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Student Emergency Information

Student's Name: _____

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 below and to follow his/her instructions. If it is impossible to contact this physician or relative to the urgency of the student's condition, the school may make whatever arrangements seem necessary.

Signature of Parent

Date

Current Medications: _____

_____TYLENOL may be given to my child if needed. DOSAGE: _____

Allergies: _____ Other Conditions: _____

Emergency Contacts – Three are Required

1) Mother/Guardian _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2) Father/Guardian _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

3) Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Insurance Company Information

Name: _____ Policy #: _____

Physician: _____ Phone: _____

Address: _____ Preferred Hospital: _____