NOTIFY SCHOOL OFFICE OF ANY CHANGES DURING THE YEAR

ALPHA PUBLIC SCHOOL

20__-20__ EMERGENCY FORM

(This card needs to be completed every school year)

Date://	G	Grade:		
	н	lomeroom Teache	r:	
Student Name:				
Last Name	First Name	Middle Name		
Date Of Birth://	-	Sex: M 🗆 F		
Home/Mailing Address:				
Address		City		Zip Code
Child Resides With:		are There Any Leg Shild?: Yes (Please		ents Affecting Your No 🗅
Mother's/ Guardian's Name:		ather's/ uardian's Name:		
Mother/Guardian First ☐ Second Will Be Contacted:		ather/Guardian /ill Be Contacted:	First 🗖	Second 🗖
Home Phone:	Н	ome Phone:		
Cellular Phone:	с	ellular Phone:		
Work Phone:	v	/ork Phone:		
Email Address:	E	mail Address:		
2 nd Address:	2	nd Address:		
EMERGENCY CONTACTS in case child the school authorities have my permission to co contacts will also be contacted if your child is at order in case of emergency. 1.	ontact and releas	e my child to the custo of without notification.	dy of one of t	he following. These contacted in numerical
Name		Relationship		Phone
2. Name		Relationship		Phone
3				
Name		Relationship		Phone

PLEASE COMPLETE THE REVERSE SIDE

HEALTH INSURANCE INFORMATION:

Does Your Child Have Health Insurance	?			
Yes □	my name and address to the contact me about health insufree or low cost health insufcertain low income parents.	alth insurance. You may release to NJ FamilyCare Program to surance. NJ FamilyCare provides rance for uninsured children and . For more information call njfamilycare.org to apply online.		
	Signature:			
	Printed Name:	uant to		
	HEN PARENTS CANNOT BE F ZE THE SCHOOL TO CALL:			
Physician's Name/ Clinical Facility	Address	Phone		
Dentist:				
Dentist's Name	Address	Phone		
Hospital Preference:				
Hospital Name	Address	Phone		
Update Health Records: (List any medica	l/surgical care your child has re	ceived during the past year)		
Recent Serious Illness	Recent Serious Hospitalization	Recent Serious Hospitalization		
Recent Immunizations	Restrictions			
Recent Dental Exam (Date/Braces?)	Recent Eye Exam (Date/Contacts	s, Glasses?)		
Current Medications:	Yes ☐ (Describe below)	No □		
Medication / Dosage	For What Condition			
Allergies:				
Additional Medical Notes: I, the undersigned, do hereby authorize officials of Alpha authorize the named physicians to render such treatment the event that physicians, other persons named on this catake whatever action is deemed necessary in their judgm financially responsible for the emergency care and/or transparent's/Guardian's Signature	t as may be deemed necessary in an eme ard, or parents cannot be contacted, the s lent, for the health of the aforesaid child. I	rgency, for the health of said child. In chool officials are hereby authorized to		