

B o w s e r E l e m e n t a r y S c h o o l
2 0 1 5 - 1 6
S T U D E N T E M E R G E N C Y F O R M

ID#: _____
Last Name _____ First _____ Initial _____
Date of Birth (Mo/Day/Yr) _____
Address _____ Grade _____
City _____ Zip _____ Teacher _____
Home Phone _____ Cell Phone _____

To serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:

Mother: _____ Address: _____
Phone-Home _____ Work # _____
Father: _____ Address: _____
Phone-Home _____ Work # _____

List two emergency contacts who will assume temporary care of your child if you cannot be reached:

Name: _____ Name: _____
Phone-Home _____ Phone-Home; _____
Work # _____ Work # _____

List names of other children attending East Orange Public Schools

Name _____	School _____	Gr _____
Name _____	School _____	Gr _____
Name _____	School _____	Gr _____
Name _____	School _____	Gr _____

Does your child have any health insurance including NJ Family Care/Medicaid, Medicare, private or other?

Yes If yes, name of insurance co. _____
 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 _____

Medical Information (list any allergies, medications, conditions)

Doctor's Name: _____ Phone # _____

Dentist's Name: _____ Phone # _____

Hospital Name: _____ Phone # _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this form 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 form, 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 of said child.

Signature: _____ Printed Name: _____ Date _____

My child has permission to walk home each day.

My child is a bus student.

Neighborhood School: _____

My child will be picked up daily by: _____

Parent/Guardian Signature

Date