

**WEST WINDSOR-PLAINSBORO REGIONAL SCHOOL DISTRICT**

**Village School**

***COMPREHENSIVE STUDENT EMERGENCY CARD***

**SECTION I: Emergency Card**

Student's Name _____ (Last) (First)	M F (Circle One)	Birth Date _____
Address _____	Home Phone _____	
Father _____	Work Phone _____	Cell Phone _____
Mother _____	Work Phone _____	Cell Phone _____
Father's Email _____	Mother's Email _____	
Lives with _____ (Mother, Father, Both Parents, Guardian, Other)		
<b><u>IF UNABLE TO REACH PARENT IN CASE OF EMERGENCY CONTACT:</u></b>		
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Family Physician _____	Phone _____	
I hereby authorize the exchange of medical information to occur between the school nurse and my child's physician(s) and I give my permission that in the event of an emergency the above student may be taken to the hospital for treatment. The hospital may administer emergency treatment if it is necessary.		
_____ Signature of Parent or Guardian	_____ Date	

**SECTION II: Student Information**

Teacher _____	Homeroom # _____	Bus # _____
Does your child attend EDP?	Yes _____	No _____
_____	I grant permission for my child's photograph/image/name to be placed on the district web site and in school publications, PTA/PTSA directories, local newspapers, and cable stations.	
_____	I <u>do not</u> grant permission for my child's photograph/image/name to be placed on the district web site and in school publications, PTA/PTSA directories, local newspapers, and cable stations.	

**Please fill out Section III and IV on reverse side**

**SECTION III: Student Dismissal**

Student \_\_\_\_\_

Please check the appropriate box below:

- My child will take the bus home everyday
- My child will attend EDP on the following circled days. He/she will take the bus home on the other days  
Monday                  Tuesday                  Wednesday                  Thursday                  Friday
- My child will be a walker or biker every day
- My child will be a parent transport every day
- My child will be picked up on the days circled only. He/she will take the bus home on the other days  
Monday                  Tuesday                  Wednesday                  Thursday                  Friday

If these arrangements change on any given day, please submit a note to your child's teacher. If your child is being picked up by a different adult, a note must be submitted to the office containing the full name of the adult who is picking up the child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

**SECTION IV: Inclement Weather Plan**

In the event of an early school closing, I have made the following arrangement with my child:

- My child will ride his/her bus home, as usual
- My child will ride his/her bus home and go to: \_\_\_\_\_ Phone \_\_\_\_\_  
(Name of friend or neighbor's house)
- My child will be picked up by \_\_\_\_\_ Phone \_\_\_\_\_  
(Name of person picking up child)

If an early closing should occur on a day that my child would have been going to EDP, my child should:

- Take the bus home                  Bus Number \_\_\_\_\_
- My child will be picked up by \_\_\_\_\_ Phone \_\_\_\_\_  
(Name of person picking up child)

I have read and recorded the above dates.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date