

**PLEASE RETURN EMERGENCY  
FORMS BY THE FIRST DAY OF  
SCHOOL!**

CAMPBELL SCHOOL  
"A Great Place to Learn"  
Metuchen, NJ 08840

Revised 8/2012

CAMPBELL SCHOOL EMERGENCY FORM

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Dear Parents/Guardians: It is often necessary to contact the home during school hours because of an accident, sudden illness or emergency closing. Please provide us with the information requested below to be used in an emergency.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ (tuition student yes or no)

Home Phone # \_\_\_\_\_ Cell Phone #'s \_\_\_\_\_

Email Addresses (work/home) \_\_\_\_\_

Parent One/Guardian \_\_\_\_\_

Business Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Two/Guardian \_\_\_\_\_

Business Address \_\_\_\_\_ Phone # \_\_\_\_\_

\* *Divorced or Separated?* If yes, with whom is the child living with and are there any legal restrictions we should know about? \_\_\_\_\_

\* Other Parent's Home Address & Phone # \_\_\_\_\_

\* Does child have Health Insurance?

Yes \_\_\_\_ If yes, name of insurance company \_\_\_\_\_

No \_\_\_\_ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance. Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Please List All Other Children in the Family and Their Birth Dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fill in both sides of this form!**

CAMPBELL SCHOOL EARLY DISMISSAL INFORMATION

Student's Name \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

*If you can't be reached, one of your emergency contacts will be notified.*

*\*In case of an **EXTREME** emergency or **sudden illness** and the school is not able to reach you, whom do you designate to assume the responsibility for your child? PLEASE DESIGNATE SOMEONE IN THE IMMEDIATE AREA!*

Please note that in the event you can't be reached and school personnel call your family doctor, you will assume full responsibility for costs of his/her services.

Contact #1 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact #3 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**\*\*In the event of a possible emergency early dismissal you will be notified by the Honeywell Alert System. \*\***

**\*PLEASE MAKE SURE THAT YOU HAVE REGISTERED ALL OF YOUR CONTACT INFORMATION ON THE HONEYWELL ALERT SYSTEM.**

**\*STUDENTS MAY NOT REMAIN AT SCHOOL IN THE EVENT OF AN EARLY DISMISSAL!**

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**\*The Metuchen Public School District requires a signed acknowledgement indicating that you have viewed the following items: a district and school calendar, a student handbook, and Policy #8601 Pupil Supervision after School Dismissal. These documents are available on the District and Campbell School webpage.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHOTOGRAPHS AND VIDEOTAPES

Frequently, teachers will take both photographs and videotapes of class activities for use in books and displays, as well as in newspaper articles regarding school projects. Please sign below, granting Campbell School permission to use the photographs and videos in these ways.

I, \_\_\_\_\_ give Campbell School permission to  
(Parent/guardian printed name)

include my child, \_\_\_\_\_ in school  
(Child's printed name)  
photos or videotapes.

Parent/Guardian Signature \_\_\_\_\_