



- 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 **ALL** allergies including food, medications, etc)

What is the reaction to the allergy and any instructions the staff should know (EpiPen?)

☐ 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

Counseling Consent

Acaciawood Preparatory Academy offers short-term individual counseling of students. Parents/guardians or school staff may refer students for counseling, or students may request counseling.

I understand that school counseling services are short-term services aimed at the more effective education and socialization of my child within the school community. I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

- ☐ *Yes, I have read, understand and agree to the terms of the School Counseling Informed Consent. I give permission for my child to receive school counseling services. I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.*
- ☐ *I choose to decline to receive school counseling services for my child at this time. I understand that I may request counseling services later if needed.*

Signature _____ Date _____
Parent / Legal Guardian