

Secaucus Middle School

11 Millridge Road, Secaucus, NJ 07094 • Tel: (201) 974-2025 Fax: (201) 974-0275

CONSOLIDATED CONSENT FORM

For the Implementation of Policies & Procedures of the Secaucus Board of Education

Please visit www.sboe.org to view and/or print the following documents:

- Student/Athletic Insurance
- Student Photo Release
- NJ Family Care
- Medication Form
- Computer Network
- Bell Schedule
- Delayed Opening/Closing
- District Calendar
- Uniform Information
- Pertinent Medical Info
- PTA Membership
- Free/Reduced Lunch

By signing and initialing below, you are stating that you have read the policies and procedures to be implemented by the Secaucus Board of Education for the 2018-2019 school year.

STUDENT & ATHLETIC INSURANCE FOR THE 2018-2019 SCHOOL YEAR

Excess Insurance Plan carried by the Secaucus Board of Education.

STUDENT PHOTO RELEASE

Consent regarding photographs or videos of students that may be used by the Secaucus School District.

YES - I give permission for my child to be photographed. NO - I do not give permission.

HEALTH INSURANCE

Does your child have health insurance?

YES If Yes, Name of insurance company? _____

NO If No, NJ Family Care 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.

May the Secaucus Board of Education release your name to NJ Family Care Program?

YES - I give permission. NO - I do not give permission.

Signature: _____

ADMINISTERING MEDICATION DURING SCHOOL HOURS For any medication to be administered to a student during school hours, a written request form completed by a physician and a parent must be submitted. This policy includes any prescription or over-the-counter medicine.

PERTINENT MEDICAL INFORMATION RELEASE Consent to release pertinent medical information (medical conditions, allergies, and/or medication regimes) to be exchanged amongst appropriate professional staff involved in the care of your child. The consent is intended to allow the staff to better serve your child.

YES - I give permission. NO - I do not give permission.

AGREEMENT TO COMPUTER NETWORK/COMPUTER POLICY

A Parent's/Guardian's signature is required for student to receive introduction letter with computer network password.

YES - I agree to the requirements, restrictions, disciplinary actions stated in the Computer Network Policy.

NO - I do not agree to the requirements, restrictions, disciplinary actions stated in the Computer Network Policy.

Student's Name (Please Print)

Student's Date of Birth

Grade

Parent's/Guardian's Name (Please Print)

Address

Parent's/Guardian's Signature

Student's Signature