

2017-2018

St. Joseph's School for the Blind Student Emergency Contact Form

In case of an emergency, it will be necessary to contact parents during school hours. Numbers given must be current. **Please contact the school immediately with any changes in phone numbers or street addresses.** Please furnish us with the following information.

Please Print

Child's Name _____

Date of Birth _____

Parent's/Guardian's Name _____

() _____ () _____

Home Phone _____ Work Phone _____

() _____

Cell Phone _____

Email Address _____

Address _____

City, ST ZIP Code _____

Parent's/Guardian's Name _____

() _____ () _____

Home Phone _____ Work Phone _____

() _____

Cell Phone _____

Email Address _____

Address _____

City, ST ZIP Code _____

Alternative Emergency Contacts

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

Primary Emergency Contact _____

() _____ () _____

Home Phone _____ Work Phone _____

() _____

Cell Phone _____

Address _____

City, ST ZIP Code _____

Secondary Emergency Contact _____

() _____ () _____

Home Phone _____ Work Phone _____

() _____

Cell Phone _____

Address _____

City, ST ZIP Code _____

This form must be filled out completely on BOTH SIDES.

Insurance Information

Does your child have any health insurance including NJ Family Care/Medicaid, Medicare, private or other?

Yes _____ If yes,

Insurance Company

Policy Number

No _____ NJ Family Care 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 NJ Family Care Program to contact me about health insurance.

Allergies

Physician's Name

Phone Number

Parent's/Guardian's Signature

Date