LEBANON BOROUGH SCHOOL STUDENT EMERGENCY INFORMATION 2020-2021 School Year

Student's Name:	Grade:
Parent: (A)	Parent: (B)
Mailing Address:	Home Telephone: ()
Home Location:	Student's Date of Birth:
Parent/Guardian(A) Business Telephone: ()	Parent/Guardian(B) BusinessTelephone: ()
Cell Telephone:	Cell Telephone:
Email Address:	Email Address:
Alternate Contacts (relatives/neighbors) living nearby who can assur	ne care of your child in an emergency.
Name:	Telephone: ()
Address:	
Email Address:	
Name:	Telephone: ()
Address:	
Email Address:	
List all medication being administered at home and put an * besid Please provide health information.	e medication that needs to be administered at school (physician's note is required).
Physician's Name:	Telephone: ()
Address:	
Dentist's Name:	Telephone: ()
Address:	
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	e contacted immediately. I/we hereby give permission for emergency medical treatment that may uch procedures as the physician may deem necessary for the preservation of my child's health.
Date:	
Sibling(s) Name and Grade:	
Does child have Health Insurance?	
If Yes, name of insurance company:	
If Yes, name of insurance c	Yes

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 <u>www.njfamilycare.org</u> to apply online.