



MENDHAM TOWNSHIP SCHOOL DISTRICT EMERGENCY CARD
SCHOOL YEAR: 2023-2024



Student's Name _____ **Date of Birth** _____

Grade/Homeroom _____

Home/Mailing Address _____ **Home Phone** _____

With whom does the student reside? _____

Duplicate Document Copies Requested if a Parent/Guardian lives in separate dwelling YES ___ NO ___

Address: _____

| | | | |
|----------------|--|----------------|--|
| Mother's Name | | Father's Name | |
| Cell # | | Cell # | |
| Work # | | Work# | |
| *Email address | | *Email address | |

May we share the above information with the H.S.A. for publication in their directory? Yes No

Would you like to receive news from the Mendham Township Education Foundation? Yes No

Please list your three primary emergency contacts in the order you wish them to be called:

| NAME | RELATION TO STUDENT | PHONE |
|------|---------------------|-------|
| | | |
| | | |
| | | |

HEALTH INFORMATION

List any health concerns or allergies your child has:

As parent/guardian of the above named student, I hereby authorize the release of pertinent medical information (ie; conditions, allergies, and treatment regimes) to be exchanged among appropriate professional staff involved in the care of my child. This consent is intended to allow the staff to better serve my child.

Parent/Guardian Signature _____ **Date** _____

If unwilling to document, but have concerns to share with the school nurse, please call.

- Is your child covered by Health Insurance?** 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 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:** _____

PERMISSION TO ADMINISTER MEDICATION (including Tylenol/Advil)

List **all medications** that your child is currently taking:

If your child needs **Tylenol** ___ **Advil** ___, **Benadryl** ___ **Tums** ___ **Cough Drops** ___ do we have your permission to administer? ___ Yes ___ No

Physician _____ Telephone _____

Dentist _____ Telephone _____

In case of emergency, I authorize officials of Mendham Township School District to contact directly the persons named on this form and I authorize the named physicians to render such treatment as deemed necessary. In the event that physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I understand that the school officials will first attempt to notify me at the above numbers.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____