ARCHER COOPERATIVE NURSERY SCHOOL

37 E. Allendale Ave.
Allendale, NJ 07401
201-327-6016

EMEGENCY INFORMATION FORM

Please print:
Student's Name _____ Class _____
Last First
Address _____

Home Telephone # _____Cell #_____

Mother's Name _____Father's Name _____

Where parents can be reached if not at home

Mother _____ Phone # _____
Address
Father _____ Phone # _____
Address

List two (or more) neighbors, friends or nearby relatives who will assume responsibility for transporting your child from school and assume temporary care of your child if you cannot be reached.

1. Name _____ Phone # _____
Address

2. Name _____ Phone # _____
Address

In case of accident or serious illness, I request the school to contact me. I also authorize the Director or teacher in charge to contact emergency first responders at 911 to make whatever arrangements are required to assist my child.

Signature of parent(s) or legal guardian _____

Date _____

Please use the back of this form to list **ALL** adults (18 or older) who are authorized by you to pick your child/children up at school. The school is required to have release information **in writing** in order to allow your child to be dismissed to anyone other than yourself.
Please return this form to the director.