

Union County T.E.A.M.S. Charter School and High School/College Leadership Academy

Medical Emergency Form
COMPLETE AND RETURN SEPT. 7, 2017

ID#
Last Name First Initial Date of Birth (Mo/Day/Year)
Address School
City Zip Grade
Home Telephone () Teacher/H.R.

To Parent or Guardian: To serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:

Name Address Telephone
Mother/Guardian Home Work
Father Home Work

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name Name
Home/ Address Home/ Address
Work/ Work/
Telephone: Home Work Telephone: Home Work
Relationship Relationship

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

Blank lines for listing other children attending New Jersey Public Schools.

Please check this box if there has been a name change of parent/guardian, address or telephone number.

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 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).

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 Address Telephone

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this form 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 of Parent(s) / Guardian(s) Date