

LAFAYETTE TOWNSHIP SCHOOL
2023-2024 STUDENT HEALTH INFORMATION UPDATE

Student's Full Name _____ Male/Female _____ Date of Birth _____

Grade _____ Homeroom _____

Home Address _____

Mailing Address _____

Emergency Information:

Family Physician and/or Clinic Facility _____

Address _____

Phone _____

All medications, including Tylenol, require written parental permission renewed annually. Prescription and non-prescription medications must be sent in the original container accompanied by the school's Prescription Medication Administration form.

I hereby give permission for the school nurse to administer acetaminophen (generic Tylenol) to my child who is not allergic to it: YES _____ NO _____ / _____

Parent/Guardian Signature

Date

My son/daughter has the following medical problems, chronic disease, or allergies:

My son/daughter takes the following medication(s) on a regular basis:

**Information regarding my child's medical history and/or condition may be shared with school staff on a need to know basis: YES _____ NO _____ / _____

Parent/Guardian Signature

Date

Insurance Information Requested By State of New Jersey Department of Education

Does this 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 and to apply to the program, call 800-701-0710 or visit www.njfamilycare.org to apply online.

Upon request by NJFamilyCare, do we have your permission to release your name and address to the NJ FamilyCare Program so that they may contact you about health insurance? If yes, please sign below. We cannot guarantee they will contact you so please call the number above or visit their website if you are interested in learning more about or applying for this program.

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

Signature

Printed Name

Date