

BEVERLY CITY SCHOOL STUDENT EMERGENCY CARD

Student Date of Birth _____ Teacher _____

Student's Name _____
Last First Middle

Address _____ City _____ Zip Code _____

Parent/Guardian 1

Parent/Guardian 2

Name _____ Name _____

Address _____ Address _____

City _____ Home Phone _____ City _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

If at any time any of the above information changes, the parent/guardian must contact the school to ensure records are updated.

The Beverly City School District reserves the right to investigate and confirm any of the abovementioned information to ensure a student's residency within the city limits of Beverly City School.

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

NAME

PLACE OF EMPLOYMENT

BUSINESS TELEPHONE

Mother _____

Father _____

LIST FOUR NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED OR IN CASE OF EARLY DISMISSAL OF SCHOOL DUE TO WEATHER OR OTHER CONDITIONS.

Name _____ Address _____ Telephone No. _____ Relationship _____

Name _____ Address _____ Telephone No. _____ Relationship _____

Name _____ Address _____ Telephone No. _____ Relationship _____

Name _____ Address _____ Telephone No. _____ Relationship _____

HEALTH INFORMATION: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions, etc.
Explanation: _____

DOCTOR: 1st Choice _____ 2nd Choice _____

Telephone Number _____ Telephone Number _____

HOSPITAL CHOICE: Address _____ Telephone Number _____

Does child have Health Insurance?

Yes ____ If Yes, name of insurance company _____

No ____ If 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 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)

I, the undersigned, do hereby authorize officials of Beverly City School District to contact directly the persons 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 the child.

In the event 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 judgement, 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/Guardian: _____ Printed Name: _____