

IRVINGTON BOARD OF EDUCATION
DEPARTMENT OF SPECIAL SERVICES
FLORENCE AVENUE SCHOOL – BASEMENT
1324 SPRINGFIELD AVENUE
IRVINGTON, NEW JERSEY 07111

SPECIAL CLASS PUPIL'S EMERGENCY INFORMATION

DATE: _____

DOB: _____ GRADE: _____

Referral # _____

CLASSIFICATION: _____

CHILD'S NAME: _____

HOME ADDRESS: _____

PARENT OR GUARDIAN: _____

HOME PHONE: _____

BUSINESS PHONE: _____

List any of your child's health, physical defects, or other conditions of which the driver, teacher and nurse should be aware (for example): epilepsy, convulsions, asthma, diabetes, heart conditions, wheel chair, car seat, restraints.

List any medication which your child is taking: dosage, side effects if any, or any precautions which your doctor feels is necessary:

PERMISSION TO WALK: YES _____ NO _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY: _____

RELATIONSHIP: _____

ADDRESS: _____

EMERGENCY PHONE: _____

(SIGNATURE) _____

PARENT OR GUARDIAN

Cc: Guidance
Transportation