

STUDENT NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Bus Rte # \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent 1 Full Name: \_\_\_\_\_ Parent 2 Full Name: \_\_\_\_\_

Home # : \_\_\_\_\_ Parent 1 (Cell): \_\_\_\_\_ Parent 2 (Cell): \_\_\_\_\_

**PLEASE LIST ALL NUMBERS IN THE ORDER YOU WANT THEM CALLED**

Include persons who can assume care of your child in case you cannot be reached

Telephone #'s: Specify P1 name - cell# &/or work#; P2 name - cell# &/or work#; Name of Relative, Friend, etc & contact #	Telephone #'s: Specify P1 name - cell# &/or work#; P2 name - cell# &/or work#; Name of Relative, Friend, etc & contact #
1.	4.
2.	5.
3.	6.

\*\*\* If divorced or separated with joint custody of above mentioned child, please provide the information of that parent who does not live with the student

Full Name of other Parent: \_\_\_\_\_ Contact phone #'s (indicate home, cell, work) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Please list siblings attending other Wayne Schools : \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION FOR:**

_____	Student's Name	Grade/Class
_____	Address	Phone #

➤ List any allergies or unusual problems the school should be aware of. Please explain briefly: \_\_\_\_\_

➤ Below please note any illnesses, injuries or operations this child has had since the start of the last school year: \_\_\_\_\_

Does your child have Health Insurance, including NJ FamilyCare/Medicaid, Medicare, private or other?

\_\_\_\_\_ **NO-** My child **does not** have health insurance. 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) and 34 C.F.R. 99.30(b).

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online or call 1-800-701-0710.

\_\_\_\_\_ **Yes** – My child has health insurance.

**STATEMENT OF CONSENT:**

In case of an emergency, if I cannot be reached, I give the school officials permission to sign any necessary permission papers to allow medical treatment to be administered to my child for his/her health and well-being for the current school year.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\*\*\*\*\* **If there are any changes to the information provided NOTIFY the School Nurse IMMEDIATELY** \*\*\*\*\*