

Camden City School District  
Extended School Year  
Transportation Information

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

ID# \_\_\_\_\_

1. Children can only be picked up and dropped off at addresses within the City of Camden.
2. The pickup and dropoff locations must be consistent for the **entire length of the program. NO EXCEPTIONS!!**

**Pick-up location:** Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Drop-off location:** Same as above \_\_\_\_\_

***Different address from pick-up location:***

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent's Name(Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Case Manager's Name(Print) \_\_\_\_\_ Signature: \_\_\_\_\_



Renee Wickersty,  
Supervisor of Health  
Services

**Registration Information**  
**To be filled out by Parents**

Information is needed to insure your child's safety throughout each school year.  
Please answer the following questions about your child.

- 1) Has your child ever been hospitalized?
  
- 2) Does your child have any chronic illness? Examples ( Diabetes, Asthma, seizures)
  
- 3) Does your child takes any medication and for what?
  
- 4) Has your child experienced any allergies to insects, medications, or foods?

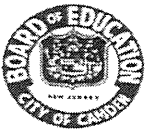
School: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PERMISSION TO GIVE MEDICATION AT SCHOOL**

Students requiring medication administration during school hours must have the following information supplied to the school nurse according to school board policy 5141.21:

1. Written authorization is to be provided to the school from the private physician, detailing the diagnosis or type of illness involved the name of the drug, dosage, time of administration, and the side effects, if any.
2. Parental signed consent.
3. The medication in the original container with prescription label or the "over the counter" label.

Name of student \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Date of Birth \_\_\_\_\_

**\* To Be Completed By Physician**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time(s) \_\_\_\_\_ Route \_\_\_\_\_

If **P.R.N.**, list indication for use: \_\_\_\_\_

Possible significant side effects: \_\_\_\_\_

Duration \_\_\_ until further notice, \_\_\_ other \_\_\_\_\_

Are there any restriction? \_\_\_ Yes \_\_\_ no if yes, describe \_\_\_\_\_

Student \_\_\_ may, \_\_\_ may not miss a dose of medication to attend a field trip or special activity.

Should the medication be given on early dismissal days? \_\_\_yes \_\_\_no

Printed Name of Physician	Signature of Physician	Date
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**\*For Self Administration Only**

Self administration of medication may be performed by pupils with potentially life threatening illness, namely severe allergic responses and asthma. The above named pupil is capable of and has been instructed in the proper technique of self administration. The pupil is physically fit to attend school.

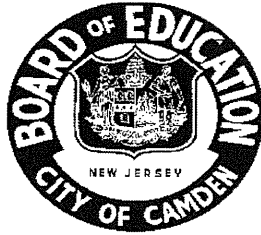
Physician's Signature \_\_\_\_\_

**\*To Be Completed By Parent/ Guardian**

I, \_\_\_\_\_, give permission for my child to receive the above medication as directed by the physician. If my child may self medicate for asthma, I have attached the required completed Asthma Action Plan. I understand my child's photo will be taken and attached to this form.

Parent/ Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Camden Board of Education, 201 North Front Street, Camden, New Jersey 08102

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## PHOTO/TALENT RELEASE FORM -- STUDENT

**Permission to permit the Camden School District to use student's photo/  
video/ audio on the website and for other District Events, promotions and  
related activities**

I, the undersigned parent or guardian of \_\_\_\_\_ do hereby grant permission to the City of Camden School District and/or its designated representative to permit my child's picture to be taken, or likeness used on the District's website or to be otherwise utilized by the District in regard to the District's approved events and activities including use of name, voice, and/or one or more portraits, pictures, photographs, films, videotapes, audio tapes or writings and reproductions of the same in any form. I hereby release the above party from liabilities arising out of what I might deem misrepresentations by virtue of distortion, optical illusions, or faulty mechanical reproductions.

The publicity my minor child(ren) shall receive by virtue of the first use of such that may be made thereof shall be full and adequate compensation for this consent.

I agree that all such uses of his/her/their name, voice, likeness, portraits, pictures, photographs, films, videotapes, audio tapes, or writings and reproductions thereof, including but not limited to tapes, plates, and negatives connected therewith are and shall remain the property of the Camden Board of Education.

Dated: \_\_\_\_\_  
(Parent or Guardian)

Homeroom Teacher: \_\_\_\_\_ Room # \_\_\_\_\_