

YEARLY EMERGENCY HEALTH UPDATE

Student Name _____ Grade: _____

Other Children attending NJ Public Schools (list Name/Grade/School): _____

The information below (in box) MUST BE COMPLETED. This information is required by the State of New Jersey.

Does Child have Health Insurance?

Yes ___ If Yes, name of company _____

No ___ NJ Family Care Provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

In an emergency, per Gloucester County Ambulance, your child will be taken to the nearest hospital. Please check one of the following hospitals below.

- Crozer Keystone Inspira Medical Center Woodbury

If your child has any NEWactive/chronic medical problems, that the nurse should be aware of, please call your child's school nurse.

*****PER SWEDESBORO-WOOLWICH SCHOOL DISTRICT POLICY*****

If medicine of any kind is to be given by the school nurse, than **MEDICATION MUST BE DELIVERED TO THE SCHOOL NURSE IN IT'S ORIGINAL LABELED CONTAINER BY THE STUDENT'S PARENT/GUARDIAN.**

Medication must be accompanied by the parent/guardian's written request for its administration and by the physician's written and signed statement of the medication's name, the purpose of its administration to the specific student for whom it is intended, its proper timing and dosage, its possible side effects, and the time when its use will be discontinued.

I, the undersigned do hereby authorize officials of New Jersey Public School to contact directly the person(s) named on this sheet. If they 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/Guardian

Signature: _____ Date: _____

