

PARENT EMERGENCY CONSENT FORM / ILLNESS INFORMATION

PERSONAL DATA

Student's name _____ Grade _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Home Address _____ Phone Number _____

PLACE OF EMPLOYMENT:

Father _____ Working Hours _____ Business Phone _____

Mother _____ Working Hours _____ Business Phone _____

NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) ARE NOT AVAILABLE (THIS MUST BE COMPLETED)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS? Yes _____ No _____

IF YES, PLEASE INDICATE: (ALSO INDICATE MEDICATIONS USED INCLUDING INHALERS AND EPI-PEN)

___ Asthma ___ Bee Sting Allergy ___ Internal Irregularities ___ Deafness ___ Physical Handicap

___ Kidney/Bladder ___ Other Allergy(List) ___ Convulsive Seizures ___ Surgical (Describe) _____

___ Arthritis _____ ___ Sight Impairment ___ Fractures _____

_____ _____ ___ Wears Glasses ___ Heart Other: _____

___ Diabetes: ___ mild ___ severe _____

PLEASE FILL OUT REVERSE SIDE

Does this child have any Health Insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

NO My child **does not** have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature _____ **Printed Name** _____ **Date** _____

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

NJ FamilyCare 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.

YES My child has health insurance

PHYSICIAN/DENTIST INFORMATION

Family Doctor _____ **Office Phone** _____

Address _____

Family Dentist _____ **Office Phone** _____

Address _____

RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature _____ **Date** _____

Parent Signature _____ **Date** _____

SPECIAL NOTE: Please notify school officials immediately as to changes or modifications to any/all information stated