



# 2020-2021 DCA Re-Enrollment Packet Checklist

(Return completed, with all documents. Partial packets will not be accepted)

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

✓ Included	Items Needed to Complete Enrollment: <i>(Incomplete Packets Will Not Be Accepted)</i>	Office Use Only
	Helping Hands Parent Volunteer Form <i>(Return Completed and Signed)</i>	
	Middle School Student Code of Conduct <i>(Return Signed by Parents <u>and</u> Student if entering 6<sup>th</sup> grade)</i>	
	Emergency Contact Information <i>(checked)</i>	
	Driver Information Form <i>(checked)</i>	
	All Medical Forms <i>(Return to the school nurse)</i>	
	Registered on FACTS	
	Ren Web Instruction Sheet <i>(Read and keep this document)</i>	
	DCA Tuition Sheet <i>(For your information)</i>	
	<b>Enrollment Form and Fee(s) Enclosed:</b>  \$100 Enrollment fee for re-turning students paying before February 28 <sup>th</sup> \$150 Enrollment fee for New students and returning students paying after 2-28-20	

\* In order to enroll my student(s) and secure a position in class, I have enclosed ALL of the documents listed above, as well as all enrollment fee(s).

Dear Parents,

We have trimmed the Re-enrollment Packet to just a few forms that need to be filled out and signed.

Please check (✓) the box if no information has changed from last year.

- Emergency Contacts and Driver Information (please make corrections on attached forms)
- Publishing Consent
- Financial Responsibility



# DCA Re-Enrollment for School Year 2020-2021

## Student/Family Information

Student's Name \_\_\_\_\_  
first middle last

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Please indicate the grade your child is entering for the 2020-2021 school year:**

- Pre-K3   
  Pre-K4   
  Kindergarten   
  1<sup>st</sup>   
  2<sup>nd</sup>   
  3<sup>rd</sup>   
  4<sup>th</sup>  
 5<sup>th</sup>   
 6<sup>nd</sup>   
 7<sup>th</sup>   
 8<sup>th</sup>   
 9<sup>th</sup>   
 10<sup>th</sup>   
 11<sup>th</sup>   
 12<sup>th</sup>

If enrolling for Pre-K3 or Pre-K4, please select one of the following options:

3 days (M,W,F): \_\_\_ 1/2 Day (to Noon) \_\_\_ Full Day

**OR**

5days: \_\_\_ 1/2 Day (to Noon) \_\_\_ Full Day

**FATHER / STEP-FATHER / GUARDIAN** (please circle)

Name \_\_\_\_\_ Living with child? \_\_\_ Yes \_\_\_ No

Address \_\_\_\_\_  
Street City State Zip Code

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**MOTHER / STEP-MOTHER / GUARDIAN** (please circle)

Name \_\_\_\_\_ Living with child? \_\_\_ Yes \_\_\_ No

Address \_\_\_\_\_  
Street City State Zip Code

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Please indicate the person(s) who are accepting the financial responsibility for the student(s) being enrolled. Please check all that apply. Father \_\_\_ Mother \_\_\_ Other \_\_\_**

**Name and relation to the student:** \_\_\_\_\_

\_\_\_\_\_

# MIDDLE/HIGH SCHOOL STUDENT CODE OF CONDUCT

**All PARENTS** and **STUDENTS** are required to read the Student Code Of Conduct and sign a statement agreeing to abide by the Student Code Of Conduct. The prohibitions of the Student Code of Conduct include but are not limited to the examples given because the standards for the Student Code of Conduct are based on our understanding of the Biblical teachings and examples lived out in the life of Christ, stated specifically in Ephesians 3-5 and other Scriptural references. Failure to follow such school policy will be grounds for appropriate disciplinary action, including suspension or expulsion.

To prevent the consequences of sinful choices the Student Code of Conduct prohibits Dayspring Christian Academy students from, but is not limited to, the following:

1. Threatening or assaulting another student or staff member
2. Unexcused absences from classes, chapel, or assemblies
3. Cheating, copying or plagiarizing the work of others
4. Lying to a teacher or to the administration
5. Profanity, obscenity, or suggestive language or gestures
6. Disruption of classroom activities
7. Willful destruction of school property
8. Fighting
9. Possession of pornographic or occult material
10. Rebellious attitudes
11. Disrespect for staff members and adult volunteers
12. Use, possession, or promotion of alcoholic beverages, tobacco products, or drugs and/or drug related paraphernalia of any kind.
13. Public displays of affection that includes, but are not limited to, caressing, kissing, hugging, hand holding, etc.
14. Leaving school campus without permission
15. Theft or stealing of any kind
16. Harassing another student, physically or verbally
17. Being in an unauthorized area or building of the campus
18. Behavior involving a criminal offense
19. Giving evidence of sexual immorality of any kind
20. Inappropriate use, comments, or pictures on student's personal social media sites
21. Possession or knowledge of others possessing any articles that are considered dangerous or potentially destructive, such as explosives, fireworks, firearms, paintball guns, knives, lighters, etc., will not be allowed in or on a student's person, backpack, or locker. School administration has the right to search lockers and backpacks, and will confiscate all such items found on campus, and disciplinary action may follow
22. **Any other conduct which is harmful to the Christian development of the student, as well as to other students in the school.**

**Christian life is not a part-time endeavor therefore; this Student Code of Conduct is in effect the entire time any student is enrolled as a DCA student. This policy is in effect 24 hours a day, 7 days a week, 365 days a year. This includes all ON CAMPUS AND OFF CAMPUS activities.**

To ensure the compliance of the above mentioned policies, Dayspring Christian Academy reserves the right to check any student as well as all personal property voluntarily brought onto our campus. This includes, but is not limited to, school lockers, bags and/or purses, cell phones and other electronic devices, and other such areas. Dayspring Christian Academy also reserves the right to conduct these searches by any means necessary, including the use of trained dogs.

**FOR STUDENT:** I have read and understand the above Student Code Of Conduct and will uphold this standard in my behavior and actions as applies **on and off the campus**. I also agree to abide by the rules listed in the Middle/High School Policies and Procedures Handbook and realize that willful disregard for the rules and standards of Dayspring Christian Academy may result in suspension or dismissal.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**If my child violates the Student Code of Conduct, I will notify the school administration immediately. If this violation takes place with another DCA student I will notify the student's parents in accordance with Matthew 18:15.**

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

# Emergency Contact (EC) and Student Pick-Up (PU) Form

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

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

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

Please list the driver(s) that your child/children may ride to and or from school with. Should you wish your child/children to ride with someone not on the designated list, you must inform the school office prior to the child/children being picked up. If the school office is not informed, the student will not be permitted to leave with the non-designated driver.

Please check ( ✓ ) if Emergency Contact (EC) or Pick-up (PU) or both

EC	PU	First name	Last name	Relation	Home Phone	Cell Phone	Work Phone

If applicable, please list any drivers who are never permitted to pick up your child/children.

\_\_\_\_\_

\_\_\_\_\_



### 2020-2021 LCHS TUITION & FEES

**APPLICATION FEE** - A \$100 (non-refundable) application fee is required for all new student applicants. This fee applies to all new students, even if the family has other students currently enrolled at LCHS.

**ENROLLMENT FEE** - An enrollment fee of \$150 (non-refundable) will be due for all new students, and for returning students paying after February 28<sup>th</sup>. A discounted enrollment fee of \$100 (non-refundable), for returning students only, is offered if paid between January 1<sup>st</sup> and February 28<sup>th</sup>. Enrollment fees are payable at the time of enrollment. Before the enrollment process can be completed, all prior year financial obligations must be paid in full.

**2020-2021 Annual Tuition** *FACTS Link:* <https://online.factsmgt.com/signin/3FR9R>

\* The following annual total tuition amounts include early enrollment discounts, determined by the month of enrollment.

Jan., Feb. & March - \$6,000    April, June, & July - \$7,000  
August 1<sup>st</sup> and after - \$8,000 (Regular rate with no discounts)

#### **Family Discount**

2 children	SUBTRACT	\$200.00 (from family total)
3 children or more	SUBTRACT	\$300.00 (from family total)

#### **TUITION PAYMENT OPTIONS**

- **FULL PAYMENT PLAN:** A discount, \$150 (if paid by credit card) or \$200 (if paid by cash/check) per student will be granted for full pre-payment on or before August 1<sup>st</sup> for grades Pre-school to 12. **There will be no exceptions on the pre-payment due date.** Payment is to be made directly to DCA using cash, check, or credit cards (American Express not accepted).
- **TWO PAYMENT PLAN:** Half of the total tuition (less discounts/scholarships) is due by September 1<sup>st</sup>. The remaining half is due by January 1<sup>st</sup>. Failure to make the payment on time will result in a payment plan via FACTS. The pre-payment discounts for this option are \$75 (if paid by credit card) or \$100 (if paid by cash/check). The discount is applied in half increments after the payments are made.
- **BUDGET PLAN:** A ten month direct withdrawal payment plan is mandatory through FACTS Tuition Management Company. Cost: \$50.00 per family. Payments run from August through May (withdrawals are made on the 5<sup>th</sup> or 20<sup>th</sup> day of the month). Monthly withdraws may be made via a bank account auto draft or credit card (American Express not accepted).
- **PAYMENT METHODS:** Credit Cards (excluding American Express), Cash, or Check.

#### **OPTIONAL AFTER SCHOOL PROGRAM**

**Hourly Rates:** K-12: \$7.50 per hour. After 6pm (P-12) \$10.00 per 15 minutes.



**2020-2021 DCA TUITION & FEES**

**APPLICATION FEE** - A \$100 (non-refundable) application fee is required for all new student applicants. This fee applies to all new students, even if the family has other students currently enrolled at DCA.

**ENROLLMENT FEE** - An enrollment fee of \$150 (non-refundable) will be due for all new students, and for returning students paying after February 28<sup>th</sup>. A discounted enrollment fee of \$100 (non-refundable), for returning students only, is offered if paid between January 1<sup>st</sup> and February 28<sup>th</sup>. Enrollment fees are payable at the time of enrollment. Before the enrollment process can be completed, all prior year financial obligations must be paid in full.

**2020-2021 Annual Tuition** *FACTS Link:* <https://online.factsmgt.com/signin/3FR9R>

<u>Grade</u>	<u>Amount</u>	<u>Hours</u>
P3-P4 (3 days) Half Day pm)	\$3,900	8:00 a.m. - 12:00 noon (after-care begins after 12:00 pm)
P3-P4 (3 days) Full Day	\$5,000	8:00 a.m. - 2:45 p.m.
P3-P4 (5 days) Half Day	\$5,600	8:00 a.m. - 12:00 noon
P3-P4 (5 days) Full Day	\$7,850	8:00 a.m. - 2:45 p.m.
Kindergarten to Grade 5	\$6,500	8:00 a.m. - 2:45 p.m.
Grades 6-8	\$7,180	8:00 a.m. - 2:45 p.m.
Grades 9-12	\$8,000 (early discounted rates are available for high school tuition only)	

**Family Discount**

2 children	SUBTRACT	\$200.00 (from family total)
3 children or more	SUBTRACT	\$300.00 (from family total)

**TUITION PAYMENT OPTIONS**

- **FULL PAYMENT PLAN:** A discount, \$150 (if paid by credit card) or \$200 (if paid by cash/check) per student will be granted for full pre-payment on or before August 1<sup>st</sup> for grades Pre-school to 12. **There will be no exceptions on the pre-payment due date.** Payment is to be made directly to DCA using cash, check, or credit cards (American Express not accepted).
- **TWO PAYMENT PLAN:** Half of the total tuition (less discounts/scholarships) is due by September 1<sup>st</sup>. The remaining half is due by January 1<sup>st</sup>. Failure to make the payment on time will result in a payment plan via FACTS. The pre-payment discounts for this option are \$75 (if paid by credit card) or \$100 (if paid by cash/check). The discount is applied in half increments after the payments are made.
- **BUDGET PLAN:** A ten month direct withdrawal payment plan is mandatory through FACTS Tuition Management Company. Cost: \$50.00 per family. Payments run from August through May (withdrawals are made on the 5<sup>th</sup> or 20<sup>th</sup> day of the month). Monthly withdraws may be made via a bank account auto draft or credit card (American Express not accepted).
- **PAYMENT METHODS:** Credit Cards (excluding American Express), Cash, or Check.

**OPTIONAL AFTER-CARE PROGRAM**

**Hourly Rates:** P3&4: \$5.50 per hour, K-12: \$7.50 per hour. After 6pm (P-12) \$10.00 per 15 minutes.

# Helping Hands!

## DCA Parent Volunteer Group

Helping Hands is an active and fun volunteer program that ministers to the needs of Dayspring Christian Academy. Parent volunteers are a critical for DCA to run efficiently and to create a family atmosphere for all who are a part of the school. Volunteering is a great way to get to know student, staff, and other DCA families. Below you will find various ways that you can connect and serve. You may be contacted throughout the year to assist in the areas that you select as an area of interest. Thank you for being a blessing to the Dayspring family through your volunteer efforts. As you serve, you will find that you will be blessed as well.

My child/children will be in the following grades for the coming year: (Please circle all that apply)

P3 P4 K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Pease select all areas that you have experience, talent, or interest in.

**Special Events:** (Ex: Back to School Night, Preview Night, Field Day, etc.)

- |  |  |
|--|--|
| <input type="checkbox"/> Event planning              | <input type="checkbox"/> Fundraising             |
| <input type="checkbox"/> Providing Meals/Baked Goods | <input type="checkbox"/> Set Up/Clean Up         |
| <input type="checkbox"/> Room Parent                 | <input type="checkbox"/> Room Parent Coordinator |

**Marketing & Development:**

- |  |   |
|--|---|
| <input type="checkbox"/> DCA Newsletter Production | <input type="checkbox"/> Public Relations   |
| <input type="checkbox"/> Advertising Team          | <input type="checkbox"/> Alumni Association |
| <input type="checkbox"/> Fundraising Events        | <input type="checkbox"/> Grant Writing      |

**Staff & Faculty Assistance:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preparations for Back to School       | <input type="checkbox"/> Office Assistance                  |
| <input type="checkbox"/> School Pictures                       | <input type="checkbox"/> Clinic Help                        |
| <input type="checkbox"/> Library Assistance                    | <input type="checkbox"/> Substitute Teaching                |
| <input type="checkbox"/> Facility and Grounds Projects         | <input type="checkbox"/> Teacher/Staff Appreciation Efforts |
| <input type="checkbox"/> I will pray for the faculty and staff | <input type="checkbox"/> I commit to pray for DCA           |

I have experience/talent/business that I would be willing to share at DCA. That is:

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In an effort to faithfully follow Christ's model servant-hood leadership, I will actively serve and support the school as a parent volunteer.

---

Name

---

E-mail Address

---

Phone Number

---



# FACTS Family Portal

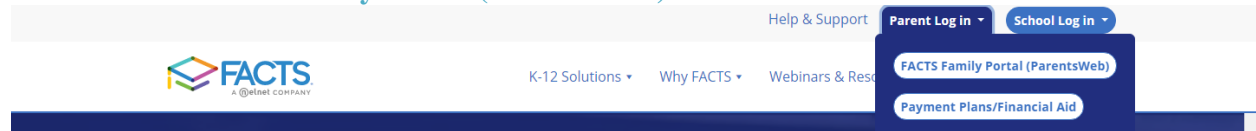
Check grades and connect with your school with **FACTS Family Portal (formerly ParentsWeb)**

FACTS provides the technology and communication so you can connect with your student and school easily and on your schedule. Check grades and stay in the know on everything going on at your school with FACTS Family Portal.

Go To: **factsmgmt.com**

First: Click **Parent Log in**

Next: Click **FACTS Family Portal (ParentsWeb)**



**First time users will need to create a new account.**

Please note: You must use the same email address that you provided to the school.

FACTS will send you an email with a link (good for 6 hours) to set up your own username and password.

**Return to this Login screen each time to access your student's information.**



## ParentsWeb Login

District Code:

User Name:

Password (case-sensitive):

[Forgot User Name/Password?](#)

Parent  Student  Staff

District Code: **DA-MA**

User Name: The one you created or your student's account (Given to them at school)

Password (case sensitive): The one you created or your student's account (Given to them at school)

**IMPORTANT:** Make sure you select **Parent OR Student** before clicking Login. (Each account is different)

You have five invalid attempts before you are locked out and the school will need to reset your account.

## ***For Parent Information Only - DO NOT RETURN***

### **REQUIRED MEDICAL RECORD INFORMATION**

Daycare – Eight grade

The following medical records are **due by August 1<sup>st</sup>** to assure entry to school in the fall.

**Your child will not be permitted to begin the school year until ALL medical records are up to date.**

Please be advised we follow the rules for vaccine requirements in Massachusetts even if you live in RI. Jackie O'Brien, who is the public health nurse in Attleboro, is available to administer this free of charge if it is unavailable from your Dr. If you need her services, call her at 508-223-2222.

**If your child is new to Dayspring, at any grade level, a copy of the following must be submitted:**

- A current physical exam
- Up to date immunization records ( see specific page for preschool, K, 7<sup>th</sup>)
- An official copy of a birth certificate
- A current record of a lead test date for Daycare (1 y/o), Preschool, and Kindergarten students

**If your child is participating in a Dayspring Contact Sports Program, you must submit the following:**

- Assumption of Risk Form
- Sport's Candidate Form
- Physical Exam (with a statement from his/her physician that your child may participate in contact sports
- A Massachusetts Pre-participation Head Injury/Concussion Reporting Form

**If your child is entering 7<sup>th</sup> grade, you must submit the following:**

- 2 doses MMR
- 3 doses Hep B vaccine
- 4 doses Polio vaccine
- Proof of 2 Varicella Vaccines or evidence of having had the Chickenpox
- Proof of a Tdap (adult tetanus/pertussis booster)\*administer prior to 7<sup>th</sup> grade
- 1 dose of MenACWY \* administer prior to 7<sup>th</sup> grade **new requirement**

Please remember students may **NEVER** carry any medications of any type into the school building (Any exceptions must be arranged with the school nurse in advance). Medications must **ALWAYS** be delivered to the office by a parent with the appropriate permission forms on file in the nurse's office. In most cases, a physician's permission will be required as well, particularly for prescribed medications.

Both the **MEDICATION PROTOCOL FORM** and the **\*MEDICATION/EMERGENCY CARE FORM** must be completed and submitted by August 1<sup>st</sup>. Both of these forms must be filled out for each student every year. Copies of all medical forms are available in the school office or from the nurse. If you anticipate that your child will need an over-the-counter medication during the school year on a regular basis, you will need to provide the medication (in its original container). Medications are only administered according to the above guidelines unless an emergency arises. (A headache is **NOT** considered to be an emergency)

If your child has a medication that will need to be administered during the school day or requires an emergency medication such as an epi-pen or inhaler, please have the necessary forms (available in the school office) filled out by your physician over the summer and personally bring the medication to the nurse at the start of the school year. One form per medication is required by law. Be sure to check all expiration dates on medications prior to bringing them.

All medications must be picked up the last week of school. They will be held for one week after school ends. They will be disposed of if not picked up. Thank you for your immediate attention and prompt response to these matters. Please keep this page for your future reference.

## ***For Parent Information Only - DO NOT RETURN***

### **REQUIRED MEDICAL RECORD INFORMATION (HIGH SCHOOL)**

The following medical records are **due by August 1<sup>st</sup>** to assure entry to school in the fall.

**Your child will not be permitted to begin the school year until ALL medical records are up to date.**

Please be advised we follow the rules for vaccine requirements in Massachusetts even if you live in RI. Jackie O'Brien, who is the public health nurse in Attleboro, is available to administer this if it is unavailable from your Dr. If you need her services, call her at 508-223-2222 x 3241.

**If your child is entering LCHS, a copy of the following must be submitted:**

- A current physical exam ( within the last 13 months)
- Up to date immunization records
- An official copy of a birth certificate

**If your child is participating in a LCHS Contact Sports Program, you must submit the following:**

- Assumption of Risk Form
- Sport's Candidate Form
- Physical Exam (with a statement from his/her physician that your child may participate in contact sports: within the last 13 months)
- A Massachusetts Pre-participation Head Injury/Concussion Reporting Form

**If your child is entering 9<sup>th</sup>-12<sup>th</sup> grade, your child should have had the following:**

- Tdap shot (adult tetanus/pertussis booster)
- 2 Varicella Vaccines or evidence of having had the Chickenpox
- 4 doses of Polio vaccine
- 3 Doses of Hepatitis B
- 2 Doses of MMR
- **11<sup>th</sup> grade 1 booster dose of MenACWY received on or after 16 years of age NEW REQUIREMENT**

Please remember students may **NEVER** carry any medications of any type into the school building (Any exceptions must be arranged with the school nurse in advance). Medications must **ALWAYS** be delivered to the office by a parent with the appropriate permission forms on file in the nurse's office. In most cases, a physician's permission will be required as well, particularly for prescribed medications.

Both the **MEDICATION PROTOCOL FORM** and the **\*MEDICATION/EMERGENCY CARE FORM** must be completed and submitted by August 1<sup>st</sup>. Both of these forms must be filled out for each student every year. Copies of all medical forms are available in the school office or from the nurse. If you anticipate that your child will need an over-the-counter medication during the school year on a regular basis, you will need to provide the medication (in its original container). Medications are only administered according to the above guidelines unless an emergency arises. (A headache is **NOT** considered to be an emergency)

If your child has a medication that will need to be administered during the school day or requires an emergency medication such as an epi-pen or inhaler, please have the necessary forms (available in the school office) filled out by your physician over the summer and personally bring the medication to the nurse at the start of the school year. One form per medication is required by law. Be sure to check all expiration dates on medications prior to bringing them.

All medications must be picked up the last week of school. They will be held for one week after school ends. They will be disposed of if not picked up. Thank you for your immediate attention and prompt response to these matters. Please keep this page for your future reference.

**THIS IS A YEARLY REQUIRED FORM FOR EACH STUDENT**

**Dayspring Christian Academy/Liberty Christian High School  
MEDICATION PROTOCOL**

The school physician has written a doctor's order for the administration of the medications listed below. If you would like your child to have permission to receive these medications when necessary, please initial medications below and sign where indicated: Permission must be renewed in writing every year. Consent may be withdrawn at any time by contacting the nurse's office. All medications from home must be brought to the nurse's office by parent and proper paperwork must be filled out. This protocol covers only the medication listed below.

**A FORM MUST BE FILLED OUT FOR EACH STUDENT SEPERATELY**

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

I give the school nurse permission to administer the following:

\* Ibuprofen (Motrin) \_\_\_\_\_ \*Tylenol (acetaminophen) \_\_\_\_\_ Calamine lotion \_\_\_\_\_ Cough drops \_\_\_\_\_  
Bacitracin Ointment \_\_\_\_\_ \*Benadryl (Diphenhydramine Hydrochloride) \_\_\_\_\_  
\_\_\_\_\_ All of the above \_\_\_\_\_ None of the above

This form must be fully completed; this is what is used constantly & when computers are down.

Father's / Name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Mother's/ Name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Mother's cell #: \_\_\_\_\_ Father's cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Please list all medications your child is currently taking: \_\_\_\_\_  
\_\_\_\_\_

Please list all known allergies your child has: \_\_\_\_\_  
\_\_\_\_\_

Medical Concerns including any recent illness or surgery? \_\_\_\_\_  
\_\_\_\_\_

Student's Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Health Insurance Co. \_\_\_\_\_

Name of Dental Insurance Co. \_\_\_\_\_

I give permission for the school nurse to administer the above medication and share the relevant medical concerns with appropriate staff if needed. (Including busing and food service personnel)

Father signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICATION AND EMERGENCY CARE FORM**  
NO MEDICATION WILL BE GIVEN WITHOUT WRITTEN CONSENT ON FILE;  
ALL MEDICATIONS WILL BE ADMINISTERED AT THE SCHOOL NURSE'S DISCRETION.  
(This Form **MUST BE** returned with your enrollment forms)

**Dayspring Christian Academy/Liberty Christian High School**  
**Medication/Emergency Care Policy**

Medication in school may only be used on rare occasions and then under the following conditions:

1. Medication of any kind may NEVER be brought to school with the student. Any medication **must** be brought to school **by the parent or guardian, in its original container**. Written permission and instructions for administration from a physician must accompany medication. Physician's Order forms are available from the nurse and must be completed and signed before administered. **Inhalers are to be in the nurse's office, not with the child** (*unless specific agreement has been made between the child, parent, school, and physician*). Dayspring Christian Academy will always make every effort to administer all medications according to a physician's order. **The school shall not be responsible for reminding the student to come for the medication; the student must be responsible to appear at the appropriate time.** If the medication schedule can be structured around the school day, we would ask that this accommodation be made. If students will be off campus (field trip, athletic event, etc.), parents are to arrange with the school nurse, in advance, the plan to administer the medication. **This includes non-prescription over the counter meds. All meds not on checklist provided need parent permission and physician script.**
2. If there is an unexpected need for Tylenol, the parent will be called at the time and must give consent before non-prescription medicines will be administered. If the parent is unable to be reached medicine will be given only if there is written permission on file and it can be determined it is within the appropriate dosage schedule to have the medication.
3. List other medicines the child takes daily. List any adverse reactions with over the counter medicines such as Tylenol or children's Ibuprofen.
4. It is the parent's responsibility to keep school medical records current. If there is a change in daily medicines, contact the school immediately by written note to the nurse. This is for the safety of your child especially, if in an emergency situation, other medicines may be given by the emergency personnel. If any alteration of daily activity, a physician's note will be required.
5. If your child has an injury or serious illness requiring a visit to Urgent care, Hospital, and or Physician please return them with documentation of visit and any restrictions or releases re: activity/gym/academics the day they return to school. Including any special instructions, medical or emotional re: the illness/injury.

I hereby authorize Dayspring Christian Academy to arrange for medical examination and/or treatment of my child, \_\_\_\_\_, should an emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the school to contact me at the emergency numbers I have provided before any medical action is taken. In case of emergency, 911 will be called. The choice of hospital may be limited by the service. If the nurse is present and determines the child is in anaphylactic shock she will administer epinephrine until the EMT's arrive.

**Emergency Medical History and Allergies:**

My child has the following medical conditions: \_\_\_\_\_

Name of medications that child is currently taking: \_\_\_\_\_

List all allergies to medications, food, environmental, other: \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Usual course of action: \_\_\_\_\_

**A copy of this form and other forms such as Health Care Emergency Action Plan may be sent with your child to ER if available. (For purpose of communication of Parent information and child's pertinent medical history)**

I understand and will adhere to the Dayspring Christian Academy Medication/Emergency Care Policy

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