

ENGLEWOOD PUBLIC SCHOOLS – ENGLEWOOD, N.J. 07631
EMERGENCY DATA CARD

Name of Student _____ Grade _____ Date of Birth ____/____/_____
Last First

Address _____ Home Tele. No. _____

MOTHER/GUARDIAN

FATHER/GUARDIAN

Name _____

Name _____

Work No. _____

Work No. _____

Cell No. _____

Cell No. _____

E-Mail Address _____

E-Mail Address _____

Name 3 persons (relatives or neighbors) authorized by parent/guardian and willing to assume temporary responsibility in case of emergency when parents/guardians cannot be reached by phone. Please indicate work and cell phone number.

Name _____ Address _____

Relationship to Student _____ Tele #. _____ Cell #. _____

Name _____ Address _____

Relationship to Student _____ Tele #. _____ Cell #. _____

Name _____ Address _____

Relationship to Student _____ Tele #. _____ Cell #. _____

Please list any conditions, diseases, or medications. (Allergies, diabetes, seizures, asthma, heart conditions, orthopedic problems, skin conditions, medications taken on a regular basis, etc.) Please be specific, particularly if there are any measures that may have to be taken in the event that an emergency arises.

Please provide the information about the child's physician so that we may contact her/him if necessary.

Name _____

Address _____ Telephone Number (____) ____ - _____

Name of hospital desired: _____

Does your child have any health insurance including NJ Family Care/Medicaid, Medicare, private or other?

____ NO My child does not have health insurance. You may release my name and address to the NJ Family Care Program to contact me about health insurance.

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710.

Signature: _____ **Printed Name:** _____ **Date:** ____/____/____

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

____ YES My child has health insurance

I, the undersigned, do hereby authorize officials of NJ Public Schools to contact directly the persons named on this card and do authorize the named physician to render 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.

PARENT/GUARDIAN Print Name _____

SIGNATURE _____

Date: ____/____/____