

**CALIFON PUBLIC SCHOOL
STUDENT EMERGENCY INFORMATION 2010/2011**

Student Name: _____ **Grade:** _____ **Date of Birth:** _____ **Allergies:** _____

Address: _____ **Home Phone #:** _____ **EMAIL:** _____

EMERGENCY CONTACTS: Where can parents be reached during school hours in an emergency?

Mother's Name: _____ **Work #** _____ **Cell #** _____

Father's Name: _____ **Work #** _____ **Cell #** _____

DESIGNATED CONTACTS: List two nearby friends/relatives who will assume temporary care of your child should they become ill or injured at school if you cannot be reached. (Be sure to give names of people who can be at school in less than 30 minutes)

Name: _____

Relationship: _____

Home: _____

Work: _____

Cell: _____

Name: _____

Relationship: _____

Home: _____

Work: _____

Cell: _____

SUPERVISION AT DISMISSAL:

Califon students have permission to walk home after dismissal unless otherwise designated. Parents/Guardians of students who request supervision at dismissal must designate permitted escorts on this form.

YES, my child needs to be escorted after dismissal.

Designated Person: _____ **Tel. #:** _____

Designated Person: _____ **Tel. #:** _____

*You may list additional names separately if needed.

NO, my child does not need supervision at dismissal. He/she may walk home at dismissal regardless of early dismissal, inclement weather conditions, and emergency closings.

Parent/Guardian Signature: _____ **Date:** _____

PUBLICITY/ CONSENT:

In certain instances or special events at Califon School such as contests, awards, assemblies etc. there may be opportunity for children to be photographed or identified. Please indicate preference below.

I grant permission for Califon School to do the following (initial all that apply):

_____ Publish my child's photograph (*without* identifiers) on the school or classroom website

_____ Publish my child's name (first name, last initial) on school websites

_____ Send my child's photograph and name for publication to newspapers and local TV networks

_____ Display my child's full name in "good news" announcements via email or outdoor bulletin board

_____ I do not want any form of publicity involving my child (**no other line should be initialed**)

Please complete both sides. Return to Main Office.

NJ DOE INFO:

Please list other children attending New Jersey Public Schools (Name, School, Grade)

As per NJAC 6A:32-7.19(g)

Does your child have Health Insurance?

Yes ____ If yes, name of insurance company _____

No ____ NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 1-800-701-0710 or visit www.njfamilycare.org to apply on line. You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

Written consent required pursuant to 10 U.S.C. 1232g (b) (1) and 34 C.F.R. 99.30 (b).

List any medical/surgical care your child has received during the past year:

Dental Exam: _____

Eye Exam: _____

Allergy: _____

Allergic Reaction : _____

Asthma (triggers): _____

Other Medications: _____

Recent Immunizations: _____

Braces: _____

Contacts: _____ Glasses: _____

Allergy Medications: _____

Last Episode: _____

Last Episode: _____

Last Tetanus: _____

Restrictions: _____

Doctor _____

Dentist _____

Hospital _____

Phone Number: _____

Phone Number: _____

Phone Number: _____

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 for said child.

Signature of Parent/Guardian _____ **Date:** _____

Please complete both sides. Return to Main Office.