

RED BANK REGIONAL HIGH SCHOOL EMERGENCY INFORMATION

Student's Last Name _____ First _____ Initial _____ Date of Birth _____

Address _____ City _____ Zip _____ MALE or FEMALE
Circle

Home Telephone _____ Parent's Email Address _____

Who does student live with? _____

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

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

Mother/Guardian _____ Phone _____ Home # _____ Work # _____ Cell # _____

Father/Guardian _____ Phone _____ _____ _____

List two emergency contacts who will assume temporary care of your child if you cannot be reached:

Name _____ Name _____

Telephone: Home _____ Cell _____ Telephone: Home _____ Cell _____

Please list other children attending Red Bank Regional: _____

In an effort to conserve our resources RBR is now offering you the opportunity to go paperless* by receiving our news via our website. Please indicate your choice below. ***Report Cards and Interim Reports will still be mailed.**

YES, I want to go paperless.

No, continue to mail me notices.

School Year: _____

Does your child have Health Insurance?

Yes _____ If Yes, name of insurance company _____

No _____ NJ Family Care 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 _____	_____ glasses or contacts _____
Allergy	_____ kind _____	_____ medication _____
Allergic Reaction	_____ date _____	_____ medication _____
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 tender 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 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