## Bedminster Township School Emergency Medical Information (For Nurse)

ID# _____ (Office use)

Students Name _____ Sex ____ Date of Birth ____/____/____ Grade _____
Print (last) (first) (middle initial)

Home Address _____ Home Phone _____ E-Mail _____

Mother's/Guardian's Name (First, Last): _____ Father's/Guardian's Name (First, Last) _____

Where can **she** be reached between 9AM-4:30PM?

Address _____

_____

Home Phone ( ) _____

Cell Phone ( ) _____

Work ( ) _____

Where can **he** be reached between 9AM-4:30PM?

Address _____

_____

Home Phone ( ) _____

Cell Phone ( ) _____

Work ( ) _____

Name and phone number(s) of emergency contact person(s) if parent cannot be reached. Please inform this/these person(s)

Name _____ Relationship _____ Phone ( ) _____

Name _____ Relationship _____ Phone ( ) _____

Name _____ Relationship _____ Phone ( ) _____

List **ALL** medications that are currently being taken _____

Has your child been prescribed an: 1) Epinephrine Auto-injector □Yes □ No 2) Inhaler □ Yes □ No

Physical disorders, considerations, or limitations: _____

Please complete all information accurately and update the school nurse with any changes. Reliable information is necessary should a sudden accident or illness occur while your child is at school. We will attempt to contact you if any type of medical attention is needed; however, in the event that treatment is necessary and we are unable to contact you, your signature below will authorize the school authorities, doctor, or hospital to use their best judgment in the interest of your child's health.

### EMERGENCY TREATMENT PERMISSION

**TO ANY DOCTOR OR HOSPITAL**

Authorization is given to perform necessary emergency treatment of my child whose medical history is listed above.

_____ _____
(Signature of legal parent/ guardian) (Date)

### RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of my child's pertinent medical information to appropriate professional staff. I give consent and understand that medical information may be shared, when necessary, with appropriate professional staff involved in the care of my child. My consent is valid for the current school year and is intended to allow the staff to better serve the individual needs of my child.

_____ _____
(Signature of legal parent/guardian) (Date)

***COMPLETE REVERSE SIDE***

Please list other children attending New Jersey Public Schools (Name, School)

_____ _____

_____ _____

_____ _____

_____ _____

Does child 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 FamilCare 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)*

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

_____

Dental Exam _____ (date) _____ (braces)

Eye Exam _____ (date) _____ (contacts) _____ (glasses)

Allergy _____ (kind) _____ (medications)

Allergic Reaction _____ (date) _____ (medications)

Immunizations/Tetanus _____ (date) _____ (type)

Restrictions _____ (type)

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Hospital _____ Telephone _____

I, the undersigned, do hereby authorize officials of New Jersey Public schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents 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 district financially responsible for the emergency care and/or transportation for said child.

_____

**Signature of Parent(s)/Guardian(s)** **Date**