

Emergency Information Verification Form

Please sign as indicated. Also, please fill in any missing information and make corrections where necessary.

Current School:		Grade:	Homeroom:
Student's Name:		DOB:	Sex:
Legal Residence:		Mailing Address if different than residence:	
		Court Orders/Legal Restrictions:	
Please include company name for Work numbers, so that if your company changes phone numbers we will still be able to locate you. Emergency numbers will only be used in the event that we cannot reach at the other numbers listed. The Primary or Home Number will also be used for attendance auto-dialer.			
Guardian 1:		Primary #:	E-Mail:
Home:	Home Cell:	Work:	Work Cell:
Guardian 2:		Primary #:	E-Mail:
Home:	Home Cell:	Work:	Work Cell:
Emergency 1:		Primary #:	E-Mail:
Home:	Home Cell:	Work:	Work Cell:
Emergency 2:		Primary #:	E-Mail:
Home:	Home Cell:	Work:	Work Cell:
Emergency 3:		Primary #:	E-Mail:
Home:	Home Cell:	Work:	Work Cell:

Health care provider information (for emergency treatment when we are unable to contact you):		
Contact Type	Contact Name	Contact Number
Hospital		
Doctor		
Dentist		
Does your child have health insurance coverage?	Health Information: Medical alerts/allergies:	
If yes, what is the name of the Insurance Company?	Receives daily medication during school hours (Y/N):	
	Wears glasses and/or contact lenses (Y/N):	
<p>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 and address to NJ FamilyCare Program to contact me about health insurance.</p>		
Signature	Printed Name	Date
<p>I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the person(s) 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/guardians 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 of the said child.</p>		
Signature	Printed Name	Date
For School Use Only: Student ID:		Date filed:
Date Updated in Database:	Initials:	