

Northern Burlington Regional School District Emergency Information Form
School Year 2009-2010

Student Name _____ Date of Birth _____ Male ___ Female ___ Gr. _____
 (last) (first)

Home Address _____ Zip _____ Home Phone _____

Student lives with: ___ Mother ___ Father ___ Guardian ___ Other _____

Emergency Contacts : Only contacts listed on this emergency card will be permitted to pick your child up from school

Mother's/ Guardian's Name _____ Address _____
 (if different from student)

Phone # _____ work phone # _____ cell phone # _____

Father's/ Guardian's Name _____ Address _____
 (if different from student)

Phone # _____ work phone # _____ cell phone # _____

Name of friend, relative or child care provider permitted to pick up and care for child if parent/ guardian can not be reached :

1. _____
 name relationship phone # work # cell #

2. _____
 name relationship phone # work # cell #

Scoliosis:

*The State of NJ requires that all children age 10-18 be screened for Scoliosis (curvature of the spine) every other year.

____ Yes, I want my child screened for Scoliosis at school.
 ____ No, My child will be screened for Scoliosis by our private physician. I will send a report of this exam to school.

Physical Examinations

Students must receive routine medical exams upon entry into school. It is also recommended that students receive subsequent medical exams at least once during each developmental stage. **Student Medical Examinations should be given by the child's primary health care provider.**

*Students are screened by the school nurse, for height, weight, vision, hearing and blood pressure.

In case of accident or serious illness, all reasonable efforts will be made to contact the parent/ guardian. If necessary, the primary physician and/ or 911 will be called and the student sent to the nearest hospital. When a student becomes ill at school it is the policy of Northern Burlington to send them home. On no occasion will a student be sent home if there is no one to provide care. 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 _____

Does student 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 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)

Do Not Write Below This Line _____