## Union County T.E.A.M.S. Charter School and High School/College Leadership Academy Medical Emergency Form

Last Name	First	Initial	Date of Birth (N	lo/Day/Year)
Address			School	
City	Zip			
Home Telephone ()			Teacher/H.R.	
	our child in case of accident or su	idden illness, it is neces	ssary that you give t	he following information for emergency ca
Name		Address		Telephone
Mother/	Home	· · · · · · · · · · · · · · · · · · ·	<del></del> _	
Guardian	Work			
Father				
lat has a sight as a second	Work			
List two neighbors or nearby rela Name				
Home/		Name		
Address		Home/Address		
Work/				
ſelephone: Home	Work	Telephone: h	-lome	Work
Relationship				Work -
Please list other children attendin	ng New Jersev Public Schools (1	Vame, School)		
	(			
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Revised: July 2018