

**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](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: \_\_\_\_\_ 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.*