

**Oceanport School District**

**EMERGENCY FORM - STUDENT**

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

**Please indicate by number (1 or 2) which parent should be called first:**

( ) Parent/Guardian Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

( ) Parent/Guardian Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Relative or Friend to Contact in Case of Emergency (name and telephone number):**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician to Call in Case of Emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Miscellaneous notes (ie., allergies, medications, etc).** \_\_\_\_\_

**NOTE: If we are unable to contact your physician, the school physician will be called.** I hereby grant permission to my children's teacher, school nurse, or school principal to call a doctor, ambulance or hospital in case of urgent need.

If it is necessary to take your child to the hospital, please list the hospital of your choice: \_\_\_\_\_

**NOTE: If any of the above information changes or special instructions regarding the child's condition are needed during the school year, even temporarily, please notify the school.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

- NO.** My child does not have health insurance.       **YES.** My child has health insurance.

Can we release your name and address to the NJ FamilyCare Program to contact you about health insurance? NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

- NO**       **YES**

Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b). For more information visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online or call 1-800-701-0710.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_