

BERNARDS TOWNSHIP PUBLIC SCHOOLS – EMERGENCY FORM  
RIDGE FORENSICS SPEECH AND DEBATE INSTITUTE

-----PLEASE TYPE OR PRINT & USE PEN WHEN COMPLETING THIS FORM-----

Permission is granted for \_\_\_\_\_ (please print student name) to participate in the Ridge Forensics Summer Institute in Speech and Debate. We acknowledge that students should be dropped off at Ridge High School at 9:00am and we will ensure our child is picked up at 2:00pm. Students are responsible for bringing their own lunch each day.

Please provide the information requested below as it may be needed in case of an emergency. This information does not modify any previous information provided to your child's school and will be destroyed upon completion of the institute.

Student's address: \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Allergies: \_\_\_\_\_

Conditions requiring special consideration (medical/physical/religious) \_\_\_\_\_

Any medications currently taken (type of medication and type of administration) \_\_\_\_\_

Contact Information (in case of emergency):

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Insurance Information:

Company Name \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

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We, the undersigned agree to release and hold harmless Bernards Township Public Schools, Ridge High School, the Ridge Forensics team, its agents, representatives, students and employees from all claims, damages, which are not the result of gross negligence. The Ridge Forensics Team reserves the right to use photographs/images of the students in institute publications and/or websites. Parents may restrict this right by advising the Ridge Forensics Speech and Debate Institute staff in writing prior to the start of the institute.

Parent/Guardian Name  
Printed \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name  
Printed \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

