

**LAKE COUNTY INTERNATIONAL CHARTER SCHOOL
IDENTIFICATION AND EMERGENCY INFORMATION**

Child's Name (Last, First, MI) _____ Birth Date _____ Grade _____

Lives with: Mother Father Step Parent/Guardian

Mailings go to: Mother Father Step Parent/Guardian

Mother -or- Parent/Guardian Information

Father -or- Co-Parent/Guardian Information

Name		Name	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	E-Mail	Cell Phone	E-Mail
Home Address		Home Address	
Zip		Zip	
Mailing Address		Mailing Address	
Zip		Zip	
Employer	Position: Work Hours:	Employer	Position: Work Hours:

Persons To Notify In Case Of Emergency (Other than Parent/Guardian)

Name	Relationship	Home Phone	Work Phone	Cell Phone
Name	Relationship	Home Phone	Work Phone	Cell Phone
Name	Relationship	Home Phone	Work Phone	Cell Phone

Persons Authorized To Pick Up From LCICS Other than Parent/Guardian

Name	Relationship	Home Phone	Work Phone	Cell Phone
Name	Relationship	Home Phone	Work Phone	Cell Phone
Name	Relationship	Home Phone	Work Phone	Cell Phone

Special Living Arrangements, Instructions and/or Restrictions

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Physician To Be Called In Emergency

Name	Phone
Address	

Dentist To Be Called In Emergency

Name	Phone
Address	

If Physician/Dentist Cannot Be Reached, What Action Should be Taken?

Insurance Information

Medical Insurance Carrier	Group #
Medi-Cal Number	Authorized Hospital

Allergies and Other Medical Conditions

In order to better serve your child, please make us aware of any special conditions or behaviors and recommendations for ways to provide consistency.

Does student take medications on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what?	When?	
Does student take medication at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what?	When?	

I understand that the California State Law prohibits Lake County International Charter School personnel to administer medication (prescription and over-the-counter) without written/signed approval by Parent/Guardian and Physician. Please see the office staff for a form to administer medication.

In the case of an accident or emergency, I understand that I will be notified. I will be expected to transport the child to the afore-named physician/dentist/hospital. If I cannot be reached or it is deemed as an emergency situation, I authorize a staff member of Lake County International Charter School to transport my child to the afore-named physician/dentist/hospital, for such treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Parent Signature	Date
Co-Parent Signature	Date