

Hanover Park Regional High School District  
Emergency Home Contact

Date \_\_\_\_\_

Class of \_\_\_\_\_

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Town \_\_\_\_\_

Father or Male Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Place of Business \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother of Female Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Place of Business \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

List (2) friends or relatives to be called if parents cannot be reached:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Hospital Preferred \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health History: Include allergies, asthma & daily medications \_\_\_\_\_

Medical/Surgical care received during the past year \_\_\_\_\_

(over)

List other children attending New Jersey Public Schools

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Check this box if there has been a name change of parent/guardian, address or telephone number.

Does child have health insurance?

\_\_\_\_\_ 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](http://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:** \_\_\_\_\_

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and to 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 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.

I hereby authorize the school nurse to release to school staff such information as she/he believes relevant to maintain the health and safety of my child.

**Signature of Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_