

TRENTON PUBLIC SCHOOLS
Trenton, New Jersey

Office of School Health Services

MH-02

MEDICAL HOME INFORMATION FORM

Dear Parent / Guardian:

In order to determine how many students have a medical home, it is necessary for you to complete the **Medical Home Information Form**. Please return the form to the school nurse.

Name of Student _____ School _____

Address _____ Grade _____

Phone Number _____

Name of Health Care Provider _____
(Doctor's Name or Clinic)

Address _____

Phone Number _____

Does your child have health insurance? Yes _____ No _____

If yes, name of insurance company _____

Parent / Guardian Signature _____ **Date** _____