

DWIGHT D. EISENHOWER SCHOOL

344 CALVIN COURT, WYCKOFF, NEW JERSEY 07481

Dear 8th Grade Parents/Guardians,

In order for your child to participate in the school sponsored trip to Washington D.C., we need you to fill out the following emergency information accurately and completely.

*****HEALTH FORM*****

Child's Name _____ Homeroom _____

Date of Birth _____ Address _____

Home Telephone _____

Father's (W)Telephone _____ Father's(c) number _____

Mother's(W)Telephone _____ Mother's(c)number _____

If parent/guardian cannot be reached --Emergency Name/telephone number

Existing Medical Problems, if any

Allergies (food, medicine, environmental), if any

List medical insurance coverage

I do not have medical insurance _____

I give permission to have my child examined and treated by a licensed physician in case of an emergency.

Signature of Parent/Guardian

This form **must** be returned to homeroom teachers by Friday, May **17, 2019**.
(turn form over)