

STUDENT NAME: (Last) _____ (First) _____ (MI) _____

Birth Date: ____/____/____ Grade: _____ Teacher: _____ Bus Rte # _____

Home Address: _____

Parent 1 Full Name: _____ Parent 2 Full Name: _____

Home # : _____ Parent 1 (Cell): _____ Parent 2 (Cell): _____

PLEASE LIST ALL NUMBERS IN THE ORDER YOU WANT THEM CALLED
Include persons who can assume care of your child in case you cannot be reached

Telephone #'s: Specify P1 name - cell# &/or work#; P2 name - cell# &/or work#; Name of Relative, Friend, etc & contact #	Telephone #'s: Specify P1 name - cell# &/or work#; P2 name - cell# &/or work#; Name of Relative, Friend, etc & contact #
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

*** If divorced or separated with joint custody of above mentioned child, please provide the information of that parent who does not live with the student

Full Name of other Parent: _____ Contact phone #'s (indicate home, cell, work) _____

Address: _____ City/State/Zip: _____

Please list siblings attending other Wayne Schools : _____

EMERGENCY MEDICAL INFORMATION FOR:

_____	Student's Name _____	Grade/Class _____
Doctor's Name _____	Address _____	Phone # _____

➤ List any allergies or unusual problems the school should be aware of. Please explain briefly: _____

➤ Below please note any illnesses, injuries or operations this child has had since the start of the last school year: _____

Does your child have 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) 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.

STATEMENT OF CONSENT:

In case of an emergency, if I cannot be reached, I give the school officials permission to sign any necessary permission papers to allow medical treatment to be administered to my child for his/her health and well-being for the current school year.

Signature of Parent / Guardian

Date

***** If there are any changes to the information provided NOTIFY the School Nurse IMMEDIATELY *****