

LACS REGISTRATION INFORMATION

STUDENT #1 _____ Grade _____ Birthdate _____ Male / Female
SS# _____ With whom does the student reside? _____
School District _____ List any diagnosed learning disability _____
Explain special custody arrangements (documentation required) _____
List allergies (food, medication, etc.) _____
List special medical conditions (asthma, diabetes, ADD/ADHA, daily prescriptions, etc.) _____

Physician _____ Phone _____ Dentist _____ Phone _____
Ethnic or Racial Designation (Required by IRS Revenue Code 75-50) _____

STUDENT #2 _____ Grade _____ Birthdate _____ Male / Female
SS# _____ With whom does the student reside? _____
School District _____ List any diagnosed learning disability _____
Explain special custody arrangements (documentation required) _____
List allergies (food, medication, etc.) _____
List special medical conditions (asthma, diabetes, ADD/ADHA, daily prescriptions, etc.) _____

Physician _____ Phone _____ Dentist _____ Phone _____
Ethnic or Racial Designation (Required by Internal Revenue Code 75-50) _____

STUDENT #3 _____ Grade _____ Birthdate _____ Male / Female
SS# _____ With whom does the student reside? _____
School District _____ List any diagnosed learning disability _____
Explain special custody arrangements (documentation required) _____
List allergies (food, medication, etc.) _____
List special medical conditions (asthma, diabetes, ADD/ADHA, daily prescriptions, etc.) _____

Physician _____ Phone _____ Dentist _____ Phone _____
Ethnic or Racial Designation (Required by Internal Revenue Code 75-50) _____

FATHER _____ Phone _____ SS# _____
Birthdate _____ Cell phone _____ E-mail _____
Home address _____
Employer _____ Work phone _____

MOTHER _____ Phone _____ SS# _____
Birthdate _____ Cell phone _____ E-mail _____
Home address _____
Employer _____ Work phone _____

STEP-PARENT _____ Phone _____ SS# _____
Birthdate _____ Cell phone _____ E-mail _____
Home address _____
Employer _____ Work phone _____

TRANSPORTATION - Persons authorized to transport your student to and/or from school: _____

Family Church _____ Pastor _____
Address _____

EMERGENCY CONTACTS (Parents will be contacted first)	PHONE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Are all of these people able to transport your student? _____ If not, who cannot transport your student? _____

MEDICAL INSURANCE INFORMATION
Insurance Co. _____
Address _____
ID# _____ Group # _____ Policy # _____

I hereby authorize treatment and authorize my insurance benefits to be paid directly to the medical provider, realizing I am responsible to pay non-covered services, and I hereby authorize the release of pertinent medical information to the insurance carriers.

In the event of an emergency during any school activity, whether on or off school premises, I recognize that medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent, in advance, to such emergency care, including transportation and hospital care, as may be deemed necessary under the existing circumstances. It is understood that a conscientious effort must be made to notify me before such action is taken. I delegate authority to consent to the LACS Administrator, or their assigned designee, to authorize necessary medical treatment for my child. I consent that LACS may provide pertinent medical information/personal data to hospitals and same exchange of information from hospitals to LACS when treatment is recommended by a licensed physician.

_____	_____
Date	Signature of Parent / Guardian
_____	_____
Date	Signature of Parent / Guardian