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THE FRISCH SCHOOL

הישיבה התיכונית דצפון ניו גרזי
The Henry & Esther Swieca Family Campus

EMERGENCY INFORMATION FORM

Please print

Entering Grade September _____

Student's Name _____

Last

First

Address: _____ Telephone # _____

Where can parents be reached if not at home?

Mother's Address _____ Telephone # _____

Email _____ Cell phone _____

Father's Address _____ Telephone # _____

Email _____ Cell Phone _____

List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

F
O
L
D

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Date _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of Parent or Guardian _____

Remarks: _____

Local Physician's Name _____

Address _____

Office Telephone _____

120 West Century Road
Paramus, NJ 07652
201-267-9100