



- All new students: Immunization Records, including TB skin test, must be received prior to the first day of school to ensure compliance with the State of California requirements.
- A TB skin test is required if student has entered Orange County within the last year
- Please fill out **1 form per student**

### Student's Information

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

No allergies or special medical conditions

Allergies: (please list) \_\_\_\_\_

What is the reaction to the allergy and any instructions the staff should know:

\_\_\_\_\_

Medical condition or special needs (please specify) \_\_\_\_\_

### Parent / Guardian Information

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Insurance Information

Insurance/Care Provider: \_\_\_\_\_ Group/Medical # \_\_\_\_\_

Physician: \_\_\_\_\_ Hospital \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

### Authorization for Emergency Medical Services

*I hereby authorize AcaciaWood Prep to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical or surgical care if I am not immediately available. It is understood that a conscientious effort will be made to notify me, or the persons designated, before such action will be taken.*

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

Parent / Legal Guardian

### Non-Prescription Medication Authorization

*Authorization for administration of over-the-counter medication (check all that apply).*

I hereby give permission for the above medication to be administered to my student.

Tylenol (Acetaminophen)

Advil (Ibuprofen)

Benadryl (for allergies, pill or syrup form)

Antacid (Tums)

Cough Drops

I do **NOT** give permission to give any medications to my student

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

Parent / Legal Guardian

Turn over for back→

## Emergency Contact(s), may pick up my student from Acaciawood Preparatory Academy

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

Notes: \_\_\_\_\_

## Authorization for Excursions (Field Trips, AGATE Outings, Etc.)

*I hereby consent to have my child participate in walks, field trips and special outings (by car, bus, or van) supervised by the teaching staff, away from school grounds to nearby points of interest.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Parent / Legal Guardian*

## Media Release

*Throughout the school year, students may be highlighted in efforts to promote Acaciawood Preparatory Academy activities and achievements.*

*For example, students may be featured in materials to train teachers and/or increase public awareness of our school through types of media (print, web-based, radio, DVDs, displays, brochures, etc.).*

*I, as the parent or guardian, hereby give Acaciawood Preparatory Academy permission to print, photograph, and record my child for use in audio, video, film or any other electronic or printed and social media.*

- Yes  
 No

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Parent / Legal Guardian*