

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 to and from the hospital.

Does your child have allergies to food/medication/environment? If so, what is the reaction?

Does your child have any known condition that may cause an emergency such as asthma, diabetes, or seizures? If so, what is the condition?

Does your child take daily medication? If so, what is the name of the medication and indication for use?

Additional health information/concerns about your child: _____

Family Physician's Name: _____ Phone#: _____

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

☐ YES, my child has health insurance.

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

Signature: _____

Print Name: _____ Date: _____

FERPA Notification: Under the Family Educational Rights and Privacy Act (FERPA), a school must annually notify parents of their rights under FERPA. Please visit the following links for this information:

<https://www.pequannock.org/about/ferpa>

<https://studentprivacy.ed.gov/training/school-volunteers-and-ferpa>