

SUSSEX COUNTY CHARTER SCHOOL FOR TECHNOLOGY

385 North Church Road, Sparta, N.J. 07871

Phone: 973.383.3250; Fax: 973.383.2901

Noreen Lazariuk
Executive Director
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Mark Edgerton
Principal
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STUDENT EMERGENCY INFORMATION**Circle Number to Call First in an Emergency**

Complete One per Family per School Year

Student's Last Name _____

Address _____

Home Phone _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Mother _____

Father _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Person to Notify if Parent Cannot be Reached

Name _____

Name _____

Phone _____

Phone _____

Relationship _____

Relationship _____

Family Physician _____

Phone _____

Family Dentist _____

Phone _____

TURN OVER

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

Yes Name of Insurance Company: _____

No NJ Family Care 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 to the NJ Family Care Program to contact me about health insurance.

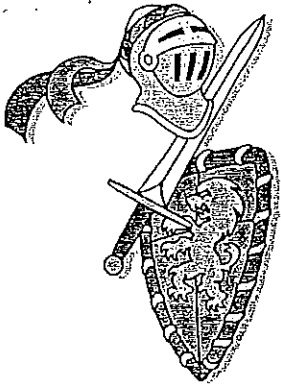
Signature: _____ Printed Name: _____
Date: _____

Written consent required pursuant to 20U.S.C. § 1232g (b)(1) and C.F.R. 99.30 (b).

In case of an accident or serious illness, the school will make every effort to contact the parent/guardian. If the school is unable to reach the parent/guardian, the school will make every effort to call the physician listed above (or school physician if the listed physician is unavailable) and to follow his/her instructions. If it is impossible to contact this physician, the school will make whatever arrangements are necessary.

I hereby release the school from claim arising out of the physician's actions, and I assume and agree to pay the physician's charges for services and any charges incurred at the physician's direction.

Parent/Guardian Signature _____
Date _____



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Medication Dispensing

For the safety of all pupils, students are not permitted to carry and self-administer any over-the-counter or prescription medications without the written directions of their private physician. The consent for self-administration of medications will only be granted for life threatening illnesses such as anaphylaxis, asthma and diabetes. All other over-the-counter and prescription medications require a physician's written order AND parent/guardian's written consent before the medication can be administered by the School Nurse. **This applies to all students, regardless of their age.**

In the event of a minor medical problem, the following medications have been approved by the School Physician to be administered by the School Nurse. Parent/Guardian signature is required in order for the nurse to administer these medications to your child. Parental permission is valid for the current school year only.

Acetaminophen (Tylenol), 325 mg. 2 tablets, no more than once a day

Cough drops/Throat lozenges, up to 4 per day

Tums, 1-2 tablets, no more than once per day

Student Name _____

Parent/Guardian Signature & Date _____

STUDENT HEALTH HISTORY *Complete One per Student per School Year*

Name: _____ Grade: _____

Phone Number to call **FIRST** in Emergency: _____

Does your child have a medical/health condition that the school should be aware of?

Is your child currently under a doctor's care? Please specify reason: _____

Is your child currently taking medications? Please specify:

Is your child allergic to any of the following? Please specify reaction and treatment.

Medications: _____

Bees/Insects: _____

Foods: _____

Other: _____

I give permission for the School Nurse to share this information with my child's teacher(s).

Parent/Guardian Signature

Date