

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

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.

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

Dental Exam	_____	braces	<input type="radio"/> yes	<input type="radio"/> no
	date			
Eye Exam	_____	contacts	<input type="radio"/> yes	<input type="radio"/> no
	date	glasses	<input type="radio"/> yes	<input type="radio"/> no
Allergy	_____			
	date			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 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 of said child.

Signature of Parent(s) / Guardian (s)

Date