2026/2027 SCHOOL YEAR
Emergency Information

D.O.B Home Phone:
Student Name:
Address: _____
Father's Name_____ Mother's Name _____
Student Lives With: __ Mother & Father __ Mother __Father __Guardian
Father's Work Number: _____
Father's Cell Phone Number: _____
Mother's Work Number: _____
Mother's Cell Phone Number: _____
E-mail Address: _____
Family Doctor: _____ Phone: _____

EMERGENCY CONTACTS: In the event you cannot be reached in case of illness, early dismissal, emergency evacuation, etc., the following names of family, friend, and babysitter have my permission to take responsibility for my child. **AT LEAST ONE PERSON NEEDS TO BE LISTED.**

Family/Friend/Babysitter_____ Phone: _____
Address: _____

Family/Friend/Babysitter_____Phone: _____
Address: _____

Family/Friend/Babysitter_____Phone: _____
Address: _____

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me or my designated temporary person listed above, I hereby appoint Warren Glen Academy as my agent and authorize Warren Glen Academy to arrange transportation to Warren Hospital. I fully understand that the hospital will treat my child consistent with medical needs that illness or injury presents. I relieve Warren Glen Academy School, its Board of Directors and Staff of all responsibility and consequences that may arise as a result of this treatment. I will not hold Warren Glen Academy, its Board of Directors or Staff responsible for treatment or transportation costs. I will accept financial responsibility as a result of any medical treatment given to my son/daughter.

My child is allergic to: Foods_____ Bee Stings: Yes__ No __
Medication: _____ Other: _____
My child takes the following medication (dosage & times):
_____
_____
Physician: _____ Phone: _____
Physician's Address: _____
Psychiatrist: _____ Phone: _____
Name of Insurance Carrier: _____
Group Number/Agreement Number: _____

_____ _____
Parent/Guardian Signature Date

Warren Glen Academy

2026/2027 School Year

TO: Parents/Guardians

FROM: Mr. Nicholas J. Cammarano, Executive Director

RE: **EMERGENCY CALL SYSTEM**

In the event of a school emergency, closing or event, you will receive a message via our "Emergency Calling System". Please complete the information below for our records. **If you have a telephone number which changes, please be sure to notify the school so you receive the information.**

STUDENT NAME:

MOTHER/FATHER NAMES: _____

HOME TELEPHONE: _____

MOTHER'S CELLPHONE: _____

FATHER'S CELLPHONE: _____

DO NOT USE TELEPHONE NUMBERS WITH EXTENSIONS

MOTHER'S WORK TELEPHONE: _____

FATHER'S WORK TELEPHONE: _____

MOTHER'S E-MAIL ADDRESS: _____

FATHER'S E-MAIL ADDRESS _____

ALTERNATE CONTACT and Relationship to Student:

_____

ALTERNATE CONTACT and Relationship to Student:

_____

If you have any questions regarding this system, please call Deborah Welch at 908-995-1999 Ext-101. Thank you.