

School Year: _____

P.S. # _____

**PATERSON PUBLIC SCHOOLS
STUDENT EMERGENCY CARD**

Student ID# _____

Date: _____

Last Name _____ First _____ Initial _____ Date of Birth (Mo/Day/Year) ____/____/____

Address _____ School _____

City _____ Zip _____ Grade _____

Home Phone _____ Teacher/HR _____

Parent/guardian (#1) Name _____ Relationship _____

Cell Phone _____ Work Phone _____

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 Family Care 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.

Please list all other children attending Paterson Public Schools and/or other New Jersey Public, Private or Non-Public Schools:

Name _____	School _____	DOB _____	Grade _____
Name _____	School _____	DOB _____	Grade _____
Name _____	School _____	DOB _____	Grade _____
Name _____	School _____	DOB _____	Grade _____

Please check this box if there has been a name change of parent/guardian, address or telephone number.

Parent /Guardian (#2) _____ Relationship _____

Phone Numbers: Home (_____) _____ Cell (_____) _____ Work (_____) _____ Email _____

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

Neighbor/Relative (#1) Name _____ Address _____

Phone Numbers: Home (_____) _____ Cell (_____) _____ Work (_____) _____ Email _____

Neighbor/Relative (#2) Name _____ Address _____

Phone Numbers: Home (_____) _____ Cell (_____) _____ Work (_____) _____ Email _____

List any special medical/surgical considerations or restrictions specific to your child.

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

I, the undersigned, do hereby authorize officials of the Paterson Public Schools 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 not hold the school district financially responsible for the emergency care and/or transportation for said child.

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