

# Princeton Charter School

## CONSENT FOR EMERGENCY MEDICAL TREATMENT – 2019-2020

Student name: \_\_\_\_\_  
(Please print)

M / F Grade: \_\_\_\_\_  
(Circle one)

- In case of accident or serious illness, I request the school nurse to contact me.
- If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions.
- If it is impossible to contact this physician, I give permission for my child to be transferred to the closest Emergency Room (ER) or trauma center (if necessary) where the ER doctor may assess, diagnose, and treat in order to provide comfort.
- Note: Surgical intervention will require parental/guardian permission unless the illness is life-threatening.

Family Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent Name: (please print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HEALTH INSURANCE

*Please initial in the space provided*

Does your child have health insurance including private, NJ Family Care/Medicaid, Medicare or other?

**YES** My child has health insurance.

Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**NO** My child does *not* have health insurance. Please note: NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, or to apply online, visit [www.njfamilycare.org](http://www.njfamilycare.org) or call 1-800-701-0710. If you would like PCS to give your name and address to the NJ FamilyCare Program, so that they can send you information about health insurance, please sign below:

Parent Name: (please print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_