

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 Family Care/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 FamilyCare 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