

OCEANPORT SCHOOL DISTRICT
EMERGENCY FORM
2020-2021

Student Name: _____ D.O.B. _____ Grade: _____

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

() Mother's Full Name: _____

Home Address: _____ Home Phone: _____

Bus. Address: _____ Bus. Phone: _____

Email: _____ Cell Phone: _____

() Father's Full Name: _____

Home Address: _____ Home Phone: _____

Business Address: _____ Bus. Phone: _____

Email: _____ Cell Phone: _____

Relative or Friend to Contact in Case of Emergency: _____

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 MY CHILD IS NOT COVERED BY SCHOOL INSURANCE, I WILL BE RESPONSIBLE FOR ANY BILLS INCURRED.

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

List other children in school and their ages: _____

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: _____

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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

Signature: _____ Printed Name: _____ Date: _____

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 to apply online or call 1-800-701-0710.