

NAME OF SCHOOL DISTRICT

\_\_\_\_\_

ID # \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Teacher/H.R. \_\_\_\_\_

**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 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Parent/Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

List two neighbors or nearby relatives who will assume temporary care of your child(ren) if you cannot be reached:

Neighbor/Relative 1 Name \_\_\_\_\_ Address \_\_\_\_\_

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

Neighbor/Relative 2 Name \_\_\_\_\_ Address \_\_\_\_\_

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

Please list other children attending New Jersey Public Schools (Name, Grade, School)

_____	_____
_____	_____
_____	_____

Please check this box if there has been a name change of parent/guardian, address or telephone number.

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

**NO** My child **does not** have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b).*

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online or call 1-800-701-0710.

**YES** My child has health insurance.

List any medical/surgical care your child has received during the past year:

\_\_\_\_\_

Dental Exam \_\_\_\_\_ Date \_\_\_\_\_ Braces \_\_\_\_\_

Eye Exam \_\_\_\_\_ Date \_\_\_\_\_ Glasses /Contacts \_\_\_\_\_

Allergy \_\_\_\_\_ Kind \_\_\_\_\_ Medications \_\_\_\_\_

Allergic Reaction \_\_\_\_\_ Date \_\_\_\_\_ Medications \_\_\_\_\_

Immunizations/Tetanus \_\_\_\_\_ Date \_\_\_\_\_ Type \_\_\_\_\_

Restrictions \_\_\_\_\_ Type \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Name/Address

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the person(s) named on this card 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 card, or parents/guardians 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