

**2022-2023
HCRHS HEALTH SERVICES – EMERGENCY CARD**

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

	Primary Parent 1 Circle: Mother or Father	Primary Parent 2 Circle: Mother or Father	Guardian (proof of guardianship must be attached)
Name:			
Home Phone:			
Cell Phone:			
Work Phone:			
Address: (If not the same as above)			
Email Address:			
Lives With (Yes/No):			
Mail to (Yes/No):			
Portal Access (Yes/No):			

If the parent(s)/guardian(s) listed above are unable to be reached, please provide alternative emergency contact(s), who will assume temporary care of your child, in the event of an illness or emergency.

	Name	Relationship	Home Phone	Cell Phone
Emergency Contact 3:				
Emergency Contact 4:				

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

******* Please complete both sides of this form and return it to the principal's office *******

(Over)