

**North Hunterdon High School
1445 Route 31
Annandale, NJ 08801
908-713-4199**

Student Last Name _____ First _____ Initial _____
Date of Birth (Mo/Day/Year) _____ Grade _____ ID# _____
Address _____
City _____ Zip _____
Home Telephone (_____) _____

To Parent or Guardian: To serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:

Mother _____
Address _____
Home # _____
Work # _____
Cell # _____
Email address _____
Father _____
Address _____
Home # _____
Work # _____
Cell # _____
Email address _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____
Home# _____
Work# _____
Cell # _____
Relationship _____
Name _____
Home# _____
Work# _____
Cell # _____
Relationship _____

■ Please check this line if there has been a name or telephone number # change _____

Please complete other side →

Please list other children attending New Jersey Public Schools (Name, School)

Does this child have Health Insurance?

Yes _____ If **Yes**, name of insurance company: _____

No _____ 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 the NJ FamilyCare Program to contact me about health insurance.

Signature: _____
Printed Name: _____ **Date:** _____

Doctor _____ Telephone _____
Dentist _____ Telephone _____
Hospital _____ Telephone _____
Address _____

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 for said child.

Signature of Parent(s)/Guardian(s) _____
Date _____

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).

Return completed form to NHHS Main Office
NHHS Main Office will forward to Registrar

Please complete other side →