

**ST. JOHN VIANNEY SCHOOL - COLONIA, NJ**  
**STUDENT EMERGENCY INFORMATION**

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth date \_\_\_\_\_

Grade \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Father: Name: \_\_\_\_\_ Mother: Name: \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**Preferred Contact:** Mother \_\_\_ Father \_\_\_

Guardian: Name \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Does your child have any health insurance, including NJ FamilyCare/Medicare, private or other?**

**YES**      **My child has health insurance.** Name of insurance company: \_\_\_\_\_

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

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

\_\_\_\_\_  
Printed name of Parent/Guardian

**List names of 2 persons, in priority order, who should be contacted if the parents/guardians are not available.**

Name \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Medical Doctor:**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Dentist:**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**List any allergies:** \_\_\_\_\_

List any health/medical problems: \_\_\_\_\_

**Date of last doctor visit:** \_\_\_\_\_

List medicine/drugs taken regularly: \_\_\_\_\_

**In the event of an emergency, and none of the persons listed on the form are available, I authorize the school to take my child to a hospital, doctor's, or dentist's office for emergency care.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Please note, should any contact information change (telephone numbers, etc.) please notify the school as soon as possible. Thank you.**