

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:

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

Father/Guardian _____	Phone _____	_____	_____
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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: _____

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 _____ Print: 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 _____

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** _____