

Wanaque Public Schools Emergency Card

Month	day	year

Students Last Name _____ First _____ Initial _____ Birthdate _____
 Home Address _____ Apt. No. _____ Gender: Male Female Grade _____
 City _____ Zip _____ School Haskell Wanaque
 Home Telephone (____) _____ Teacher/H.R. _____

Mother's/Guardian's Name _____ Home # _____ Cell # _____ Work # _____ Email _____ Employer _____	Father's/Guardian's Name _____ Home # _____ Cell # _____ Work # _____ Email _____ Employer _____
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Child lives with _____ Student is a dependent of a **full-time Active Duty** of the Armed Forces
 Student is **NOT** a dependent of a full-time Active Duty of the Armed Forces
 Please list other children attending New Jersey Public Schools (Name, and School) _____

The student may **Not** be released to: Name _____ Relationship _____
 Court Order on file with the school office

Emergency Contacts: (Other than Parent/guardian) In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

Name _____ Home Address _____ Home # _____ Cell # _____ Work # _____ Relationship _____	Name _____ Home Address _____ Home # _____ Cell # _____ Work # _____ Relationship _____
Name _____ Home Address _____ Home # _____ Cell # _____ Work # _____ Relationship _____	Name _____ Home Address _____ Home # _____ Cell # _____ Work # _____ Relationship _____

Does child have Health Insurance?
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 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).

Allergy (To What) _____ Medications _____
 Allergic Reaction _____ Medications _____
 Health Concerns/Medications _____

List any surgical care your child has received during the past year: _____
 Restrictions _____

Yes No: The school nurse has my permission to release pertinent health information about my child to faculty and staff on a need-to-know basis.
 Doctor _____ 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 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 judgement, 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.

Print Name **Signature of Parent(s) / Guardian(s)** **Date**