

HEALTH INFORMATION INVENTORY

Your child's learning depends upon good health. Please complete this form with information you are comfortable sharing. Health conditions currently affecting your child are of the greatest significance.

Bee Sting Allergy? Yes No Describe reaction _____
Difficult breathing? Yes No Emergency medication? Yes No
Comments _____

Peanut Allergy? Yes No Describe reaction _____
Difficult breathing? Yes No Emergency medication? Yes No
Do you eliminate all peanut-containing foods? Yes No
Comments _____

Other Food Allergy? Yes No Food _____ Describe reaction _____
Difficult breathing? Yes No Emergency medication? Yes No
Comments _____

Other Allergy? Yes No Allergy _____
Describe reaction _____
Any Medications needed? _____
Comments _____

Asthma? Yes No Triggered by: _____ Treatment _____

Diabetes? Yes No Type I _____ Type II _____
Takes insulin? Yes No Insulin Pump? Yes No Comments _____

Epilepsy/Seizures? Yes No Comments _____

Heart Condition? Yes No Comments _____
Activity restrictions? _____

Daily medication: At home? Yes No At School? Yes No Emergency Only? Yes No
Name of Medication _____ Reason for taking _____

Medication Information:

- A. It is strongly recommended to parent, with their physician's counsel, that the medication schedule should be adjusted to avoid administering medication during school hours.
- B. If this is not possible, the Medication Request and Authorization must be filed with the main office before the student will be allowed to take medication during school hours. This written and signed request form is to be submitted on an annual basis.
- C. Each prescribed medication, in the original container, shall have a pharmacist's label.
- D. Any unused medication unclaimed by the parent will be destroyed by school personnel when a prescription is no longer to be administered or at the end of the school year.

Condition that prevents or limits Physical Education (P.E.) participation _____

The space below is provided for you to list any additional information concerning your child's health or medical conditions of which the school staff should be aware _____

Note: Your child's health and education are very important to us. The above information will be used to facilitate your child's learning. Informing and educating staff about your child's needs will help promote his/her well being. Confidentiality will be maintained and the information will be shared with those responsible for the sole purpose of meeting the care and custody of the child's medical needs

STATEMENT OF UNDERSTANDING AND WAIVER OF LIABILITY

I recognize that attendance at Liberty Christian Academy is a privilege and not a right. Parents are expected to cooperate with and support the Academy and its teachers in the education and discipline of their child(ren) both in the classroom and during other related school activities. I believe that discipline is necessary for the welfare of each student, as well as for the entire Academy. I give permission for my child's teacher and/or other agent of the Academy to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending the Academy if they do not conform to the standards and the way of life at the Academy. The Academy reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of the Academy, does not conform to the spirit of the Academy.

I further understand that Liberty Christian Academy policy prohibits refunds of registration fees or the first tuition payment.

In the event that a Liberty Christian photographer or videographer takes a picture of my child in it, either individually or in a group, I give permission for my child's picture to be used in future brochures, videotapes, or other publications of Liberty Christian Academy.

I give permission for my child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from school (including times prior to pick up and following discharge from the bus), bus trips, sports activities on the premises of Liberty Christian Academy, and Academy sponsored trips away from the Academy premises. I indemnify and save Liberty Christian Academy its employees and agents harmless from and against any claims, demands, causes of actions, liability, medical payments, costs and attorneys' fees resulting from or arising out of the participation by my child in the above-mentioned activities. I understand the Liberty Christian Academy does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Understanding and Waiver of Liability signed and updated and delivered to Liberty Christian Academy.

This Statement of Understanding and Waiver of Liability shall remain in effect for as long as my child listed (or others to be enrolled) attends Liberty Christian Academy, whether it be in the nursery, elementary, junior-senior high, or summer school. Any reference herein to "child" shall include and refer to all of the children listed, or others to be enrolled in the future.

Parent/Guardian

Student