

Princeton Charter School

CONSENT FOR EMERGENCY MEDICAL TREATMENT – 2022-2023

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 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: _____