East Brunswick Public Schools
EMERGENCY HOME CONTACT FORM
ANY CHANGE IN INFORMATION MUST BE PROMPTLY REPORTED, IN WRITING, TO THE SCHOOL PRINCIPAL

Last Name: ***First Name:*** ***ID #*** ***Gender:*** ***Birthdate:***
Home Addr: ***Home Phone:*** ***Student Cell:***
City, State, Zip: ***Birth City, St:*** ***Birth Country:***
Grade: ***Homeroom:***

To the Parents of:

Court Orders/Legal Restrictions: (Yes No) If yes Please provide Court Documentation.

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**

Contact Type/ Name/ Relationship:	*Phone:*	*L-LandLine/C-Cell WL-Work LandLine WC-Work Cell:*	*Primary Phone Number P*:*	*Order to Call for Auto-Call System (AC1-AC4)*:*	*E-Mail:*	*E-mail code (EM1-Parent Access login) (EM1-EM3):*

**** Primary Guardian1 number will be called by default - please, don't list it as AutoCall(AC1-AC4). The AutoCall will also send text messages in the case of emergency only.***

Physician: ***Physician Phone:*** ***Hospital Preference:***
Does Student have any significant health conditions? (Circle appropriate answer): Yes No (If Yes, Please list below)
Health Condition 1: ***Health Condition 2:***
Does your child have Health Insurance Coverage(Y N) If YES, Insurance Company Name:

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**

Does your child: ***Wear Glasses or Contact Lenses? Yes No (Hard Soft) Wear a Dental Appliance? Yes No***
Have Allergies? Yes No Specify:_____
Medications Taken at Home? Yes No Specify:_____ Medications Taken at School? Yes No _____
I give_____do not give_____permission for child to be checked for Scoliosis in school.
List the NAMES, GRADES and SCHOOLS of other children in your family in the East Brunswick Schools.

Name	*Grade*	*School*	*Name*	*Grade*	*School*

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 of Parent/Guardian ***Date***