

FAMILY & EMERGENCY INFORMATION

Student's Name _____ Date of Birth _____ Gr/Teacher _____
FOR SCHOOL YEAR 2011-2012

1st Parent/Guard. Contact		Please Print Full Name Work# Cell # Email:
Relationship		
Employer		
Telephone Number(s)	Home #	
2nd Parent/Guard. Contact		Please Print Full Name Work# Cell # Email:
Relationship		
Employer		
Telephone Number(s)	Home #	
Emergency Contact 1		Please Print Full Name Work# Cell # Email:
Relationship		
Employer		
Telephone Number(s)	Home #	
Emergency Contact 2		Please Print Full Name Work# Cell # Email:
Relationship		
Employer		
Telephone Number(s)	Home #	
Child's Physician		<p style="text-align: center;">NO, NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more info call 1-800-701-0710 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.</p> Signature _____ Print _____ Date _____ Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b)
Dr.'s Office Phone Number		
Fax Number		
Other Information: NOTE: State Requirement Insurance Status must be supplied		
My child is covered by Insurance: _____ YES Name of Insurance Company _____		
Medical conditions that your child has that we should be aware of:		

I hereby give permission for the school authorities to call a doctor or to send my child to a hospital in case of an emergency if I cannot be reached immediately by telephone. Although the above recommendation of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case, the judgment of the school authorities will prevail. Anytime the above information must be changed, I will notify the Principal in writing. In addition, any pertinent health information may be shared with appropriate school personnel.

If both parents are not living in the home, please indicate any restrictions regarding visitation at school, picking child up at school or other procedures that should be followed. _____

Signature of Parent/Guardian _____ Date: _____

Home Address: _____ Home Phone Number: _____

CONTINUED ON THE OTHER SIDE

