

Miracles in Communication of Northern New Jersey, LLC
Emergency Information Card

STUDENT NAME (Last) _____ (First) _____ (MI) _____

HOME ADDRESS _____

Mother's Full Name _____ Father's Full Name _____

Birth Date _____ Teacher _____

HOME TELEPHONE NUMBER _____

MOBILE PHONES _____

E-MAIL ADDRESS _____

PLEASE LIST ALL NUMBERS IN THE ORDER YOU WANT THEM CALLED
Include persons who can assume care of your child in case you cannot be reached

Telephone # - Specify Father work, Mother work, Page, Cell, Home, Relative, Friend, etc.	
1	3
2	4

If divorced or separated, with joint custody of child, give information for the parent who does not live with this student.

Full Name of other Parent _____ Address _____

Telephone # of other Parent _____ Town/State/Zip _____

EMERGENCY MEDICAL INFORMATION FOR: _____
Student's Name _____ Grade _____

Doctor's Name _____ Address _____ Phone _____

List any allergies or unusual problems the school should be aware of. Explain

Statement of Consent

In case of an emergency, if I cannot be reached, I give Miracles in Communication staff permission to sign any necessary permission papers to allow medical treatment to be administered to my child for his/her health and well-being for the current year

Signature of Parent/ Guardian

Date

Current Year