



STUDENT'S INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN-PLEASE PRINT

Student Name:	Birth Date:
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DOES STUDENT HAVE HEALTH INSURANCE?

Yes If yes, name of insurance company

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 www.njfamilycare.org to apply online.

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

Signature _____ Print Name _____
Date _____

PHYSICAL EXAMINATION:

Students must receive routine medical exams upon entry into school. It is also recommended that students receive subsequent medical exams at least once during each developmental stage (2nd and 5th grade). Student Medical Examinations should be given by the child's primary health provider. *Students are screened annually by the school nurse for height, weight, vision, hearing and blood pressure.

I understand that relevant information regarding my child's health may be shared with appropriate school personnel and other health care providers as necessary.

I understand that the school nurse may provide first aid and emergency treatment including, but not limited to the administration of epinephrine.

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: _____