



EMERGENCY FORM - STUDENT

Student Name: _____ D.O.B. _____ Grade: _____

Please indicate by number (1 or 2) which parent should be called first:

() Parent Full Name: _____

Home Address: _____ Home Phone: _____

Bus. Address: _____ Bus. Phone: _____

Email: _____ Cell Phone: _____

() Parent Full Name: _____

Home Address: _____ Home Phone: _____

Business Address: _____ Bus. Phone: _____

Email: _____ Cell Phone: _____

Relative or Friend to Contact in Case of Emergency: _____

Address: _____ Phone: _____

Physician to Call in Case of Emergency: _____

Address: _____ Phone: _____

Miscellaneous notes (ie., allergies, medications, etc). _____

NOTE: If we are unable to contact your physician, the school physician will be called. I hereby grant permission to my children's teacher, school nurse, or school principal to call a doctor, ambulance or hospital in case of urgent need.

If it is necessary to take your child to the hospital, please list the hospital of your choice: _____

NOTE: If any of the above information changes or special instructions regarding the child's condition are needed during the school year, even temporarily, please notify the school.

PARENT/Guardian SIGNATURE: _____

DATE: _____

Continued on back



Covid-19 Vaccination Information Regarding Your Child:

_____ Yes, My child **IS** vaccinated.

_____ No, my child **IS NOT** vaccinated.

_____ I do not wish to disclose this information.

_____ N/A - My child is younger than the minimum age for vaccination.

If you answered "YES" to above, A COPY OF YOUR CHILD'S VACCINATION CARD MUST BE ATTACHED TO THIS FORM.

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

NO My child does not have health insurance.

YES My child has health insurance.

Can we release your name and address to the NJ FamilyCare Program to contact you about health insurance? NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

NO

YES

Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b).
For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710.

May we have permission to share your contact information (name, address, phone, and email) with the PTO for their directory and PTO communication?

NO

YES

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____