



Emergency Contact Information

Name		Telephone	
Relation			
Name		Telephone	
Relation			

Siblings

Name	DOB	Gender	Grade	Current School

All new students must provide (if applicable)

	Immunization Record (most current)
	Birth Certificate / Passport
	Records from previous school (principal obtain)
	IEP (Individualized Education Plan (if applicable)
	Record of Medical / Physical (all students)



Consent to Treatment

Only school staff or designated volunteers will have access to this completed form. This form must be filled out at the beginning of each school year. A copy of each student's form must be taken on off-campus activities.

Student Full Legal Name: _____

Address: _____
Street
City, State
Zip

Parent / Guardian Information:

Name	Father	Mother		
Phone	Home		Home	
	Cell		Cell	
	Work		Work	
Email				

Describe allergies to medication/food/substances: _____

Is your child on regular medication? Y / N Please describe: _____

Date of last Tetanus shot: _____

Family Physician / Health Care Provider Contact (in case you cannot be reached)

Family Physician Name	
Phone	
Address	

The above student is _____ / is not _____ covered by health insurance.

Health Insurance Company: _____ Policy Number _____

Hospital Preference: _____ Hospital Phone: _____



Please give the name of the relative or friend who has consented to assume responsibility of your child in case of illness/accident until you can be reached. In the case of any changes of named person, please notify school in writing.

Name	
Phone	
Address	

If emergency service involving medical action or treatment is required and neither the parent/guardian nor the family physician can be reached for consent, the parent/guardian hereby consents to the rendering of such service for the above-named student as shall be necessary in the medical opinion of the doctor rendering service.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered for my child(ren) during the period beginning at the date of the signature below.

Parent / Guardian Signature

Date



Over the Counter Pain Relief Permission

The undersigned hereby gives permission to the staff at OCCA to administer over the counter pain relief to the listed student if needed during the day. Pain relief would be acetaminophen or ibuprofen only. The dose administered would follow the recommended dosage as listed on the package.

Printed Name of Student

Parent / Guardian Signature

Date



Medical Administration

The following section is to be completed by the PARENT/GUARDIAN

Student Name: _____ Grade _____ DOB ____ / ____ / ____

Name of Medication: _____

Reason for taking it: _____

Name of Physician: _____ Physician Phone _____

I request and authorize Otter Creek Christian Academy to administer the identified medication to the above-named student in accordance with the health care provider's prescribed instruction, not to exceed the current school year. I understand that the medication is to be furnished by me in the original container. For self-administration of inhaler or epi-pen, I authorize my child to carry and self-administer medication as specified. I understand that unlicensed staff may be assigned to provide medication to my student. I accept ultimate responsibility for monitoring the effects of this medication. I shall release/hold harmless and indemnify the Otter Creek Christian Academy staff and agents against any and all claims, judgments or liabilities arising out of the school-administered or self-administered medication as described.

Parent / Guardian Signature

Date

The following section is to be completed by PHYSICIAN/HEALTH CARE PROVIDER

Name of medication _____

Diagnosis for which medication is given _____

Mode of administration _____ Dosage _____ Time of day _____

Effective dates _____ (Not exceed the current school year)

List significant side effects: _____

Emergency procedure in case of serious side effect: _____

Other information

- For Inhalers: student is capable of carrying and self-administration Y / N
- For epi pen: Student is capable of carrying and self-administration Y / N

I request and authorize that the above-named student be administered the above identified medication in accordance with the instruction indicated. Medication orders are good for the current school year, unless a shorter period is specified. There exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials. Health Care Provider's

Signature _____ Date _____

Health Care Provider's Printed Name _____

Phone: _____ Fax _____



Sign - off Page

Student Agreement _____
Student Name _____

I have read the Otter Creek Christian Academy Handbook and agree to abide by all the rules contained therein.

Agreement of Parents / Guardians

I have read the Otter Creek Christian Academy Handbook and support, without reservation, the goals and policies contained therein. I hereby pledge to submit all required forms and to advise my child to abide by the rules of conduct stated within.

Please initial each policy:

_____ Otter Creek Christian Academy Handbook

_____ Computer / Internet Use agreement

_____ Media Use Release

_____ Consent to Treatment

_____ Over the Counter Pain Medication

_____ Medication Administration

Authorization for student pick up

Otter Creek Christian Academy will release your child(ren) only to your pre-approved list of people who may be required to provide a picture ID before your child will be released to them. Please list the first and last names of authorized people who may pick up your child(ren).

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Parent / Guardian Signature Parent / Guardian Signature Date



Wisconsin Conference ACCEPTABLE USE POLICY

The schools of the Seventh-day Adventist education system are pleased to offer their students access to a computer network for electronic mail and the Internet. To gain access to E-mail and Internet, the legal parent and student sign and return this form to Otter Creek Christian School.

The internet is a powerful resource for expanding the educational experience of each student. Access to E-mail and the internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with internet users throughout the world. Unfortunately, it is true that some materials accessible via the internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages and, therefore, support the school's choosing to make the internet available to our students. The school provides for the safety of the students by providing **Norton 360** filtering software. But because ultimately, parents and guardians are responsible for seeing and conveying the standards that their children should follow when using media and information sources, we respect each family's right to decide whether or not to apply for access.

School computers are for educational purposes only. Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege – not a right. Access entails responsibility. School staff may review files and communications to maintain system integrity and ensure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- ♥ Be responsible and courteous in all communications
- ♥ Be responsible with all computer hardware and software
- ♥ Keep their passwords to themselves
- ♥ Respect the confidentiality of folders, work and files of others
- ♥ Learn about and observe copyright laws
- ♥ Comply with the Wisconsin Acceptable Use Policy
- ♥ Students will not attempt to access or alter unauthorized areas of a computer system
- ♥ Not reveal any images or information about the school, its students, or our staff without permission

Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

Revised June 2022



Internet Access Agreement

Student

I understand that the internet can connect me to useful information stored on computers around the world.

While I have access to the internet:

- ♥ I will use it only for educational purposes
- ♥ I will not look or participate in anything that is illegal, dangerous, offensive or opposed to the Adventist values of Otter Creek Christian Academy.

If I accidentally come across something that is illegal, dangerous or offensive, I will:

- ♥ Clear any offensive pictures or information from my screen
- ♥ Immediately and quietly inform Mrs. Garrett

I will not reveal any information about the **school, students, or staff** without Mrs. Garrett's permission. This includes home addresses or phone numbers, mine or anyone else's.

I will not use the internet to offend or annoy anyone else.

I understand that if Otter Creek Christian Academy, along with the school board, decides I have broken these rules, appropriate action will be taken. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

Student's Name _____

School: Otter Creek Christian Academy

Student's Signature _____ Date: _____



Internet Access Agreement

Parent or Guardian

I understand that the internet can provide students with valuable learning experiences.

I also understand that it gives access to information on computers around the world; that Otter Creek Christian Academy cannot control what is on those computers; and that a portion of that information can be illegal, dangerous or offensive.

I accept that while teachers will always supervise student internet use carefully, protection against exposure to harmful information must depend finally upon responsible use by the students.

I believe _____ understands this responsibility,

Student's Name

and I hereby give my child permission for to access the internet under the school's rules. I understand that students breaking these rules will be subject to appropriate action by the school. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

Parent or Guardian Name: _____

Parent or Guardian signature: _____ Date: _____