

Extraordinary Education Center

MEDICAL RELEASE

I give my child, _____, permission to participate in the Extraordinary Education Center classes and competitions. In the event that he/she is injured while participating, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any licensed medical staff member under the provisions of the Medicine Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable.

It is understood that effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. I understand the nature of this event and do hereby release the Extraordinary Education Center, Woodlands Community Church, and any of its staff or volunteer leaders from any liability for accidents or injury sustained by my child in conjunction with this event.

Signature of parent/guardian

Date

PERSONAL INFORMATION

Student's Full Name: _____ (Birth date) _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): Home _____ Cell _____ Other _____

Sex: M / F Height: _____ Weight: _____ Last Tetanus Shot (date): _____

ALTERNATE EMERGENCY CONTACT *(if parent cannot be reached)*

Full Name: _____ Relationship to Student: _____

Phone(s): Home _____ Cell _____ Other _____

Address: _____

City: _____ State: _____ Zip: _____

PHYSICIAN INFORMATION

Family Physician: _____ Phone: _____

Preferred Hospital: _____

Please complete reverse side

ADDITIONAL HEALTH INFORMATION

List Important Medical Conditions:

Does your child take medications regularly? Yes / No

What medications and dosage: _____

List physical, behavioral or emotional problems we should know about:

List two emergency phone numbers (other than the ones listed on the front):

Name:

Phone Number:

Which of these over-the-counter medications is your child allowed to take while at school? (*circle*)

This only applies to student who are 12 years of age and older.

Please refer to our medication policy for additional information about medications.

Acetaminophen (Tylenol)

Ibuprophen (Advil)

Aspirin

Benadryl

Pepto Bismol

Immodium

Other _____

Extraordinary Education Center

MEDICATIONS & SPECIAL NEEDS POLICIES

- ❖ **We value and respect students with differences and special needs.** While we will do as much as we are able within reason to make our programs accessible to students with mild issues, EE teachers and staff are not equipped to deal effectively with students with serious health issues, severe learning disabilities or severe behavioral issues.
- ❖ **A student with a serious or life-threatening health condition may only be permitted to attend classes as long as a parent remains on-site at all times.** Such conditions would include **insulin-dependent diabetes, seizures, severe asthma, severe allergies** or any other **condition that could require medical rescue intervention.** We strongly desire to include students with these types of issues in our programs, but we must have parent support in order to do so.
- ❖ **PARENTS are required to administer any type of prescription medication whether on a regular basis or in an emergency rescue situation.** This would include medications such as **short-term antibiotics** as well as **insulin, seizure medication, asthma rescue inhalers** and **epi-pen devices.** **EE teachers and staff members are not trained nor allowed to administer any type of prescription medication.** We do not have a "school nurse" on staff. We regret the inconvenience to parents, but liability issues prohibit our staff from administering prescription medications.
- ❖ **Parents are required to keep prescription medications in their possession at all times.** We do not have a secure place to store prescription medications at this time, and EE cannot be held responsible for medications left on campus.
- ❖ **PARENTS are required to administer all over-the-counter medications to children under the age of 12 years.** Staff members are allowed to treat small scrapes and accidents with first aid creams, bandaids, ice packs etc.
- ❖ **Students 12 years and up may be permitted to take certain over-the-counter medications and other medications that have been pre-approved on the student health form as needed.** The parent will be expected to send approved medications to school with the student, and the student must be responsible to keep any such medications in their possession at all times.
- ❖ **Serious allergy issues should be brought to the attention of EACH of the student's teachers. Specific food allergies or other serious allergies should be noted on the student health form as well.** We understand that allergies can present a serious and possibly life-threatening concern, and we will do what we can to help avoid potential problems. Parents must also understand that in a program such as ours, with many families coming and going throughout the day, it is impossible to guard against all possible allergens.
- ❖ **If a parent has serious concerns about exposure to allergens through contact with other students or food items, the parent is solely responsible to monitor their child's surroundings and guard their child against allergens.** Our program sees literally hundreds of families, individual students and instructors taking part in our classes each year. With so many different families, students and teachers participating and with new families joining us each day, we cannot guarantee a "peanut-free", "wheat-free", "fragrance-free", etc. type of campus. We must rely on parents to help their children learn to cope with their surroundings. Please do not expect hundreds of other families to change their lifestyle, lunch and snack choices, or other habits to accommodate your child's special needs as it may be impossible for them all to do so. If a child or parent requires a completely "X-free" environment, then this type of program is probably not a good fit for that family.
- ❖ **Students with special medical or educational needs or behavioral issues may be included in classes as long as the class time and learning opportunities of the other students in the class are not significantly impacted by the inclusion.** Since families in our program pay for their classes, it is unfair for a student with special needs or behavioral issues to monopolize the teacher's time or hinder the learning process of the other students in the class. ***We desire to include all students who wish to participate in our program. A parent may be requested to attend class with their child in order to facilitate their child's inclusion.***