



State of New Jersey  
DEPARTMENT OF EDUCATION  
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CHRIS CHRISTIE  
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CHRISTOPHER D. CERF  
Commissioner

June 11, 2013

TO: District Superintendents  
Charter School Lead Persons  
Nonpublic School Directors  
School Business Administrators  
NJ SMART Contacts

FROM: Susan Martz, Acting Assistant Commissioner  
Division of Student and Field Services 

SUBJECT: **NJ FamilyCare-Student Emergency Card-Reminder Notice for SY 2013-2014**

P.L. 2008, Chapter 38 mandates that all children age 18 and under have health insurance. School districts and charter schools have played a major part in the outreach and identification of uninsured children and families. The Departments of Education and Human Services need your continued assistance to help ensure that students and families lacking health insurance are informed about the options available to them.

Attached is a sample student emergency card, which is unchanged from last year. Page two of this sample card includes a question for the parent/guardian regarding whether the child has health insurance. It also informs them about the availability of NJ FamilyCare and requests permission to release student information to NJ FamilyCare. **We are reminding you to include this information on your school student emergency cards.**

The student's health insurance status is paramount and should be collected annually. The Department of Education will distribute additional specific guidance to districts, charter schools and nonpublic schools regarding the electronic format and transfer of this information to the Department of Human Services; look for that guidance memo in early fall of 2013. Thank you in advance for your cooperation in this important effort. If you have any questions concerning this matter, please contact Heidi J. Smith, director, NJ FamilyCare Outreach, New Jersey Department of Human Services, at (609) 588-3526.

SM:PJC:njfamilycare/june 2013

Attachment

c: Members, State Board of Education  
Senior Staff  
Executive County Superintendents  
Executive Directors for Regional Achievement Centers  
Executive County School Business Administrators  
Diane Shoener  
Heidi J. Smith  
NJLEE Group  
Garden State Coalition of Schools

NAME OF SCHOOL DISTRICT

ID # \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Teacher/H.R. \_\_\_\_\_

**To Parent/Guardian: To serve your child in case of accident or sudden illness, it is necessary that you give the following information for EMERGENCY CALLS.**

Parent/Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

Neighbor/Relative 1 Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Neighbor/Relative 2 Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check this box if there has been a name change of parent/guardian, address or telephone number.

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

**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.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online or call 1-800-701-0710.

**YES** My child has health insurance.

List any medical/surgical care your child has received during the past year:

\_\_\_\_\_

Dental Exam \_\_\_\_\_ Date \_\_\_\_\_ Braces \_\_\_\_\_

Eye Exam \_\_\_\_\_ Date \_\_\_\_\_ Glasses /Contacts \_\_\_\_\_

Allergy \_\_\_\_\_ Kind \_\_\_\_\_ Medications \_\_\_\_\_

Allergic Reaction \_\_\_\_\_ Date \_\_\_\_\_ Medications \_\_\_\_\_

Immunizations/Tetanus \_\_\_\_\_ Date \_\_\_\_\_ Type \_\_\_\_\_

Restrictions \_\_\_\_\_ Type \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Name/Address

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the person(s) 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/guardians 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