

Dear Parent:

Please fill out the Emergency Card on the bottom of this page. This information will be used to update our records and insure your son's/daughter's health and safety.

Please have your son/daughter return this form to the Health Office on the first day of school or return it to the school by mail – Attention, School Nurse.

Thank you for your time in this matter.

Sincerely,

Linda Esposito, R. N.

WEST MORRIS MENDHAM HIGH SCHOOL EMERGENCY CARD CLASS OF

Student Name _____ Birth Date _____

Mailing Address _____ Home Telephone _____

Town _____ Zip Code _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's Work Phone _____ Mother's Work Phone _____

In case of illness, etc. list alternates in the area other than father and mother to be called:

Name _____ Telephone _____

Name _____ Telephone _____

CURRENT HEALTH INFORMATION:

Has your child been sick, hurt, hospitalized in the past year? _____

Describe: _____

Immunizations that have been up-dated – **PLEASE SEND PROOF TO NURSE.** Date _____

Can your child participate in all school activities such as physical education? _____

If any restrictions, please forward a doctor's statement to the school nurse.

PLEASE NOTE: Medical information will be shared with administrators, teachers, and bus drivers when indicated.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Does your child have Health Insurance?

Yes _____

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.

If you would like us to release your name and address to the NJ FamilyCare Program, please sign below.

Signature: _____ **Printed Name:** _____ **Date:** _____

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