

NAME OF SCHOOL DISTRICT

ID# _____
Last Name _____ First _____ Initial _____ Date of Birth (Mo/Day/Year) _____
Address _____ School _____
City _____ Zip _____ Grade _____
Home Telephone (____) _____ Teacher/H.R. _____

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

	Name	Address	Telephone
Mother/ Guardian	_____	Home _____ Work _____	_____
Father	_____	Home _____ Work _____	_____

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

Name _____	Name _____
Home/ Address _____	Home/ Address _____
Work/ _____	Work/ _____
Telephone: Home _____	Telephone: Home _____
Work _____	Work _____
Relationship _____	Relationship _____

Please list other children attending New Jersey Public Schools (Name, 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?

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.

Signature: _____ **Printed Name:** _____ **Date:** _____

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

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

Dental Exam

_____ date _____

_____ braces _____

Eye Exam

_____ date _____

_____ contacts _____

_____ glasses _____

Allergy

_____ kind _____

_____ medications _____

Allergic Reaction

_____ date _____

_____ medications _____

Immunizations/Tetanus

_____ date _____

_____ type _____

Restrictions

_____ type _____

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Hospital _____ Address _____ Telephone _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons 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 cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, 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