

STUDENT EMERGENCY INFORMATION

_____ IN ORDER TO KEEP OUR RECORDS UP TO DATE, PLEASE CHECK HERE IF THERE HAS BEEN A NAME CHANGE OF PARENT/GUARDIAN, ADDRESS, OR PHONE NUMBER.

Last Name _____ First _____ DOB _____
Address _____ School _____
City _____ Zip _____ Grade _____
Home Phone# _____ Parent E-Mail _____

To Parent/Guardian: To serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:

Parent/Guardian Name

Mother _____ Cell # _____ Work # _____
Father _____ Cell # _____ Work # _____

List 2 neighbors/relatives who will assume temporary care of your child if you cannot be reached:

Name _____	Name _____
Address _____	Address _____
Phone: Home _____	Work _____
Relationship: _____	Relationship: _____

Please list other children attending NJ Public Schools (Name, School):

Does child have Health Insurance:

Yes ___ If Yes, name of insurance company _____
No ___ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 800-701-0710 or visit www.njfamilycare.org to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.
Written consent required pursuant to 20 U.S.C. 1232g (b)(1) and 34 C.F.R. 99.30(b).

Signature _____ Printed Name _____ Date _____

Doctor _____ Phone _____
Dentist _____ Phone _____

I, the undersigned, do hereby authorize officials of NJ Public Schools to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent(s)/Guardian(s) _____ Date _____