

# BROADWATER

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# ACADEMY

Lower School  
Form Pack  
2017-2018

# Form Index

**PG. 2 - Contact Information Form - one form per family**

*This form allows us to have the most up to date contact information for all families as we begin the school year.*

**PG. 3 - Emergency Contact/Authorization to Transport Form - one form per family**

*This form allows us to have emergency contacts for each student in the event that we are unable to get in touch with the students parents. It also allows for parents to designate who can and cannot transport their child to/from school.*

**PG. 4 & PG. 5 - Morning/Extended Care Form**

*For your child to be enrolled in our Morning Care or Extended Care programs, a completed form must be on file.*

**PG. 6- TYCO ALERT FORM- one form per family**

*If you wish to receive emergency notifications about school delays, closings, or emergencies, complete the TYCO Alert Form.*

**PG. 7 - PG. 9 - Annual Health Update Form**

*This form must be completed and on file for any student to receive medical treatment from our school nurse.*

**PG. 10 - Medication Consent Form**

*If your child will need a prescription medication, or a medication other than cough drops, acetaminophen, or ibuprofen, administered during school hours, then they must have a medication consent form for each individual medication on file with the nurse.*

**CONTACT INFORMATION FORM**

Student Name(s): \_\_\_\_\_

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

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

**Mother/ Guardian:**

Mailing Address (put s/a if same as above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_

**Father/ Guardian:**

Mailing Address (put s/a if same as above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_

**EMERGENCY CONTACT / AUTHORIZATION TO TRANSPORT FORM**

List two emergency contacts who are NOT a parent/guardian of the student and who do NOT live at the same address.

Student Name: \_\_\_\_\_ Gr. \_\_\_\_ Student Name: \_\_\_\_\_ Gr. \_\_\_\_

Student Name: \_\_\_\_\_ Gr. \_\_\_\_ Student Name: \_\_\_\_\_ Gr. \_\_\_\_

**Emergency Contact 1**

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

911 Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact 2**

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

911 Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Persons authorized to contact/transport:**

\_\_\_\_\_

**Persons not authorized to contact/transport:**

\_\_\_\_\_

If someone other than who is listed above will be contacting or transporting your student, you must submit written permission to the front office.

**MORNING/EXTENDED CARE FORM**

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

Broadwater Academy's Extended Care Program is committed to extending to the children enrolled the care and guidance that is consistent with our school mission. Extended Care provides careful supervision of children in a setting that fosters self-esteem and friendships while providing enjoyable social play and study activities.

**Admission**

Any Lower and Middle School students who are enrolled at Broadwater Academy are eligible for Broadwater Academy's Extended Care Program.

**Fees and Charges** - *select the programs your student will be attending- all fees will be billed through the business office*

**Full Time Morning Care (only offered to Pre-K- Grade 4 students): \$500**

**Full Time Afternoon Care (only offered to students up to the age of 12): \$1575**

If children are not picked up by 5:30pm each day, a late fee will apply. The time of pick-up is recorded for each student. Late fee charges are \$25/child in addition to regular extended care fee for pick up after **5:30pm** and before **6:00pm**.

**If contact with the family has not been made by 6:00PM, the Northampton Department of Social Services will be contacted.**

**Staffing**

The Extended Care Program is staffed by a director and part-time staff. The staff members report directly to the Head of School. All staff members are certified in CPR and First Aid. Procedure for signing in and out of Broadwater Academy continues to ensure the safety of its students; therefore, persons must be listed on the registration form or verbal/written permission must be given by the parent or guardian to the Director of Extended Care or an Extended Care staff member to sign out any student. The registered person is required to come to the location of Extended Care to sign out any student as they are leaving the program. If a change in plans occurs during the hours of operation of Extended Care, the parent/guardian should call the Extended Care emergency number (757-710-3094 or 757-442-9041, extension 131) to alert the staff member on duty. If the change in transportation is not someone listed on the child's application, the staff member will ask to see a photo ID of that person. No child will be released to anyone under the age of 18 years of age.

**Times of Operation**

The Extended Care Morning Program runs from Monday - Friday from 7:30AM- 8:00AM and the Extended Care Afternoon Program runs from Monday- Friday 3:25PM - 5:30PM during the school year. Please understand that if school is closed, there is a delayed opening, or an unscheduled early dismissal occurs, the Extended Care Program will be CANCELLED and an alternate arrival/dismissal plan for your child must be arranged at that time.

**Food**

Students are expected to bring their own snack each day.

**Medication Policy**

No medication will be given to any child during Extended Care hours.

**Registration**

All parents are required to complete the Extended Care Registration Form prior to attending Extended Care. A certified copy of the child's birth certificate must be shown to Broadwater Academy's Director of Admissions.

Parents are encouraged to communicate with staff members on a daily basis. Parents are informed of behavioral concerns and will receive an Occurrence Report if the staff member feels that it is necessary. If deemed necessary, an accident/injury form will be issued to the parent.

**NO CHILD WILL BE PERMITTED TO ATTEND EXTENDED CARE WITHOUT A BIRTH CERTIFICATE ON FILE AND THIS SIGNED FORM.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Extended Care Policies**

1. I certify that my child is physically fit to take part in all activities. I will not hold Broadwater Academy responsible in case of accident or injury as a result of participation. (Please list any restrictions or limitations, if any,).
2. I give authorization for my child to participate in field trips unless otherwise noted on permission slip.
3. I understand that Broadwater Academy will notify me as soon as possible if my child should become ill and I agree to pick up my child as soon as possible.
4. I understand that I will notify Broadwater Academy within 24 hours if my child should be diagnosed with a communicable disease.
5. I understand that the order of actions taken will follow the outline below unless there is need for immediate action, but will not be limited to these actions:
  - a. Parent/guardian will be called.
  - b. Child’s physician will be called.
  - c. Emergency contacts will be called
  - d. If none of these efforts are successful.
    - i. An ambulance will be called.
    - ii. The child will be taken to the emergency room of the nearest hospital accompanied by a Broadwater Academy staff member. The authorized staff member may obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to the child.
6. In the event of a medical emergency, I hereby authorize Broadwater Academy to take the necessary measures to have my child treated and I agree to be responsible for any medical expenses incurred.
7. I give authorization for the School Nurse permission to administer prescription drugs as noted when I send them to school.
8. I agree to complete and return a Medication Consent Form to the school nurse with each medication (prescription and nonprescription) I send to school for administration to my child.
9. I understand that all medications will be sent home daily unless otherwise specified.
10. I understand that all medications must be in their original containers according to the Medication Policy.
11. I agree to provide Broadwater Academy with a Physician’s Health Form which includes up-to-date immunization records, completed by myself and my child’s physician.
12. I agree to provide Broadwater Academy with my child’s birth certificate or proof of birth for viewing.

**Signatures**

Mother/Guardian (print name) \_\_\_\_\_ Signature \_\_\_\_\_

Father/Guardian (print name) \_\_\_\_\_ Signature \_\_\_\_\_

**FOR SCHOOL USE ONLY-DO NOT WRITE IN THIS AREA**

Director (print name) \_\_\_\_\_ Signature \_\_\_\_\_

Pre-K Admission Date \_\_\_\_\_ Extended Care Admission Date \_\_\_\_\_  
 Pre-K Termination Date \_\_\_\_\_ Extended Care Termination Date \_\_\_\_\_

**TYCO ALERT INFORMATION FORM**

**Family Name:** \_\_\_\_\_

**Phone Number 1** \_\_\_\_\_  Please send text messages to this number as well.

**Phone Number 2** \_\_\_\_\_  Please send text messages to this number as well.

**Phone Number 3** \_\_\_\_\_  Please send text messages to this number as well.

**E-Mail 1** \_\_\_\_\_

**E-Mail 2** \_\_\_\_\_

**BROADWATER ACADEMY ANNUAL STUDENT HEALTH UPDATE FORM**

Student \_\_\_\_\_ Gr. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Child Day Care Programs and Schools Attended \_\_\_\_\_

If Child Attends Broadwater and Another School/Program, Give Name of School/Program \_\_\_\_\_

Date of last Physical Exam \_\_\_\_\_ Physician's Name/Phone \_\_\_\_\_

Date of last Dental Exam \_\_\_\_\_ Dentist's Name/Phone \_\_\_\_\_

Date of last Eye Exam \_\_\_\_\_ Glasses/Contacts: Full Time/ Distance/ Reading (circle all that apply)

Health Insurance Company _____	Policy # _____	Group # _____
Policy Holder's Name _____	If student does not have ANY health insurance coverage, write: "NONE"	

Check ONE column to RIGHT and COMMENT, if applicable

Health History (describe & note any medications currently used)	Yes (please describe)	No
Allergies: food/ drug/ seasonal	Anaphylaxis?	
Asthma	Inhaler?	
Chicken Pox / Mononucleosis		
Diabetes		
Ear Infections, Hearing Problems		
Seizures/Fainting		
Fractures/Dislocations/Sprains		
Frequent Headaches		
Heart Problems/Murmurs		
Kidney or Urination Problems		
Major Head/Neck/Back Injury	Concussion?	
Psych/Emotional/Behavioral Concern		

Student \_\_\_\_\_ Gr. \_\_\_\_\_ Date of Birth \_\_\_\_\_



Student \_\_\_\_\_ Gr. \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>Health History</b> (continued from pg. 5)	<b>Yes</b> (please describe)	<b>No</b>
Respiratory Infections		
Bleeding Problems		
Skin Problems/Rashes		
Stomach/Bowel Problems		
Throat Problems		
Eye/Vision Problems		
Other (please specify):		

**Has the student received any immunizations within the last year (please circle)? Yes No**

If yes, please provide the health office with an updated immunization record.

**Has the student been seen by MD or in the ER in past 3 months? (reason/results/recommendations)**

\_\_\_\_\_

**History of Hospitalizations/Operations (explain)**

\_\_\_\_\_

\_\_\_\_\_

**List ALL medications , OTC and prescription.** (For any medication that needs to be given during the school day, please see the medication policy posted on the Broadwater Academy website.)

\_\_\_\_\_

**Does your child have any chronic physical problems/pertinent developmental information/ or special accommodations needed?**

\_\_\_\_\_

Student \_\_\_\_\_ Gr. \_\_\_\_\_ Date of Birth \_\_\_\_\_

May the above information be shared with appropriate school staff, if the Nurse deems it necessary? Yes No

If only certain information can be shared, please list:

\_\_\_\_\_

I give permission for the school nurse to administer the following medications according to the manufacturer's instructions

Select all that apply:  Acetaminophen  Ibuprofen  Cough Drops

Preferred method of communication from the Health Office \_\_\_\_\_

### Agreements

Broadwater Academy agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by Broadwater Academy.

The parent(s)/guardian(s) agree to inform the Broadwater Academy within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

If the parents/guardians are unable to be reached in an emergency, I give Broadwater Academy permission to transport my child to the nearest medical facility via ambulance and to call my child's physician and follow his/her orders.

I give permission for the school nurse to communicate with my child's healthcare provider regarding pertinent health information.

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICATION CONSENT FORM**

Prescription medications are only administered with a completed Consent Form. These forms must be signed by the student’s health care provider. Medications will not be administered until the form is on file with the school nurse. Inhalant medications are included in the category of prescription medications. Medications for Lower School students must be brought in the original container by an adult. The container is to have a label with the child’s name, the name of the medication, the dosage, and instructions clearly printed on the container. Middle and Upper School students may bring clearly labeled medications to school and give them to the nurse at the beginning of the school day. Unlabeled medicine will not be accepted.

With the exception of Acetaminophen, Ibuprofen, and cough drops, Broadwater Academy will not dispense over-the-counter medications to students without specific instructions, dosage, and a Consent Form on file in the school clinic. All over the counter medication must be brought to the Clinic by an adult with the child’s name clearly labeled on the container. Middle and Upper school students may bring clearly labeled medications to school and give them to the nurse at the beginning of the school day. Acetaminophen, Ibuprofen, and cough drops will not be given unless the student has signed parental consent on the Office/Health Information Form.

The following Consent Form is to be completed, signed, and returned to Broadwater Academy Clinic prior to the dispensing of any medication. If a student has multiple medications, a Consent Form must be completed for each prescription or over-the-counter medication.

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

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Schedule/time to administer the medication: \_\_\_\_\_

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

Physician name: \_\_\_\_\_

Physician signature: \_\_\_\_\_

Physician phone/fax: \_\_\_\_\_ Date: \_\_\_\_\_ Duration of Order: \_\_\_\_\_

I give permission for the school nurse to administer the medication as indicated by the above prescriber. I confirm that my child has taken the initial dose of this prescribed medication and has experienced no side effects. I further understand that the School, its officers, agents, and/or school employees who administer this medication to my child shall not be held liable for damages as a result of an adverse drug reaction or any other injury suffered by my child due to the administration or failure to provide the drug. The school reserves the right to not administer medication should the circumstances warrant such action. I authorize the school nurse to communicate with the health care provider as allowed by HIPAA guidelines.

Parent Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_