



# Hampton Township School District

Marian Emmons McKeown Elementary School

One School Road  
Newton, New Jersey 07860-6733

(973)383-5300  
Fax (973)383-3835

Kerry K. Murphy  
*Board Secretary/  
Business Administrator*

Bryan Hensz  
*Principal*

Everett C. Burns  
*Chief School  
Administrator*

## Student Contact Information for Use by School Nurse

**Student Name** \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ d.o.b. \_\_\_\_\_

Address \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ Telephone \_\_\_\_\_

### Parent Information

**Mother** \_\_\_\_\_ Has permission to pick-up child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ cell phone \_\_\_\_\_

work phone \_\_\_\_\_

**Father** \_\_\_\_\_ Has permission to pick-up child \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_

work phone \_\_\_\_\_

**Guardian** \_\_\_\_\_ Has permission to pick up child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ cell phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### Other Emergency Contacts

My child may also be released in an emergency to the following **other** persons:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_