

Northern Burlington Regional School District Emergency Information Form

School Year _____

Student Name _____ Date of Birth _____ Male ___ Female ___ Gr. _____
(last) (first)

Home Address _____ Zip _____ Home Phone _____

Student lives with: ___ Mother ___ Father ___ Guardian ___ Other _____

Emergency Contacts : Only contacts listed on this emergency card will be permitted to pick your child up from school

Mother's/ Guardian's Name _____ Address _____
(if different from student)

Phone # _____ work phone # _____ cell phone # _____

Father's/ Guardian's Name _____ Address _____
(if different from student)

Phone # _____ work phone # _____ cell phone # _____

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

1. _____
name relationship cell # home # work #

2. _____
name relationship cell# home # work#

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

Does student 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: _____ Printed Name _____ Date: _____

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

Scoliosis:

***The State of NJ requires that all children age 10-18 be screened for Scoliosis (curvature of the spine) every other year.**

___ Yes, I want my child screened for Scoliosis at school.

___ No, My child will be screened for Scoliosis by our private physician. I will send a report of this exam to school.

Physical Examinations:

Students must receive routine medical exams upon entry into school. It is also recommended that students receive subsequent medical exams at least once during each developmental stage. Student Medical Examinations should be given by the child's primary health care provider.

***Students are screened annually by the school nurse, for height, weight, vision, hearing and blood pressure.**

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

In the event that 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.

Signature of Parent(s)/Guardian(s)

Date