



PRESCHOOL - MEDICAL INFORMATION / EMERGENCY PLAN

Student Medical Information

| | | |
|---|--|---------|
| Student's Full Name: | | |
| Doctor's name: Phone (Office): Cellphone: | Dentist's name: Phone (Office): Cellphone: | |
| Hospital preference: | | |
| Medical/Health Insurance: | ID # | Group # |
| Dental Insurance: | ID # | Group # |

Student Current Medications (vitamins, inhalers, prescriptions, other)

| Name of Medication | Dose | Amount taken | Times per day |
|--------------------|------|--------------|---------------|
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| | | | |

Student Allergies No known allergies Yes (Please list below)

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|-----------------|
| Food: |
| Medications: |
| Insects/Animal: |
| Seasonal/Other: |

Give a brief medical history of applicant, identifying any serious illnesses or injuries of which the school should be aware. List any emotional or medical treatments, or physical handicaps which may affect the child's activities:

Parent/Guardian Consent (The persons (other than a parent) listed below have consented to assume responsibility of my child in case of illness or accident until I can be reached)

| | |
|------|-------|
| Name | Phone |
| Name | Phone |

If emergency services involving medical action or treatment are required and neither parent nor the family physician can be reached for consent, the parents/guardians hereby consent to the rendering of such emergency medical service and if necessary to be transported to receive emergency care for the above named student as shall be necessary in the opinion of Abilene Junior Academy Preschool (2542 E Overland Trail B, Abilene - TX, 79601) or the medical personnel rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent/Guardian

Date

PRESCHOOL - TOPICAL MEDICATION PERMISSION FORM

Student's name:

I give Abilene Junior Academy Preschool staff permission to apply as necessary. (Please initial by each item you give approval for)

Sunscreen – for outdoor play

Calamine Lotion – for insect bites

Aloe Vera – for sunburned skin

Triple antibiotic ointment – for superficial wounds

Chapstick, Carmex, etc. – for chapped lips

Hand and/or body lotion – for dry skin

Other, please explain:

I understand it is my responsibility to provide the items listed above. I also understand it is my responsibility to inform the classroom staff when I bring the(se) item(s) and give the(se) item(s) DIRECTLY to the staff to ensure they are kept out of reach of the children. I hereby release Abilene Junior Academy Preschool from all liability for any complications resulting from the administration of the above medication as described.

THIS FORM IS FOR TOPICAL MEDICATION ONLY. PLEASE NOTE ANY MEDICATION THAT IS INJECTED FOLLOWS DIFFERENT PROCEDURES.

Signature of Parent/Guardian

Date

PHOTO/VIDEO/WEBSITE RELEASE FORM

Abilene Junior Academy makes an effort to promote the positive activities, honors and work of our students in our internal celebrations as well as in our community marketing efforts. We do this using a variety of media formats and publications, including, but not limited to brochures, postcards, displays, website and slide shows. An essential component of each of these formats and publications is images of our students. Images have tremendous power to engage online users and readers. Publicizing a student's work will encourage our students to strive for excellence in his or her schoolwork as well as provide a glimpse of the educational experience at AJA. During the school year, there will be times when pictures or videos of your child may be taken that support their education, promote community service or encourage positive behavior. These photos and/or videos include but are not limited to field trips, sporting events, special programs and events, along with normal classroom routines.

I understand that any picture or video of a student posted to the website whether individual, group or team will not include personal information. Some of the pictures or videos may be action or candid shots taken during participation in an event while other pictures or videos may be staged for specific purposes. Group shots such as class or team pictures posted to the website may be identified by team or class name, but no individual names will be included. In some cases, the initials of a student might be included in such media so that members of the AJA family might celebrate the accomplishments of the student's work. I have been informed that with my permission below, an image of and the work of my child may be used in the various media publications of Abilene Junior Academy School. I understand the conditions under which images and students' work may be used.

Yes - I hereby consent to authorize AJA permission to use my child's photo, video or class work/art for the purposes mentioned above. I understand and agree that AJA may use these photos, videos and class work/art in subsequent school years unless I revoke this authorization in writing to AJA.

No - I withhold permission for AJA to use my child's photo, video or class work/art for any AJA media as mentioned above.

Student's Name:

Parent/Guardian Name:

Signature of Parent/Guardian

Date

PRESCHOOL - PERMISSION FOR STUDENT PICK UP

Abilene Junior Academy Preschool requires your consent for your child to be picked up from school by anyone other than his/her parents/guardians. This is for the safety of your child. **No one will be permitted to pick up your child if their name is not listed below.** All persons must have and show their picture ID. Make sure you list all adults even if you reside in the same household. (parents, grandparents, aunt, uncle, etc.)

Student's name:

I hereby give my consent for the following individuals to pick up my child from Abilene Junior Academy Preschool:

| Name | Driver's License State & Number | Relationship |
|------|---------------------------------|--------------|
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Signature of Parent/Guardian

Date

PRESCHOOL - WELL-CHILD VISIT

Parents know who they should go to when their child is sick, however pediatrician visits are important for healthy children as well. Some of the benefits of well-child visits include:

- **Prevention.** Your child gets scheduled immunizations to prevent illness, and you can ask your pediatrician about nutrition and safety in the home and at school.
- **Tracking growth and development.** See how much your child has grown in the time since your last visit. You can discuss your child's milestones, social behaviors and learning.
- **Raising concerns.** Make a list of topics you want to talk about with your child's pediatrician such development, behavior, sleep, eating or relations with other family members.
- **Team approach.** Regular visits create strong, trustworthy relationships among pediatrician, parent and child. The American Academy of Pediatrics (AAP) supports well-child visits as a way for pediatricians and parents to serve the needs of children. This team approach helps develop optimal physical, mental and social health of a child.

The American Academy of Pediatrics (AAP) developed a set of comprehensive health guidelines for well-child care, called Bright Futures, for pediatricians to follow. Each well-child visit has an age-appropriate pre-visit questionnaire. The questions focus on developmental milestones, nutrition, safety, your child and family's emotional well-being, and recommendations from the AAP.

Each visit includes a complete physical exam. At this exam, the health care provider will check the child's growth and development in order to find or prevent problems. The provider will record your child's height, weight, and other important information. Hearing, vision, and other screening tests will be part of some visits. The American Academy of Pediatrics recommends your child be seen for a well-child check at: 30 months, 3 years and 4 years.

**My child
health screening on
dental and hearing screening.**

**has had a well-child check or
. This well-child check included a vision,**

Signature of Parent/Guardian

Date

PRESCHOOL - PARENT HANDBOOK SIGNATURE PAGE

I, _____, have read the student handbook and agree with and recognize the importance of highly rigorous academics to both myself and to my community, and have been given the opportunity to ask questions concerning information stated within the Student Handbook.

I also recognize my own responsibility to help make Abilene Junior Academy Preschool such a school, and therefore commit myself to do everything in my power to:

- Actively support AJA's academically rigorous program and high behavioral standards.
- Monitor my student's schoolwork regularly, encouraging him/her to produce high quality work.
- Maintain a supportive environment during homework and study times.
- Support my student in her/his strive to exhibit AJA's policies.
- Maintain regular communication with teachers and administrators regarding my student's progress.
- Participate in school activities whenever possible.
- Ensure that my student arrives at school punctually and without fail every day, or communicate when
- Uphold the name of AJA, bearing a Christian witness both inside and outside the community through thought, word, and deed.

Signature of Parent/Guardian

Date