



**ELEMENTARY SCHOOL**

**Ronald Lieberman** *Principal*  
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**HIGH SCHOOL | LIFE ACADEMY**

**Janet Blanchard** *Principal*  
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## Updated Health & Emergency Card

<b>Student Name:</b>	Grade:
Address:	Birthdate:
City/State/Zip	Sex/Gender:

**Parent/Guardian #1**

Name:	Main Phone:
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**Parent/Guardian #2**

Name:	Main Phone:
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**Two (2) persons, other than Parent/Guardian, to be called in case of an emergency**

Name:	Cell Phone:
Name:	Cell Phone:

Permission for emergency treatment at a local hospital?

- Yes
- No

Does your child take medication regularly? YES \_\_\_ NO\_\_\_

If yes, please list all of the medications your child is currently taking. \_\_\_\_\_

\_\_\_\_\_

Student Allergies: \_\_\_\_\_

Disease: \_\_\_\_\_

Illness: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Recent Immunizations: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Permission for the school nurse to share health information as deemed necessary with the faculty of Banyan School? YES\_\_\_ NO\_\_\_

Permission for the school nurse to share health information as deemed necessary with the primary care physician? YES\_\_\_ NO\_\_\_

Parent/Guardian Name

(Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_