



Essex Regional Educational Services Commission
EMERGENCY DATA INFORMATION SHEET
2021-2022

Child's Name: _____
Last First M.I. Date of Birth

Mother's Name: _____
Or Guardian's Name Last First M.I. Date of Birth

Last Four Digits of Social Security Number of Primary Wage Earner: ____ ____ ____ ____

SNAP, TANF OR FDPIR? Case #: _____

(**NOTE: This is for free and reduced lunch purposes only.)

Home Address: _____
Street City State Zip Code Apartment/Floor

E-Mail Address: _____ **Language Spoken at Home:** _____

Mailing Address (if different from home): _____

Home Phone #: _____ **Cell Phone #:** _____

Emergency Contact: _____ **Emergency #:** _____

Place of Business: _____

Business Address: _____ Apt/Suite # _____

City, State, Zip Code

Business Phone # _____ **Business Fax #:** _____



Father's Name: _____

Or Guardian's Name Last First M.I. Date of Birth

Home Address: _____
Street State Zip Code Apartment/Floor

Home Phone #: _____ **Cell Phone #:** _____

Emergency Contact: _____ **Emergency #:** _____

Place of Business: _____

Business Address: _____
Street, Suite or Apt. #, City, State, Zip Code

Business Phone # _____ **Business Fax #:** _____

**IN CASE OF EMERGENCY IF MOM/DAD/GUARDIAN CAN'T BE REACHED,
PLEASE CALL:**

- 1. _____
Name Relationship to Child Phone Number
- 2. _____
Name Relationship to Child Phone Number
- 3. _____
Name Relationship to Child Phone Number
- 4. _____
Name Relationship to Child Phone Number



Physician's Name: _____ **Phone #:** _____

Address: _____ **Room/Suite #:** _____
City State Zip Code

Dentist's Name: _____ **Phone #:** _____

Address: _____ **Room/Suite #:** _____
City State Zip Code

Hospital Preference: _____

ALLERGIES to foods and/or medications: _____

Chronic Health Conditions: _____



THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

- 1. _____
Name Phone Number
- 1. _____
Name Phone Number
- 1. _____
Name Phone Number
- 1. _____
Name Phone Number

X _____
Parent/Guardian Signature Date