

OXFORD CENTRAL SCHOOL
17 Kent Street, Oxford, N.J. 07863

EMERGENCY CONTACT

1. Student Information

Name _____
Address _____
Home Telephone # _____ Date of Birth _____
Grade _____ Teacher _____

2. Parent/Guardian Information

Guardian #1 name _____ Home # _____
Work tel. # (w. ext.) _____ Cell # _____
E-mail _____
Guardian # 2 name _____ Home # _____
Work tel. # (w. ext.) _____ Cell # _____
E-mail _____

Are either parent/guardian members of a branch of the Military? ___ yes/no
Active Duty / Retired _____ Branch of Military _____ Rank _____

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the school with a copy of the order.

3. Child Care Provider Information

Those designated below are authorized to pick up my child from school in an emergency:
Child care provider's name _____
Tel. # _____ Cell tel. # _____
Child care provider's name _____
Tel. # _____ Cell tel. # _____

4. Local Contact Information (Designate 1 parent in our school)

1. Local contact's name _____ Relationship to child _____
Home tel. # _____ Work tel. # (w. ext.) _____
Cell tel. # _____
2. Local contact's name _____ Relationship to child _____
Home tel. # _____ Work tel. # (w. ext.) _____
Cell tel. # _____

5. Out of Town Contact Information

Name _____ Relationship to child _____
Home tel. # _____ Work tel. # (w. ext.) _____
Cell tel. # _____

6. Medical/Physician Information

List student's known allergies or medical conditions _____

Doctor's name _____ Tel. # _____
Hospital preference _____
Insurance company _____
Dentist's name _____

PLEASE COMPLETE REVERSE SIDE

7. 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).

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this 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, other persons named on this card, 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 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

Please keep a copy of this form for your records. Important: Please update your school immediately if any information changes.