

RINGWOOD PUBLIC SCHOOLS

121 CARLETONDALE ROAD
RINGWOOD, NJ 07456



Phone: 973-962-7028 ● Fax: 973-962-9211

EMERGENCY CONTACT INFORMATION

SCHOOL YEAR: _____

Dear Parent(s)/Guardian(s):

In the event the school needs to contact you in the case of an emergency or an early closing, please complete this form.

Student's name

Date of Birth

Grade

Home Room #

Teacher's name

Name of Parent/Guardian: _____

Address: _____

Mother/Guardian e-mail: _____ Father/Guardian e-mail: _____

WHERE WOULD YOU LIKE TO BE CALLED IF YOUR CHILD HAS AN EMERGENCY?

Please write in order of preference #1, #2, #3, #4, #5. **Number order must be consistent for all schools.**

#__ at home _____

#__ Mother/Guardian work # _____

#__ Father/Guardian work # _____

#__ Mother/Guardian cell # _____

#__ Father/Guardian cell # _____

◆ **Your email address, home phone # and cell #, will be used for the District's Notification Service (Blackboard Connect) which informs you of school or district emergencies and important district information. Also, in an effort to go paperless, some fliers will be sent through email in a PDF format.** ◆

ALSO HELPFUL, SO PLEASE PROVIDE THE FOLLOWING:

A Ringwood neighbor/friend who is willing to care for my child until I get home.

Name of adult

phone number

IN AN EMERGENCY AND I CANNOT BE CONTACTED, MY FAMILY DOCTOR TO CALL IS:

Doctor's name

phone number

IF NECESSARY, I GIVE PERMISSION TO TRANSPORT MY CHILD FOR EMERGENCY TREATMENT TO:

CHECK ONE:

Chilton Hospital Emergency Room

Valley Hospital Emergency Room

Revised 9/7/16

REVERSE SIDE MUST BE COMPLETED

www.ringwoodschoools.org

Does your child have health insurance including NJ Family Care/Medicaid, Medicare, private or other?

Yes My child has health insurance.

Name of Insurance Company: _____ Policy Number: _____

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

Print name

Date

Written consent is required pursuant to 20 U.S.C. & 1232g (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 call 800-701-0710 or visit www.njfamilycare.org to apply online.

List any medical/surgical care your child has received during the past year:

Dental Exam	_____	braces	check one	
	date		<input type="checkbox"/> yes	<input type="checkbox"/> no
Eye Exam	_____	contacts	<input type="checkbox"/> yes	<input type="checkbox"/> no
	date	glasses	<input type="checkbox"/> yes	<input type="checkbox"/> no
Allergy	_____		_____	
	date		medications	
Allergic Reaction	_____		_____	
	date		medications	
Immunizations/Tetanus	_____		_____	
	date		type	
Restrictions	_____		_____	
	type			

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Hospital _____ Address _____ Telephone _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools 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 said child.

In the event that 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 judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

Signature of Parent(s) / Guardian (s)

Date