

Franklin Township School Emergency Care Form

PLEASE COMPLETE ALL INFORMATION BELOW:

Student's Name _____ Home Phone _____

Address _____ Please check if this
 is a new address
(Please notify the school if the above address changes during the school year)

Grade _____ **Teacher's Name** _____ **Date of Birth** _____

Please list telephone numbers at which parents can be reached.

1. _____ 2. _____

Cell Phone Numbers:

Parent I Cell: _____ **Parent II Cell:** _____

Parent I Work: _____ **Parent II Work:** _____

EMAIL ADDRESS(ES) _____

Please list name and telephone number of two people whom we may contact in case your child becomes ill and we can't contact you.

1. _____ Phone _____

2. _____ Phone _____

List of any known allergies: _____

Please list any current health problems: _____

Is medication required: Yes _____ No _____

Does your child have health insurance?

Yes _____ If Yes, name of insurance company _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low-income parents.

For more information please 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 _____

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).

Please indicate in the space below if there has been a divorce or separation since the previous school year. If there has been a divorce or separation and the non-custodial parent cannot sign the child out of school, legal documentation must be provided.

***PLEASE BRING CUSTODY PAPERS TO BE KEPT ON RECORD (CONFIDENTIAL)**

No Change in Marital Status _____ Divorce _____ Separation _____

Non-Custodial Parent May _____ May Not _____ sign child out of school.

In case of an accident or serious illness, I request the school to contact me. It will be the parent/guardian responsibility to come to the school for the child. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary for the welfare of my child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

FAMILY DOCTOR _____ Phone _____

I have carefully read and understand the attachment explaining the school's EARLY ALERT PROGRAM. By affixing my signature below & by providing the appropriate information, I agree to be bound by the terms of the EMERGENCY CARE AND EARLY ALERT procedures.

Date _____ Parent's Signature _____ (over)