

**2019-2020
HCRHS HEALTH SERVICES – EMERGENCY CARD**

Student Name: _____ ID: _____ Grade: _____
 Birth Date: _____
 Address: _____ Home Language: _____
 Birth City: _____
 City/State/Zip: _____ Birth State: _____
 Birth Country: _____
 Primary Parent/Guardian Phone #: _____

Please update any outdated or missing information on this card. If there are no changes, please place a check in the box, confirming the information is current.

	Mother	Father	Guardian (proof of guardianship must be attached)
Name:			
Home Phone:			
Cell Phone:			
Work Phone:			
Address:			
Email:			
Lives With (Yes/No):			
Mail to (Yes/No):			

If a parent/guardian is unable to be reached, please provide alternative emergency contacts, who will assume temporary care of your child, in the event of an illness or emergency.

	Name	Home Phone	Cell Phone
Emergency 1:			
Emergency 2:			

Does your child have Health Insurance, including NJ Family Care/Medicaid, Medicare, private or other? Yes/No
 If Yes, please provide the name of the insurance company. _____.

If No, please be advised that 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.

Is either parent/guardian active in the military? Yes/No
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Please complete both sides of this form and return it to the principal's office.

(Over)