



Emergency Contact Information

LAST NAME _____ HOME PHONE _____

First Name: _____ Allergies: _____ Grade _____

First Name: _____ Allergies: _____ Grade _____

First Name: _____ Allergies: _____ Grade _____

First Name: _____ Allergies: _____ Grade _____

First Name: _____ Allergies: _____ Grade _____

Father's First Name: _____ Work Phone: _____

Father's place of business: _____ Cell Phone: _____

Mother's First Name: _____ Work Phone: _____

Mother's place of business: _____ Cell Phone: _____

If parent is not available, contact: (at least two names please)

<u>First and Last Name</u>	<u>Relationship</u>	<u>Phone</u>
1. _____		
2. _____		
3. _____		

Doctor's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Hospital preference: _____

If the doctor or any person named is unavailable, permission is granted to the school to follow whatever emergency procedure is necessary.

Parent or Guardian's Signature: _____ Date: _____

Does your child/ren 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.

Signature: _____ Printed Name: _____ Date: _____

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