

MOUNT ARLINGTON PUBLIC SCHOOL

Health Insurance & Medical Information

Please Print or Type

Does your child have Health Insurance? _____

If yes, name of Insurance Company: _____ Policy #: _____

Name of Policyholder: _____

If No, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit www.nifamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance. *Written consent required pursuant to 10 U.S.C. 1232 g(b)(1) and 34 C.F.R. 99.30(b)*

Signature: _____ Printed Name: _____

Date: _____

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

Dental Exam	Date:	Braces: Yes No
Eye Exam	Date:	Contacts: Yes No Glasses: Yes No
Allergy	Type:	Medications:
Allergic Reaction	Date:	Medications:
Restrictions:	Please explain:	

1. Does your child have any medical problems, ie: asthma, diabetes, heart disease, seizure disorders? If so, please specify.

2. Does your child currently take any medications? If medicine is to be given during school, please contact the school nurse regarding the policies for the administering of medication in school.

Medical Doctor:	Telephone:
Dentist:	Telephone:
Hospital/Address:	

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named above 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 page, or parents 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.

Parent Signature

Date