

Greater Egg Harbor Regional High School District
1824 Dr. Dennis Foreman Drive, Mays Landing, NJ 08330-2640



Absegami High School
201 S. Wrangleboro Road
Galloway, NJ 08205



Cedar Creek High School
1701 New York Avenue
Egg Harbor City, NJ 08215



Oakcrest High School
1824 Dr. Dennis Foreman Dr.
Mays Landing, NJ 08330

EMERGENCY INFORMATION CARD

SCHOOL YEAR: 2010-2011

Please Print

Student's Name: _____ DOB _____ ID# _____

Address: _____ Last _____ First _____ Phone: _____ Grade _____ HR# _____

Where can parent / guardian be reached if not at home?

Mother's Name: _____ Cell Phone: _____

Place of Business: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Place of Business: _____ Work Phone: _____

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

1. Name: _____ Relationship: _____ Phone: _____

Address: _____ Work/Cell Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Address: _____ Work/Cell Phone: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to contact me in an emergency, the school may take whatever action deemed necessary. The school may send my child, _____ home with the persons listed above in the event of an emergency.

Please list other children attending New Jersey Public Schools:

Name: _____ School: _____

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

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 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: _____ PRINT Name: _____ Date: _____

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: Yes / No

Eye Exam Date: _____ Contacts: Yes / No Glasses Yes / No

Allergies Kind: _____ Medications: _____

Allergic Reaction Date: _____ Medications: _____

Immunizations/Tetanus Date: _____ Type: _____

Restrictions Type: _____

Serious medical problem? _____

Additional medication taken at home, if any: _____

Local Physician's Name: _____ Office Phone: _____

Address: _____

Dentist's Name: _____ Office Phone: _____

Address: _____

Hospital: _____ Address: _____ Phone: _____

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 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, the undersigned, authorize the nursing office to release pertinent medical information regarding my student to school staff: Yes / No

Parent / Guardian Signature: _____ PRINT Name: _____ Date: _____

If your student requires medication during the school day, you will need to bring in the medication in the original medication bottle along with a permission form which must be signed by both the parent and the physician. This form can be obtained in the office of the school nurse.