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2017 - 2018
Medical Emergency Form
(Please Print Clearly)

Child's Name _____ Date of Birth _____
(First) (M.I.) (Last)

Address _____
(Street) (City) (State) (Zip)

Home Tel. # (____) _____

Mom Cell # (____) _____ Dad Cell # (____) _____

Parents' Names: Mom _____ Dad _____

Physician's Name _____ Telephone # (____) _____

Insurance Carrier _____ Policy # _____

People to call if a parent cannot be reached:

1. _____ Telephone # (____) _____
2. _____ Telephone # (____) _____

In the event I cannot be reached, I hereby authorize the First Pres. Nursery School Director or Teacher in Charge to have my child transported to a hospital for emergency treatment. I understand that I am responsible for all medical costs incurred with regard to examinations and medical services rendered.

Parent or Legal Guardian Signature

Date