MAHWAH TOWNSHIP PUBLIC SCHOOLS

EMERGENCY MEDICAL INFORMATION FORM **Grades 6-8**

Please print using ink. Please return this form on your child's first day of school at RRMS.

Student_____ Grade_____ Birth Date __/__/__ Sex M ☐ F☐
(last) (first)

PARENTS ARE REQUIRED TO REVIEW AND UPDATE CONTACT INFORMATION ANNUALLY AND AS NEEDED VIA THE PARENT PORTAL ON "REALTIME"

******* I have logged onto the Realtime Parent Portal to update and review my emergency contacts.** _____
Initial

My Child:

1. has the following medical conditions: _____
2. is on the following medication(s): _____
3. has the following allergies which may affect him in school: _____

☐ I authorize the school nurse to release information to pertinent school personnel regarding health concerns/medical needs that may impact my child's safety or performance in school.
☐ The information above is for the health office only. Do not share.

To enable us to care for your child, please provide the name and phone number of your child's doctor:

Doctor's Name: _____ Phone: _____

If neither parent can be contacted, I authorize the school to take such emergency measures as are necessary.

_____ _____
(Date) (Signature of Parent or Guardian)

Parent Permission Request

☐ I consent to scoliosis screening.

Parent Signature_____ Date_____