



MOUNT ARLINGTON PUBLIC SCHOOLS
Optional Annual Health Insurance & Medical Updates

Child's Name _____ DOB _____ Does your child have health insurance? Yes _____ No _____

If yes, name of Insurance Company _____ Policy # _____

Name of Policy Holder _____

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

Yes _____ No _____

Printed Name _____ Signature _____ Date _____

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

Does your child have any medical problems, i.e. Asthma _____, Diabetes _____, heart disease _____, seizure disorder _____,
other _____

Does your child currently take any medications? Yes or No Medication(s) _____
If a medicine is to be given during school, please contact the school nurse regarding the policies for the administration in school.

Most recent eye Exam	Date	Glasses: Yes No
Allergy Date of last reaction	Type	Medications:
Restrictions*	Please explain: physical or dietary*	

*I, the undersigned, understand that it is MY responsibility to notify Maschio's Food Service Provider to secure a "Safe Menu" if my child has a medical condition requiring a special diet and I choose to have them buy from the cafeteria.

I permit the School Nurse to inform the appropriate staff members of my child's medical condition(s) and medical needs.

Yes _____ No _____

Parent Signature _____ Date _____