MEDICAL VERIFICATION LISTING INFORMATION TO BE UPDATED

REQUIRED BY STATE

The State of New Jersey requires that we obtain Health Insurance information for all of our students.

Does your child_____ have any health insurance including
(name of child)
NJ FamilyCare/Medicaid, Medicare, private or other?

Yes ☐ If Yes, name of insurance company_____ Policy#_____

No ☐

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents.
For more information call 1-800-701-0710 or visit: www.njfamilycare.org to apply online.

You may release my name and address to the NJ Family Care Program to contact me about health insurance.
Yes ☐ No ☐

_____
Signature

_____
Printed Name

_____
Date

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

REQUIRED BY SCHOOL

PLEASE UPDATE YOUR CHILD'S MEDICAL CONCERN(S)/INSURANCE INFORMATION THAT IS LISTED ABOVE:

DIAGNOSIS:_____

TREATING PHYSICIAN AND PHONE NUMBER:_____

_____

PLEASE LIST ANY SPECIAL MEASURES NEEDED IN SCHOOL:_____

_____

MEDICATION(S) NEEDED TO MANAGE HEALTH CONCERN(S):_____

_____

ALLERGIES:_____

_____
Parent/Guardian Signature