

2014-15 JOHN ADAMS ACADEMY – EMERGENCY INFORMATION

Check this box if the information in this section (i.e. phone, address, etc.) has changed in the last 12 months: ☐

Scholar's Legal Name:		Last		First		Middle		2014/15 Grade	
Scholar's home phone		Scholar's cell phone		Mother/Guardian's cell phone		Mother/Guardian's home phone			
<input type="checkbox"/>	<input type="checkbox"/>	Date of Birth		Father/Guardian's cell phone		Father/Guardian's home phone			
Male		Female							
Mailing Address						City		Zip	
Residential Address (if different)						City		Zip	
With whom does scholar live? (Please check all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian									
If divorced or separated, who has physical custody? _____									

By COURT ORDER, this scholar **CANNOT** be released to:
(Proof of Court Order MUST be on file at school office) _____

Parent/Guardian

Please check one:

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Guardian

Name _____

Home Address _____

Place of Business _____

Work Phone _____

Email Address _____

Parent/Guardian

Please check one:

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Guardian

Name _____

Home Address _____

Place of Business _____

Work Phone _____

Email Address _____

Emergency/Disaster Release: If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to **(Please list at least one person with whom the child does not live):**

Contact 1

Contact 2

Contact 3

Name _____

Name _____

Name _____

Home Phone _____

Home Phone _____

Home Phone _____

Cell phone/Work Phone _____

Cell Phone/Work Phone _____

Cell Phone/Work Phone _____

Relationship _____

Relationship _____

Relationship _____

In case of an accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of John Adams Academy to make arrangements, as he/she considers necessary, for my child to receive medical or hospital care, including necessary transportation. I authorize such care and treatment to be performed by any licensed physician or surgeon. ☐ Yes ☐ No

Physician Name/Phone _____

Dentist Name/Phone _____

Hospital Preference _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

General Health Information

2014-2015

If no known health problems, check here ☐

☐ No Blood Transfusions

ANY MEDICATION (prescription or over-the-counter) AT SCHOOL REQUIRES AN AUTHORIZED CONSENT FOR MEDICATION ADMINISTRATION AT SCHOOL SIGNED BY A PHYSICIAN.

Scholar has the following conditions:

☐ ***Asthma** – If checked, is inhaler needed at school ☐ Yes ☐ No If inhaler needed: ☐ self administer or ☐ school personnel administer
☐ **Diabetes** – Carries supplies/medications at school ☐ Yes ☐ No

☐ ***Allergies** (including allergies to medications) _____ ☐ Bee Sting Allergies

☐ ***Severe Allergic Reaction**-Explain: _____ (please complete below)

☐ epi pen needed at school: ☐ Yes ☐ No If yes, ☐ self administer or ☐ school personnel administer

☐ ***Seizures**- Explain: _____

☐ **Life Threatening Medical Condition** - Explain: _____

☐ Physical condition which limits participation in physical education or classroom activities _____

☐ ADHD ☐ Migraines ☐ Fainting Spells ☐ Other _____

☐ Prescribed medications: _____

☐ At home ☐ At school Medications needed at school: _____

Vision: ☐ Glasses ☐ Contacts ☐ To be worn at all times ☐ Other _____

Hearing Problem: ☐ Yes ☐ No ☐ Aids ☐ Preferential Seating (why?) _____

*If the scholar has any of the following conditions: asthma, allergies, seizures or a life threatening medical condition, please complete the corresponding medical plan forms available on our website [HERE](#) or in the office.

SCHOLAR PERMISSIONS and FAMILY CONTACT INSTRUCTIONS

Please Read & Check All That Apply

☐ I have read and discussed with my scholar the contents included in the [JAA Parent/Scholar Handbook](#). This handbook is available online at www.johnadamsacademy.com.

☐ I have read the [JAA Student Technology Acceptable Use Agreement](#) and discussed it with my scholar. I understand that JAA Internet access is designed for educational purposes. ☐ I hereby give permission for my scholar to use the school's network/online services. ☐ I do NOT give permission for my scholar to use the school's network/online services.

☐ I give my permission for my scholar to participate in off-campus, supervised activities that can be accessed by walking. Scholars, teachers and guests will walk on supervised outings to businesses and recreational areas surrounding the John Adams Academy campus (i.e. Lincoln Estates Park, Miner's Ravine Trail, etc.)

☐ I consent for my scholar to be photographed by JAA or its agent. Any reproduction of the photo or video may be used for the purposes of education (includes yearbook photo) and/or promoting JAA and its programs including through social media outlets (ie. Facebook, Twitter, etc.). (See detailed information in the Parent/Student Handbook.)

☐ I consent for copies of my scholar's class work or artwork to be used for promoting (advertising) JAA and its programs including through social media outlets (i.e. Facebook, Twitter, etc.).

Please use contact information below as specified: (Please check all that apply)

Emergency communications: ☐ Mother's email ☐ Father's email ☐ Other email _____
(Must choose one or more) ☐ Mother's cell ☐ Father's cell ☐ Other phone _____

Report cards/official business: ☐ Mother's email ☐ Father's email ☐ Other email _____
(Must choose one or more) ☐ Mother's cell ☐ Father's cell ☐ Other phone _____

News & announcements: ☐ Mother's email ☐ Father's email ☐ Other email _____

Text messages: ☐ Sign me up to receive text messages Cell # for text _____

OR sign up for text notifications by texting "JAAsignup" to [72727](tel:72727) from your cell phone

Parent/Guardian Signature Required

Name _____ Date _____ Signature _____ Date _____