

Student _____ Birth date _____

Street Address _____ Town/Zip _____ Phone _____ (H)

Mother/Guardian _____ Address _____ (H)

_____ (C)

Work Place _____ (W)

Father/Guardian _____ Address _____ (H)

_____ (C)

Work Place _____ (W)

E-mail address _____

LOCAL person to be called if parent/guardian not available in case of emergency:

Name _____ Town _____ Relationship _____ Phone _____ (H)

Name _____ Town _____ Relationship _____ (C)

Name _____ Town _____ Relationship _____ (H)

Name _____ Town _____ Relationship _____ (C)

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Preferred hospital for emergency _____

Does student take daily medication? _____ Medication/Dose _____

Medication/Dose _____

Medication/Dose _____

Does student have emergency medication? _____ Medication/Dose _____

Does student have allergies? _____ Reaction/Treatment _____

Does student have health insurance?

Yes _____ Name of insurance provider _____

No _____ NJ Family Care provides free and low-cost medical insurance for uninsured children and certain low-income families. For information call 800-701-0710 or visit www.njfamilycare.org to apply on line.

ECLC of NJ may release my name and address to NJ Family Care to contact me about health insurance- written consent required:

Print Name _____ Signature _____ Date _____

I hereby give my permission to the school principal and/or ECLC of NJ staff to obtain emergency medication and treatment if required for my child, and I release ECLC of NJ and its employees from all liability in connection therewith.

Parent/Guardian Signature _____ Date _____

I hereby give permission for my child _____ to go on field trips with his/her class at the ECLC of NJ school during the current school year.

Parent/Guardian Signature _____ Date _____

I hereby give my permission for my child's health information to be disclosed to the appropriate ECLC of NJ employees who have a legitimate health interest in my child.

Parent/Guardian Signature _____ Date _____