



(973) 535-1999
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Pillar Schools

STUDENT EMERGENCY CARD **2023- 2024 school year**

Student's Name:	D.O.B: / /
Address:	City: State: Zip:

Mother's Name:
Address: City: State: Zip:
House Phone: Cell Phone: Work Phone:
Email Address:

Father's Name:
Address: City: State: Zip:
House Phone: Cell Phone: Work Phone:
Email Address:

Please Provide 2 Emergency Contacts

Name:	Relationship to Student:
House Phone:	Cell Phone:

Name:	Relationship to Student:
House Phone:	Cell Phone:

Authorized Child Release

To ensure the safety of our children, please let us know in advance who (other than parent/guardian) has permission to pick up your child from school.

Name:	Relationship to Student:
Best number to be reached at:	Address:

Name:	Relationship to Student:
Best number to be reached at:	Address:

Name:	Relationship to Student:
Best number to be reached at:	Address:

Student Name: _____

Date of Birth: _____

Medical Information

Student's Physician:

Telephone:

Address:

City:

State:

Zip:

Diagnosis:

Student's Allergies to: /Medications/Food/Other Known Allergies

Special Diet:

Foods to avoid giving/List reasons:

Student's Insurance Information:

Insurance:

Policy#:

Grp#

In case of medical emergency where parents/guardians can't be reached, I give permission for my child to receive the necessary medical care.

Parent's Signature:

Date:

I give permission for my child's Health Care Team (Nurses and Therapists) at Pillar HS to consult with my child's primary care provider (Pediatrician) and other specialists when needed.

____ YES, I give permission for Pillar staff to consult with my child's physicians.

____ NO, I **do not** give permission for Pillar staff to consult with my child's physicians.

Parent's Signature: _____ Date: _____