

THE FORUM SCHOOL --- EMERGENCY MEDICAL RELEASE FORM
(Please print clearly)

STUDENT'S NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: _____

GUARDIAN'S NAME: _____ RELATIONSHIP: _____

PHONE:(CELL) _____ WORK: _____ EMAIL: _____

GUARDIAN'S NAME: _____ RELATIONSHIP: _____

PHONE:(CELL) _____ WORK: _____ EMAIL: _____

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

NO My child **does not** have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

YES My child has health insurance.

MANDATORY

LIST TWO RELATIVES OR NEIGHBORS WHO CAN TRANSPORT YOUR CHILD HOME AND WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

1. NAME: _____ Relation to child _____

ADDRESS: _____ PHONE: _____

2. NAME: _____ Relation to child _____

ADDRESS: _____ PHONE: _____

PRIMARY MD/PEDIATRICIAN: _____ PHONE: _____

SPECIALIST/PSYCHIATRIST: _____ PHONE: _____

NEUROLOGIST: _____ PHONE: _____

DEVELOPMENTAL PEDIATRICIAN: _____ PHONE: _____

DATE OF LAST PHYSICAL _____

EXISTING MEDICAL CONDITION(S): _____

MEDICATION (NAME & DOSAGE) CURRENTLY TAKEN _____

ANY KNOWN ALLERGIES: _____

DIETARY RESTRICTIONS: _____

ANY KNOWN SEIZURE ACTIVITY _____

We will use and disclose your child's protected health information in an emergency treatment situation only when his/her health/well being is compromised or endangered.

I give permission that, in my absence, a staff person from The Forum School may act on my behalf to secure emergency medical services for my child, _____ (name).

GUARDIAN'S SIGNATURE: _____ DATE: _____

GUARDIAN'S SIGNATURE: _____ DATE: _____