



# CAMDEN CITY PUBLIC SCHOOLS

## EMERGENCY INFORMATION FORM

(Please Print)

Student's Name \_\_\_\_\_ Bus. No. \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Home Tel \_\_\_\_\_

Student's Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Home Room \_\_\_\_\_

Where can parents be reached if not at home?

Mother: \_\_\_\_\_ Cell Tel \_\_\_\_\_  
First Name Address

Father: \_\_\_\_\_ Cell Tel \_\_\_\_\_  
First Name Address

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

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

Does this child have current health insurance? (Please circle) Yes No  
If you circled "yes" what is the name of Insurance Company \_\_\_\_\_

Please indicate whether your child receives free or reduced lunch. (Please Check )

Free \_\_\_\_\_ or Reduce \_\_\_\_\_

Date of child's last medical examination? \_\_\_\_\_

Date of child's last least blood test? \_\_\_\_\_

Allergies \_\_\_\_\_

Other conditions \_\_\_\_\_

Please indicate that this information can be shared with the NJ Family Care. (Please check)

Yes \_\_\_\_\_ or No \_\_\_\_\_

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