

Park Ridge High School
CONFIDENTIAL MEDICAL INFORMATION

Troy Lederman, Principal
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Park Ridge, NJ 07656
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Permission for sharing health information- " I wish to disclose the following health information regarding my child, and I allow the nurse to share this with the staff on a need to know basis." List any medical/surgical care your child has received during the past year.

Student's Name _____ Grade _____

Medical Conditions: _____

Dental Exam (date) _____ Braces _____

Eye Exam (date) _____ Contacts _____

Allergy (kind) _____ Medications _____

Allergic Reaction (date) _____ Medications _____

Immunizations/Tetanus (date) _____ Type _____

Restrictions (type) _____

Doctor: _____ Telephone _____

Dentist _____ Telephone _____

Hospital _____

Address _____ Telephone _____

Does Your child have Health Insurance?

Yes ___ If Yes, name of insurance company _____

No ___ **NJ Family Care** 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 FamilyCare Program to contact me about health insurance.

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

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 school district financially responsible for the emergency care and/or transportation for said child.

Signature Parent/Guardian _____ **Date** _____

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