

Greenwich Township School District

2016-2017 Student Medical Information

Student Name:

Homeroom Teacher:

Health Insurance Information. Does this child have health insurance including NJ Family Care/Medicaid, Medicare, private or other?

No, my child does not have health insurance. You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Parent Name:

Parent Signature: _____

Date:

Written consent 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 please call 800-701-0170 or visit www.njfamilycare.org to apply on line.

Yes, my child has health insurance.

Medical Information

Family Doctor:

Telephone Number:

Family Dentist:

Telephone Number:

Hospital Preference:

I, the undersigned do hereby authorize officials of the Greenwich Township School District to contact me directly 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 or parents cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgement, 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.

Parent/Guardian Signature: _____

Date: _____

Permission to Share Medical Information

The *Family Educational Rights and Privacy Act (FERPA)* prohibits the sharing of medical and health information without parental consent. The district would like permission to share information relative to allergies, asthma, hearing and vision considerations, special diets, and certain medical conditions (i.e. heart problems, spina bifida, lactose intolerance, cystic fibrosis, etc.) with faculty and staff members.

Yes, you may share relevant medical/health information affecting my child's safety with faculty and staff.

Parent/Guardian Signature: _____

Date: _____

No, you may not share my child's medical/health information. I release the Greenwich Township Board of Education, its officers, employees, agents, and representatives from any and all claims, liability or damages related to incidents where relevant health/medical information was not shared.