

Student Name _____ Home Phone (____) _____

Last **First**

Student's Grade: _____ Student's Teacher/Home Room _____

Birth Date ___/___/___ Home Address _____

Name(s) and Grade(s) of siblings **attending LCCS** _____

Parent info: To serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:

Parent/Guardian #1 _____ Best Day Phone (____) _____

Print Email _____ Work Phone (____) _____

Employer _____ Cell Phone(____) _____

Employer Address _____ Occupation _____

Parent/Guardian #2 _____ Best Day Phone (____) _____

Print Email _____ Work Phone (____) _____

Employer _____ Cell Phone(____) _____

Employer Address _____ Occupation _____

Additional Emergency Contacts and Persons Authorized to Pick Up Your Child

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone(____) _____



Child Safety Form 2020 – 2021 *(Please print neatly)*

Medical Information

Does child have health insurance?

____ **YES** – Name of insurance Company _____

____ **NO** – NJ FamilyCare 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 and address to the NJ FamilyCare programs to contact me about health insurance.

Signature _____ Printed Name _____ Date _____

Written consent required pursuant to the 20 U.S.C. #1232g(f) and 34 C.F.R. 99.30(b)

Family doctor or clinic _____

Address _____ Phone(____) _____

Allergies or special Health concerns _____

Medications currently taking _____

Health Release

In the event of illness, injury, or emergency involving my child, I hereby grant permission to Learning Community Charter School, its officers, employees and staff, to secure medical treatment for my child, and I hereby give my consent for treatment as necessary, including, but not limited to, medical attention, anesthesia, surgery, and hospitalization, as the attending nurse or physician may prescribe.

If I cannot be contacted, my child can be placed in the custody of the person(s) identified as emergency contacts on this form.

Parent/Guardian Signature _____ Date _____

******Keep the information on this card current! In the event of an emergency, we may need to contact you quickly. You must report phone number changes to the receptionist at the front desk. Thank you******