56 Passaic Street • Ridgewood, NJ 07450
Phone: 201-857-4785 Fax: 201-857-4786
WindsorBergen.com

meeting the special needs of children

2018-2019
EMERGENCY INFORMATION

Student Name ____
(Please Print) Last First

Address ____
Street City Zip Code

Mother: ____________________ Home Tel.________________ Cell ____________________

E-Mail Address________________________________ Work Tel. ____________________

Best Method of Contact: ____

Father: ____________________ Home Tel.________________ Cell ____________________

E-Mail Address________________________________ Work Tel. ____________________

Best Method of Contact: ____

Allergies: ____

Medications: ____

List two emergency contacts who will assume temporary care of your child if you cannot be reached.

1. Name: ________________________________ Tel. ____________________

Address ________________________________ Relationship____________________

2. Name: ________________________________ Tel. ____________________

Address ________________________________ Relationship____________________

Does this child have any health insurance including NJ Family Care/Medicaid, Medicare, Private or other?

_____ No, my child does not have health insurance. You may release my name and address
To the NJ Family Care Program to contact me about health insurance.

Signature:____

Printed Name:____
Written consent required pursuant to 20U.S.C. §123g(b)(1) and 34 C.F.R. 99.30(b)

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-70-0710.

______ Yes, my child has health insurance.

I, the undersigned, do hereby authorize officials of Windsor Bergen Academy to contact directly the person named below and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this form, or parents/guardians cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, 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 or guardian ____ Date ______________

Any medical conditions, allergies, or concerns: ____

Local Physician's Name: ____
(Please Print)

Address ____

Office Telephone No. ____

*** Please contact Windsor Bergen Academy with any information regarding changes that relate to contact information.**