

The Forum School • EMERGENCY MEDICAL RELEASE FORM

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 - EMERGENCY CONTACTS

LIST TWO RELATIVES OR OTHER CONTACTS 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(S):

Medication Name	Dosage	Times

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 or 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: _____