## VOORHEES TOWNSHIP PUBLIC SCHOOLS Voorhees, New Jersey 08043 EMERGENCY RELEASE AUTHORIZATION CARD

		s to whom your child					cy medical care in the event that y ions.	
		Ple	ease print all info	ormation on t	his card			
tudent Name:								
	(Last)		(Fir	rst)			(Middle Initial)	
lome Address: _						Phone:	 (Primary Number)	
lother's Name: _							(Filliary Namber)	
Address (if different from student's):						Phone:	<del>-</del>	
Business Name:						Work Phone: _	<del>-</del>	
athaw'a Nama						Cell/Beeper: _	<del>-</del>	
Address (if different from student's):						Dhono:		
Business Name:							<del>-</del>	
Address:						•		
						none:		
heck if any of th	ese conditions sho	uld be known to the	appropriate scho	ol personnel a	and other hea	Ithcare provide	rs:	
Asthma Other:		Diabetes □	Epil	epsy/Seizures	s 🗆	Heart	Condition □	
llergic to:	Bee stings □	Latex □	Food Allergies	s 🗆	Name of Fo	ood(s):		
	Other:			a □				
	• •	uto Injector kept ir						
•		a regular basis?		No □				
oes your child	have Health Insur	ance including NJ	FamilyCare/Med	licaid, Medic	are, private o	or other?		
es If yes,	name of insurance	company						
lo NJFai	milyCare provides f	ree or low cost heal	th insurance for u	ninsured child	dren and certa	ain low income	parents.	
		more information ca my name and add						
ignature:		Printed Name: Written consent required pursuant to 20 U.S.C. § 1232g (b) (1) and 34 (c)				Date:		
, the undersigne he named physion the event that whatever action i	d, do hereby author cians to render such physicians, other per s deemed necessa	rize officials of the \nr treatment as may	orhees Public S be deemed neces is card, or parents for the health of	chools to conssary in an ense cannot be controlled	tact directly the nergency, for ontacted, the child.	ne persons name the health of sa school officials	ned on this card and do authori	

Date

Parent/Guardian Signature