

Emergency Information Verification Form

Please sign as indicated. Also, please fill in any missing information and make corrections where necessary.

Current School:		Grade:	Homeroom:
Student's Name:		DOB:	Sex:
Legal Residence:		Mailing Address if different than residence:	
		Court Orders/Legal Restrictions:	
Please include company name for Work numbers, so that if your company changes phone numbers we will still be able to locate you. Emergency numbers will only be used in the event that we cannot reach at the other numbers listed. The Primary or Home Number will also be used for attendance auto-dialer.			
Guardian 1:		Primary #:	E-Mail:
Home:	Home Cell:	Work:	Work Cell:
Guardian 2:		Primary #:	E-Mail:
Home:	Home Cell:	Work:	Work Cell:
Emergency 1:		Primary #:	E-Mail:
Home:	Home Cell:	Work:	Work Cell:
Emergency 2:		Primary #:	E-Mail:
Home:	Home Cell:	Work:	Work Cell:
Emergency 3:		Primary #:	E-Mail:
Home:	Home Cell:	Work:	Work Cell:

<p>Health Information:</p> <p>Medical alerts/allergies:</p> <p>Receives daily medication during school hours (Y/N):</p> <p>Wears glasses and/or contact lenses (Y/N):</p>	<p>This student's health information may be shared with pertinent school staff if necessary to maintain well being and safety.</p> <p>Parent/Guardian will call the school if student will be absent or late.</p> <p style="text-align: right;">_____ Signature Date</p>
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Health care provider information (for emergency treatment when we are unable to contact you):		
Contact Type	Contact Name	Contact Number
Hospital		
Doctor		
Dentist		
Does your child have health insurance coverage?		Please sign here to indicate that we have your permission to call the physicians listed or to have your child taken to the hospital when you are not available or in an emergency.
If yes, what is the name of the Insurance Company?		
		_____ Signature Date

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 NJ FamilyCare Program to contact me about health insurance.

Signature	Printed Name	Date
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For School Use Only: Student ID:	Date filed:
Date Updated in Database:	Initials:

Brothers and Sisters attending Pemberton Township Schools		
Student Name	School	Grade

STATEMENT: "I understand that the relevant information regarding my child's health may be shared with the appropriate school personnel and other health care providers as necessary."

In case of serious illness or injury, I request that the school contact me or the physician named. If it is not possible to do either, the school can make whatever arrangements necessary to obtain emergency care for my child.

***Our school physician has written orders for the nurse to give the recommended OTC manufacturer's dosage of Tylenol/Acetaminophen or Motrin/Ibuprofen every 4 to 6 hours as needed for pain/fever with your permission. I hereby release the Pemberton Township Board of Education and all School District personnel from liability. I give the school nurse permission to give Tylenol/Acetaminophen or Motrin/Ibuprofen to my child. Yes No**

Parent/Guardian Signature _____ Date _____

****Does your child have a computer with internet access at home? Yes No**

Policy for Medication Administration

New Jersey State Law and Pemberton Township Board of Education policy states that only school nurses are to administer medication to students. Medication is administered only if it has been prescribed by the child's physician who has noted type of illness, dosage and time on the order. This includes over-the-counter drugs. In addition, a parent/guardian must sign a permission form and return it to the school nurse. All medical forms are available upon request from any of the districts school nurses.

Prescriptions must be in a current labeled pharmacy container with the student's name, medication, dosage, and time to be given. Over the counter medication must be in the original container. A responsible adult must bring the medication to the Nurse's Office where it will be kept in a locked cabinet. Medication orders must be renewed at the beginning of every school year. Participation in after school activities or attending field trips will be denied if the student needs medication and the orders are not on file with the school nurse.

Physical Requirement

All new students to Pemberton Township must have a physical on file, regardless of their age. It is important for parents/guardians to obtain subsequent medical examinations for their child at least once during each developmental stage, at early childhood (pre-school through grade three), pre-adolescence (grade four through six) and adolescence (grades seven through 12) per NJ Administrative Code – Chapter 16, subchapter 2, 6A:16-2.2.

Legal Residency Requirement

N.J. Statutes- Title 18A Education (18A: 38-1) states that any person who makes a false statement or permits false statements to be made concerning the guardianship or use or residence for purpose of allowing non-resident students to attend Pemberton Twp. Schools commits a disorderly persons offense. Also, nothing shall preclude the Pemberton Board of Education from collecting tuition from the resident, parent, or guardian for a student's period of ineligible attendance.