

Health Information Form

Print Student's name _____ Grade _____ Date of Birth _____

If your child is involved in a medical EMERGENCY, the school authorities will arrange for transportation of the child to the nearest hospital. Parents are responsible for the financial obligation for such emergency care and transportation from the hospital.

Any Allergies, such as food/medication/environment and reaction: _____

Any known condition which may cause an emergency (asthma, diabetes, etc) _____

Additional health information about your child: _____

I give my consent for health information/medications to be shared with my child's teachers when it is appropriate. YES NO

Family Physician's Name _____ Phone # _____

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

NO My child **does not** have health insurance. You may release my name and address to the NJ Family Care Program to contact me about health insurance. NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710.

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

YES My child has health insurance.

Signature _____

Printed Name _____ Date _____