Park Ridge High School
CONFIDENTIAL MEDICAL INFORMATION

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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:____
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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).