

# Chesterfield Township Elementary School Emergency Information Form

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_ Female \_\_\_ GR. \_\_\_  
Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Student Lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Mom's email address \_\_\_\_\_  
Dad's email address \_\_\_\_\_

---

**Emergency Contacts:** (only contacts listed on this emergency form will be permitted to pick your child up from school. )  
It is your responsibility to enter any changes to address, email or phone numbers into Genesis system.

Mother's/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_  
*if different from student*  
Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_  
*if different from student*  
Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

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

- |    |       |             |                     |              |              |              |
|----|-------|-------------|---------------------|--------------|--------------|--------------|
| 1. | _____ | <i>Name</i> | <i>Relationship</i> | <i>cell#</i> | <i>home#</i> | <i>work#</i> |
| 2. | _____ | <i>Name</i> | <i>Relationship</i> | <i>cell#</i> | <i>home#</i> | <i>work#</i> |
| 3. | _____ | <i>Name</i> | <i>Relationship</i> | <i>cell#</i> | <i>home#</i> | <i>work#</i> |
- 

**Does student 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](http://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 \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

---

**Please complete this form (both sides) sign both signature lines and return it with your student by the next school day.**

**Physical Examination:**

**Students must receive routine medical exams upon entry into school. It is also recommended that students receive subsequent medical exams at least once during each developmental stage (2nd and 5th grade). Student Medical Examinations should be given by the child's primary health provider. \*Students are screened annually by the school nurse for height, weight, vision, hearing and blood pressure.**

I understand that relevant information regarding my child's health may be shared with appropriate school personnel and other health care providers as necessary.

I understand that the school nurse may provide first aid and emergency treatment including, but not limited to the administration of epinephrine.

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:** \_\_\_\_\_

**Please complete this form, print, sign both signature lines and return it with your student by the next school day.**