



WOODBRIIDGE TOWNSHIP SCHOOL DISTRICT

STUDENT EMERGENCY INFORMATION

Note: This is a 2 page form.

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Emergencies, such as sudden illness/injury, or unscheduled early dismissals, may make it necessary for the school to communicate with someone who can assume responsibility for the welfare of students. It is the responsibility of each parent/guardian to provide their child's school with specific instructions to make it possible for the school to ensure the care and safety of your child. Please complete this form in its entirety and clearly print all information. If any information changes during the course of the school year, PLEASE CONTACT THE SCHOOL IMMEDIATELY.

• STUDENT INFORMATION

Student's Name:				
	▲ Last ▲		▲ First/MI ▲	
Student's date of Birth:				
	▲ mm/dd/yyyy ▲			
Home Address:				
	▲ Street/Town/Zip ▲			
School:				
Grade:		Home Room (if applicable):		Check one:
				Rides Bus
				Walks

• PARENT/GUARDIAN INFORMATION

Name:			
Home Phone:		Work Phone:	
Cell Phone:		E-mail address:	
Name:			
Home Phone:		Work Phone:	
Cell Phone:		E-mail address:	

I authorize the following persons to sign-out my child from school, and/or escort my child home (please list at least 2 persons).
NOTE: IN THE EVENT OF AN UNSCHEDULED EARLY DISMISSAL, KEEPING YOUR CHILD/REN AT SCHOOL AFTER DISMISSAL TIME AND WAITING UNTIL YOU ARRIVE IS NOT AN OPTION.

1	Name:		
	Contact Phone:	Relationship	
2	Name:		
	Contact Phone:	Relationship	
3	Name:		
	Contact Phone:	Relationship	

If I am not at home when my child arrives there, he/she has permission to go to the home of one of the following neighbors with whom I have made arrangements. NOTE: Voice mail or answer machines WILL NOT be considered as a personal contact.

1	Name:		
	Contact Phone:	Relationship	
2	Name:		
	Contact Phone:	Relationship	
3	Name:		
	Contact Phone:	Relationship	

I have instructed my children on what to do in the event of an emergency situation or unscheduled early dismissal, and I agree to the responsibilities noted above.

Parent's Signature		Date	
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WOODBRIIDGE TOWNSHIP SCHOOL DISTRICT

STUDENT EMERGENCY INFORMATION

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• STUDENT EMERGENCY HEALTH INFORMATION

Student's Name:		
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▲ Last ▲

▲ First/MI ▲

School:	
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Physician's Name:	
Physician's Address:	
Physician's Phone:	

NOTE: Physicians will be called at the expense of the parent/guardian in case of emergency.

I acknowledge that pertinent information regarding my child's health may be shared with school personnel on a need-to-know basis only.

I authorize officials of New Jersey Public Schools to contact directly the persons named on this emergency information form 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, or other persons named on this emergency information form, 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 aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent's Signature		Date	
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• STUDENT INSURANCE INFORMATION

Does the child have health insurance?

Yes		If Yes, name of insurance company:	
Parent's Signature		Date	

No		NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 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. <i>Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30(b)</i>			
Parent's Signature		Date	