company) _____

No NJ FamilyCare provides free or low-cost health insurance for uninsured children and certain low-income parents. For more information, call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

Please list any important medical information (operations, illnesses, diseases) that occurred during the summer. Please give exact date (month, day, year) for any immunizations.

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Allergies (any type) _____

Medications currently taken at home (include dose & time given): _____

If unable to contact parents or doctor, we wish our child to be sent by the first aid squad to the following hospital:

Riverview Medical Center Monmouth Medical Center Other _____

I, the undersigned, do hereby authorize officials of NJ Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency card and/or transportation for said child.

Signature of Parent(s)/Guardian
(OVER →)

**Little Silver Public Schools
Dismissal Procedures**

School employees are expected to know and supervise the implementation of parents' /guardians' plans for dismissal. It is the responsibility of parents/guardians to notify the school as to the plan for the dismissal of their children, as well as be familiar with the school calendar and dismissal times.

Please read the choices below in order to let school officials know how your child should be released at dismissal time.

My child takes the bus.

My child may walk home unescorted.

My child is aware of our family plan for leaving school grounds each day. The supervising staff member will dismiss my child from the assigned door at the designated time. My child knows to return to the teacher or main office if there is an unexpected change in our plans. **Please note: This option should be selected if the child walks home, alone or with a group, or if a parent (or other adult/group) meets the child at a designated location other than the dismissal door on a regular basis.

My child may be released by the supervising staff member ONLY to the following: ** Please note: If this option is selected, make sure to include all care givers, siblings, as well as leaders of any organization in which your child is participating immediately following dismissal from school.

Name:

Phone:

_____	_____
_____	_____
_____	_____
_____	_____

I understand that school personnel will follow the plan indicated above during the 2015-16 school year. Changes to this plan may only be made in writing and given to the teacher in advance of the anticipated change. I have received the school calendar and dismissal policy and will plan accordingly.

Emergency Closing Procedures

In the event of an emergency that necessitates the early dismissal of students from school, parent notification will be made through Cooper Notification (mass notification system). After notification is made, my child is to do the following:

Check (✓) one:

Walk home unescorted

Wait for pickup by parent or alternate caretaker

Walk to home of: _____

(List name, address and telephone number)

I HAVE DISCUSSED THE GENERAL AND EMERGENCY DISMISSAL PROCEDURES WITH MY CHILD AND ALTERNATE CAREGIVERS LISTED ABOVE. I UNDERSTAND THAT IN THE EVENT OF AN EARLY DISMISSAL OR AN EMERGENCY CLOSING, THIS PLAN WILL BE PUT INTO EFFECT.

Signature of Parent/Guardian

Date