

Student Medical Emergency Card

Date _____
 School _____
 Teacher _____
 Grade _____ - _____
 Birthdate _____
 Phone # _____
 Zip Code _____

Student's Name _____
Last First Middle
 Address _____
 City _____ State _____

TO PARENT OR GUARDIAN: To serve your child in case of an ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency medical calls:

Mother

Name _____
 Home Address _____
 Work Address _____
 Home # _____
 Work # _____
 Cell # _____
 Email _____

Father

Name _____
 Home Address _____
 Work Address _____
 Home # _____
 Work # _____
 Cell # _____
 Email _____

List two neighbors or nearby relatives who are preferably home during the day and will assume temporary care of your child if you can not be reached:

Name _____
 Address _____
 Phone # _____

Name _____
 Address _____
 Phone # _____

Family Physician _____
 Family Dentist _____
 Family Eye Doctor _____
 Emergency Hospital _____

Phone # _____
 Phone # _____
 Phone # _____
 Phone # _____

IMPORTANT • PLEASE COMPLETE REVERSE SIDE OF THIS CARD

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).

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic health condition, etc. which your child may have.

Medication taken _____

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

Immunizations received within the past year _____

I, (we), the undersigned do hereby authorize the staff of Holy Trinity Interparochial School 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 my child.

In the event physicians, other persons named on this card, or parents can not be contacted, the school staff are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of my child. I, (we) agree to be responsible for the costs of any emergency care, treatment and/or transportation; and I, (we), hereby release the district from liability pertaining to any such emergency care, treatment, and/or transportation.

 Signature Parent/Guardian Date Signature Parent/Guardian Date