



**2020-2021
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 (Food/Medication): _____

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.**

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get school meals at no cost, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free meals, *unless you tell us not to.*** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Being eligible for free school meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free meals).

No! I DO NOT want my information shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, **ONLY** if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.