

METUCHEN HIGH SCHOOL YEAR 2010-2011 EMERGENCY INFORMATION FORM

ID # _____ Grade _____
Child's Name _____ Date of Birth (Mo/Day/Yr) _____
Address _____ Home Phone _____

To Parent or Guardian: To assist your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:

Mother or Guardian _____ Cell Phone _____

Email Address _____

Home Address (If different from child's) _____

Business Address _____ Phone _____

Father or Guardian _____ Cell Phone _____

Email Address _____

Home Address (If different from child's) _____

Business Address _____ Phone _____

Family Physician _____ Phone _____

Address _____

List two personal contacts who will assume temporary care of your child if you cannot be reached:

Name _____ Name _____

Home Address _____ Home Address _____

Work Address _____ Work Address _____

Telephone: Home _____ Telephone: Home _____

Work _____ Work _____

Cell _____ Cell _____

Relationship _____ Relationship _____

Please list other children attending New Jersey Public Schools (Name, School)

Please note that in the event you cannot be reached and school personnel call your family doctor you will assume full responsibility for costs of his services.

Date _____ Parent/Guardian Signature _____

Does 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 Family Care 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).

In accordance with N.J. law, students are screened biannually for scoliosis. This is a simple exam involving a viewing of the back. Boys and girls are screened separately. If you do not wish your child to be screened, please sign below.

I _____ do not wish my child to participate in the scoliosis screening.
Parent/Guardian Signature

Acknowledgement of Receipt

The Metuchen Public School District requires a signed acknowledgement indicating your receipt of the following items: a school calendar, a student handbook, and Policy # 8601 Pupil Supervision After School Dismissal.

Parent/Guardian Signature: _____ Date: _____