

RED BANK REGIONAL HIGH SCHOOL EMERGENCY INFORMATION

School Year: 2016-2017

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

Circle

Address _____ City _____ Zip _____ MALE or FEMALE

Home Phone _____ 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:

Home # _____ Work # _____ Cell # _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Parent/Guardian Email _____

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

Name _____ Telephone: Home _____ Cell _____

Name _____ Telephone: Home _____ Cell _____

Please list other children attending Red Bank Regional: _____
Signature required on next page →

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 _____ contacts _____

Allergy _____ kind _____ medication _____

Allergic Reaction _____ date _____ medication _____

Immunizations/Tetanus _____ date _____ type _____

Restrictions _____ type _____ other _____

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Hospital _____ 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** _____