Princeton Academy of the Sacred Heart
1128 Great Road
Princeton, NJ 08540
Phone: (609) 921-6499
Fax: (609) 921-8213

Emergency Information Form

Student Details

Class Of _____ Birth Date _____

Name _____ Home Phone _____

Home Address _____

Mother's Details

Full Name _____ Cell Phone _____

Work Phone _____ Ext. _____ E-Mail _____

Father's Details

Full Name _____ Cell Phone _____

Work Phone _____ Ext. _____ E-Mail _____

Medical Details

Allergies _____

Other Conditions _____

Physician's Name _____ **Tel. No.** _____

Physician's Address _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached. The person(s) listed below WILL BE CONTACTED in the event of an emergency if we are unable to contact a parent.

Name _____ **Phone** _____

Name _____ **Phone** _____

In case of 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 above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent/guardian _____ **Date** ____ / ____ / 2017