WEST MILFORD TOWNSHIP PUBLIC SCHOOLS

Emergency Information Form

2016-2017 School Year

Dear Parent or Guardian: To serve your child in case of sudden illness, it is necessary to provide the following information for emergency purposes. Please correct any outdated information and complete **all** missing information. Write "N/A" if the area is not applicable or information is not available. Sign and return to the main office. This form will eliminate the need to complete multiple emergency cards.

ID#

Last Name:	First:	Middle:	DOB:
Address:		School:	
City:		Grade:	
Home Telephone:		Teacher/H.R.:	

Name		Address	Telephone	Cell
Mother:	Home:			
	Workplace:			
Father:	Home:			
	Workplace:			
E-mail Address:				

List two neighbors or nearby relatives who will assume temporary care of your child.

Name	Name
Home Address	Home Address
Work Address	Work Address
Telephone Home	Telephone Home
Telephone Work	Telephone Work
Cell Number	Cell Number
Relationship	Relationship

Does child have Health Insurance? Yes _____ No_____ Has Health Insurance Changed? Yes_____ No _____

Yes	If Yes, name of Insurance Company:
No _____	NJ FamilyCare 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 address to the NJ FamilyCare Program to contact me about health insurance. **Signature**_____ **Printed Name:**_____ **Date:**_____ Written consent required to release your name 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.

Does your child attend daycare? Yes No if Yes, Where

List Medical Conditions:

Medications (taken @ home and school):

List Allergic / Reactions:

List Medical Restrictions:

	Y	N
Braces:		
Glasses:		
Hearing Aides:		

I agree to have my child screened for scoliosis? For Grades 5-12 **(Please initial)** _____

	Name	Telephone
Doctor:		
Hospital:		

Sibling Name	School Attending

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 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.

Signature: _____Date:_____