



Leon & Toby Cooperman JCC - Ross Family Campus
760 Northfield Avenue, West Orange, NJ 07052 (973) 530-3490

Parent Consent Form

CHILD'S LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH:
ADDRESS:			SCHOOL AND GRADE:
CITY/STATE/ZIP			HOME PHONE:
PARENT NAME:		PARENT NAME:	

- I give permission for my child _____, to participate in scheduled/unscheduled spontaneous field trips during the time he/she is in the care of, and under the direction of the staff of the JCC. In most cases, an individual permission slip, prior to each event, will be distributed for me to sign. However, from time to time, we may take spontaneous walking trips to several places nearby.
YES NO
- I give my permission for my child's photograph & name to be used in any advertising print medium or website including the Kids Club Facebook page.
YES NO
- I give my permission for my child's name, address and telephone number to be printed in the Kids Club Student Directory to be released by the JCC. I hereby agree that I will not permit any other person other than my child's parent and/or legal guardian to have access to this directory.
YES NO
- In the event of an emergency requiring medical treatment, if the JCC cannot reach either parent(s) or emergency contact person, I authorize the Agency to act as a Guardian for my child according to its best judgement.
YES NO

Insurance Company: _____ Hospitalization Policy #: _____

Telephone : _____

Parent/Guardian Signature: _____ Date: _____



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Medication Instructions & Allergy Alert Form

- Prescription medications must be in the ORIGINAL container labeled with the child’s name, date, the physician’s name and dispensing instructions.
- All nonprescription medication shall be dated and labeled with the child’s name.
- The standards we follow provide for the safety and well being of your child while in our care. When your child requires medication, you can help us by making sure that you:
 - Send medicines in the appropriate container
 - Complete the form below

To be completed by parent/guardian:

To JCC KIDS CLUB – Please dispense medication herein indicated to:

CHILD’S NAME:	DATE OF BIRTH & GRADE:
PARENT/GUARDIAN SIGNATURE:	DATE:
NAME OF MEDICINE:	DOSAGE AMOUNT:
DATE(S) TO BE GIVEN:	TIME TO BE GIVEN:

Allergy Alert

PLEASE INDICATE BELOW ANY ALLERGIES THAT YOUR CHILD MAY HAVE:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____