

**LOWER CAPE MAY REGIONAL SCHOOL DISTRICT**

687 ROUTE 9 - CAPE MAY, NJ 08204

(609) 884-3475, Ext. 238

**SCHOOL YEAR** \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent/Guardian:

As school nurse, there are times when I must contact parents to come to school to pick up their sick or injured child. There are times when I can reach no one and the child is unable to go home. In order for your child to be taken home by anyone other than the parent, I must have written permission from the parents. Please fill out the information below and return this form as soon as possible.

Sincerely,

Bonnie Riddle, School Nurse

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**LOWER CAPE MAY REGIONAL SCHOOL DISTRICT**

**School Nurse Emergency Information Card**

**SCHOOL YEAR** \_\_\_\_\_

In order to bring our records up-to-date, please complete the form below and return it to school. This information is vital for school emergencies and health problems.

Student's Name: \_\_\_\_\_ ID# \_\_\_\_\_ Grade \_\_\_\_\_

Current Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City

Lives with: Mother Father (Please circle)

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_ Parent's e-mail: \_\_\_\_\_

**Person(s) who will care for child if parent cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_