

Child Last Name _____ First _____ Initial _____ Date of Birth (MM/DD/YYYY) _____

Address _____

City _____ Zip _____ Home Phone (____) _____

Teacher _____

To Parent/Guardian:
To serve your child in case of accident or sudden illness, it is necessary that you give the following information for EMERGENCY CALLS.

Parent/Guardian 1 Name _____ Relationship _____

Home (____) _____ Cell (____) _____ Work (____) _____ Email _____

Parent/Guardian 2 Name _____ Relationship _____

Home (____) _____ Cell (____) _____ Work (____) _____ Email _____

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

Neighbor/Relative 1 Name _____ Relationship _____

Home (____) _____ Cell (____) _____ Work (____) _____ Email _____

Neighbor/Relative 2 Name _____ Relationship _____

Home (____) _____ Cell (____) _____ Work (____) _____ Email _____

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

NO My child does not have health insurance. 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). NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710.

YES My child has health insurance.

List any medical/surgical care your child has received during the past year: _____

Allergies _____
Kind _____ Medications _____

Allergic Reaction _____
Date _____ Medications _____

Immunizations/Tetanus _____
Date _____ Type _____

Restrictions _____
Type _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Hospital Name/Address _____

I, the undersigned, do hereby authorize officials of Sari Isdaner Early Childhood Center at the Katz JCC to contact directly the person(s) 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/guardians 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 be financially responsible for the cost of emergency care and/or transportation for my child. The school shall have no financial responsibility for same and I will indemnify and save the school harmless from any liability.

Signature of Parent(s) / Guardian(s) _____ Date _____