

MIDLAND PARK HIGH SCHOOL

Emergency Contact Information

Last Name _____ First Name _____ Grade _____

Address _____ City _____ Zip Code _____

Home Telephone _____ Teacher/H.R. _____

ID# _____ Date of Birth (Mo/Day/Year) _____

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

	Address	Telephone
_____	_____	Cell _____
Mother/Guardian Name	_____	Work _____
	_____	Home _____
_____	_____	Cell _____
Father/Guardian Name	_____	Work _____
	_____	Home _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name: _____ Name: _____

Address: _____ Address: _____

Work Phone: _____ Home Phone: _____

Relationship: _____ Relationship: _____

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

☐ Permission to share necessary medical information with child's teachers. _____

Signature of Parent/Guardian

PLEASE COMPLETE BOTH SIDES

Does 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 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: _____ **Date:** _____

Printed Name: _____

Written consent required pursuant to 20 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	_____	_____
	Date	Braces

Eye Exam	_____	_____
	Date	Contacts Glasses

Allergy	_____	_____
	Date	Medications

Allergic Reaction	_____	_____
	Date	Medications

Immunizations/Tetanus	_____	_____
	Date	Date

Restrictions	_____	_____
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Doctor:	_____	Telephone:	_____
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Dentist:	_____	Telephone:	_____
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Hospital:	_____	Telephone:	_____
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I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card 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 card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, 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(s)/Guardians(s) **Date:** _____