NOTIFY SCHOOL OFFICE OF ANY CHANGES DURING THE YEAR

ALPHA PUBLIC SCHOOL 2019/20 EMERGENCY FORM

(This card needs to be completed every school year)

Date:/	/		Grade:		
			Homeroom Teache	er:	
Student Name:					
Last Name	st Name First Name		Middle Initial		
Date Of Birth: _	/	_/	Sex: M□ F		
Home/Mailing Ad	dress:				
Address			City		Zip Code
Child Resides W	ith:		Are There Any Leg Child?: Yes (Please		ents Affecting Your No □
Mother's/ Guardian's Name:			Father's/ Guardian's Name:		
Mother/Guardian Will Be Contacted:	First 🗖	Second 🗖	Father/Guardian Will Be Contacted:	First 🛚	Second 🗆
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		
Cellular Phone:			Cellular Phone:		
Email Address:			Email Address:		
2 nd Address:			2 nd Address:		
the school authorities	have my per contacted if y	in case child listed above of the contact and relour child is absent from so	ease my child to the custo	dy of one of	the following. These
1.	Nam	ue	Relationship		Phone
2	Nam	ne	Relationship		Phone
3					
	Nam	ie	Relationship		Phone

HEALTH INSURANCE INFORMATION:

Does Your Child Have Health Insurance				
Yes □	my name and address contact me about healt free or low cost health i certain low income pare	e health insurance. You may release to the NJ FamilyCare Program to h insurance. NJ FamilyCare provides insurance for uninsured children and ents. For more information call 800-njfamilycare.org to apply online.		
	Signature:			
	Printed Name:			
	HEN PARENTS CANNOT B ZE THE SCHOOL TO CALL	E REACHED,		
Dhysician's Name / Olinical Facility	Address	Dhana		
Physician's Name/ Clinical Facility Dentist:	Address	Phone		
Dentist's Name	Address	Phone		
Hospital Preference:				
Hospital Name	Address	Phone		
Update Health Records: (List any medica	l/surgical care your child ha	s received during the past year)		
Recent Serious Illness	Recent Serious Hospitalizati	Recent Serious Hospitalization		
Recent Immunizations	Restrictions	Restrictions		
Recent Dental Exam (Date/Braces?)	Recent Eye Exam (Date/Co	Recent Eye Exam (Date/Contacts, 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 in the event that physicians, other persons named on this authorized to take whatever action is deemed necessary school district financially responsible for the emergency of Parent's/Guardian's Signature	t as may be deemed necessary in an s card, or parents cannot be contacte in their judgment, for the health of the	emergency, for the health of said child. d, the school officials are hereby e aforesaid child. I will not hold the		
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