MEDICAL INFORMATION

Please note any medical problems (allergies, asthma, etc.) of which we should be aware. Also, note any special instructions related to these problems.					
Child's Nam	ıe		Grade/Teache	er	
Medical Cor	ndition(s)				
done by the	school nurse	and medical inform	ation to be share		
•		nealth insurance incl	luding NJ Fami	ly Care/Medicai	d, Medicare,
Yes	Name/a	ddress of insurance	company:		
uninsure 701-0710	d children a or visit <u>ww</u>	and certain low incom	me parents. For	r more informati You may releas	ion call 800- se my name
nat everything	on this form	n is true & accurate.			
ent/Guardian	's Signature		Date		
	Also, note an Child's Nam Medical Cor Permission i done by the Signature: Do your chi private or of Yes Yes uninsure 701-0710 and addres: Written	Also, note any special in Child's Name Medical Condition(s) Permission is given for redone by the school nurse Signature: Do your children have he private or other? Yes Name/a Yes No uninsured children a 701-0710 or visit wy and address to the Name and Add	Also, note any special instructions related to Child's Name	Also, note any special instructions related to these problems. Child's Name Grade/Teached Medical Condition(s) Permission is given for routine screening (Ht., Wt., Vision, Hedone by the school nurse and medical information to be share Signature: Date: Do your children have health insurance including NJ Family private or other? Yes Name/address of insurance company: Yes No NJ Family Care provides free or uninsured children and certain low income parents. For 701-0710 or visit www.njfamilcare.org to apply online, and address to the NJ Family Care Program to contact in the consent required pursuant to 20 U.S.C. 1232g (b)(1) and everything on this form is true & accurate.	Also, note any special instructions related to these problems. Child's Name Grade/Teacher Medical Condition(s) Permission is given for routine screening (Ht., Wt., Vision, Hearing, B.P., Scodone by the school nurse and medical information to be shared with necessary Signature: Date: Do your children have health insurance including NJ Family Care/Medicai private or other? Yes Name/address of insurance company: Yes No NJ FamilyCare provides free or low cost health in uninsured children and certain low income parents. For more information 701-0710 or visit www.njfamilcare.org to apply online. You may release and address to the NJ FamilyCare Program to contact me about health in the consent required pursuant to 20 U.S.C. 1232g (b)(1_ and 34 C.F.R. 9). Material Relation of this form is true & accurate.

Please return this form

I

This form will be kept in a confidential file in our Nurse's Office.