Emergency Information Verification Form

Please sign as indicated. Also, please fill in any missing information and make corrections where necessary.

Current School: CHARLES DeWOLF MIDDLE SCHOOL	Grade:	Homeroom:

Student's Name:	DOB:	Sex:

Contact Name & Address:	Mailing Address if different than residence:
	Court Orders/Legal Restrictions:

Please include company name for Work numbers, so that if your company changes phone numbers we will still be able to locate you. Emergency numbers will only be used in the event that we cannot reach at the other numbers listed. The Primary or Home Number will also be used for attendance auto-dialer.

Contact Type	Contact Name/Relation	Contact Number	E-Mail

Health Information:

Medical alerts/allergies:

Receives daily medication during school hours (Y/N):

Wears glasses and/or contact lenses (Y/N):

This student's health information may be shared with pertinent school staff if necessary to maintain well being and safety.

Parent/Guardian will call the school if student will be absent or late.

Signature **Date**

Health care provider information (for emergency treatment when we are unable to contact you):

Contact Type	Contact Name	Contact Number
Hospital		
Doctor		
Dentist		

Does your child have health insurance coverage?

If yes, what is the name of the Insurance Company?

Please sign here to indicate that we have your permission to call the physicians listed or to have your child taken to the hospital when you are not available or in an emergency.

Signature **Date**

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 NJ FamilyCare Program to contact me about health insurance.

Signature **Printed Name** **Date**

For School Use Only: Student ID:	Date filed:
Date Updated in Database:	Initials: