

Enclosed are the following forms needing to be filled out:

- ◆ **Student Information Sheet & Student Pick Up List –
Please make any necessary changes so I can update on my system**
- ◆ **Returning Student Application**
- ◆ **MCA Terms & Conditions**
- ◆ **Student Health Information**
- ◆ **Parental Authorization Consent and Release Form**
- ◆ **\$100 per child to reserve their spot**

You may call me at 254-526-5403 or email me at amartinez@mcawarriors.com to schedule an enrollment appointment. Please bring completed packet to your appointment.

**Thank you
Alicia Martinez
Registrar**



Memorial Christian Academy
Returning Student
Enrollment Agreement

Date _____

#1 Student's Legal Name: _____
Last First MI

Grade: _____ Date of Birth: _____ Gender: Female Male

#2 Student's Legal Name: _____
Last First MI

Grade: _____ Date of Birth: _____ Gender: Female Male

#3 Student's Legal Name: _____
Last First MI

Grade: _____ Date of Birth: _____ Gender: Female Male

#4 Student's Legal Name: _____
Last First MI

Grade: _____ Date of Birth: _____ Gender: Female Male

Student Applicant lives with (Circle all that apply)

Mother Stepmother Father Stepfather Legal Guardian

Other: _____

Student Ethnicity (please circle)

African American Hispanic Anglo Native American Asian
Other Bi-racial

(Why does Memorial Christian Academy (MCA) ask for ethnicity? Because MCA is a tax-exempt organization (501(c) (3), MCA is required to annually report the numbers of each ethnic group to the IRS.)

Family Denomination Preference: _____

Does your family/child attend church regularly? _____

What church do you regularly attend? _____

Memorial Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally afforded to or made available to students at the Academy. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its policies, admission policies, scholarship or loan programs, financial aid, athletics and other school administered programs or with respect to employment of faculty and administrative staff. Memorial Christian Academy reserves the right to discriminate on the basis of religion to the full extent permitted by law.

Parent Initial _____

Authorization for others to attend Parent Teacher Conferences on my behalf: I hereby authorize and request Memorial Christian Academy to include or schedule Parent/Teacher Conferences and/or discuss my child’s academic issues, records, and disciplinary issues with the following individuals:

INITIALS _____

| | | | | |
|---------------|---------|---------------------|-------|--|
| 1. | _____ | | | |
| Last/First/MI | Address | Relation to Student | Phone | |

| | | | | |
|---------------|---------|---------------------|-------|--|
| 2. | _____ | | | |
| Last/First/MI | Address | Relation to Student | Phone | |

**MEMORIAL CHRISTIAN ACADEMY
STUDENT AND PARENT AGREEMENT**

Failure or unwillingness to agree to the following terms will prevent the Academy from enrolling your child. Initials indicate agreement with all policies outlined below.

Required Student information

I agree to provide Memorial Christian Academy with all academic, behavioral, and medical records as well as any additional requested records necessary for enrollment.

Parent Initial _____

Handbook Agreement

I have read the Parent/Student Handbook of Memorial Christian Academy either online at www.mcawarriors.org or print copy. I understand the policies as stated in the handbook and agree to support the philosophy and decisions of Memorial Christian Academy, its administration, and teachers. I agree to abide by the policies as stated in the handbook. I understand that secondary students will be governed by the Honor Code outlined in the Handbook and must agree to abide by the Honor Code as a condition for admission/enrollment/reenrollment. I also understand and agree that student accountability for their conduct as well as off campus behavior is subject to the student handbook.

Parent Initial _____

New Student Probationary Period

I am aware that all new students are on a 30-day probation period for the first semester of enrollment. Any difficulties with academics or conduct may result in disciplinary action resulting in an extension of the probationary period.

Parent Initial _____

Dress Code

I have read and reviewed the dress code policies with my child(ren) and agree to abide by the policies as stated in the parent/student handbook.

Parent Initial _____

Academy Expectations

I agree that my child will be expected to perform work to MCA's academic expectations to include completing homework, projects, and to participate in class discussions and activities.

Parent Initial _____

Student Oath (For Students in grades 6-12)

I, _____ pledge to abstain from: 1) the use of illegal drugs, 2) consumption of alcoholic beverages, 3) use of tobacco products, 4) engaging in premarital sex, 5) viewing pornography, 6) the use of abusive/offensive language, 7) illicit use of the internet while on or off campus while attending Memorial Christian Academy, and 8) using electronic devices in an inappropriate manner.

Student Signature _____

Parent Initial _____

Agreement to Media Release for Advertising and Promotion

I agree to assign to Memorial Christian Academy all rights to publish, exhibit, broadcast, and/or distribute videotape, digital, film, and/or sound recordings of my child(ren) listed below for the sole purpose of advertising and/or promotion of Memorial Christian Academy, and its programs. I hereby waive any right to inspect or approve the finished videotape, film or soundtrack, advertising copy or printed matter that may be used in conjunction with advertising or promotion of the Academy. I have read and fully understand this release. (If you do not agree with this Media Release you must discuss this matter with the administrator before proceeding with enrollment. Failure to agree may affect the decision to enroll your child and/or will limit your child’s ability to participate in activities at Memorial Christian Academy.)

Parent Initial _____

Financial Obligations and Responsibility

By enrolling at MCA, parents understand and agree to enter into a legally binding agreement for the current school year’s tuition and to agree to pay all expenses incurred as a result of their relationship with MCA, regardless if they are billed through FACTS Tuition Management Service or by some other means. These costs may include but are not limited to tuition, fees, lunch accounts, late pick-up fees, other fees, and collection related costs. Accordingly, parents must accept full responsibility for adhering to all of MCA’s financial policies, including payment due dates. I understand that any outstanding financial obligations (overdue tuition, lunch balance, library or book fees, etc.) will prevent re-enrollment and prohibit release of academic or school records until the outstanding obligation has been paid in full.

Parent Initial _____

Enrollment in Extended Care

I/We agree that my child(ren) will arrive no earlier than 7:45am unless enrolled in before care. I/we agree that my child will depart no later than 3:05pm (PreK/Elementary School) or 3:15pm (Middle/High School) unless enrolled in after care or while participating in scheduled after school academic or athletic programs. **Each day for late pick up will incur a \$20 charge/first 10 minutes, \$2 charge/per minute thereafter.**

Parent Initial _____

Financial Responsibility Agreement

The NON-REFUNDABLE enrollment fee is due upon acceptance of a new student or will be due upon submission of the re-enrollment paperwork. For families who wish to **re-enroll** current students, a \$100 deposit will reserve a seat until the remainder of the enrollment fee is paid on or before the last day of school. The enrollment process is not complete until you have paid the remainder of enrollment fees, and completed the online agreement on FACTS website. A link to FACTS can be found on the MCA website at www.mcawarriors.org. The parents (or legal guardians) agree to enter into a legally binding agreement for **full payment** of the **current school year’s tuition**.

Parent Initial _____

I understand it is my responsibility to notify the Academy in writing if any of my or my child’s information changes. I understand that the Academy is not responsible nor liable for any inability to contact those listed on my child’s pick up/emergency list.

Any and all claims or disputes arising from or related to this Agreement, other than a claim for injunctive relief, shall first be submitted to mediation in Bell County, Texas in accordance with the then governing rules of The Institute for Christian Conciliation. If the parties cannot resolve their dispute through mediation, they shall have the issue resolved through arbitration with the then governing rules of The Institute for Christian Conciliation. In the event that the Institute for Christian Conciliation ceases to exist during the course of this Agreement, arbitration under this section shall be conducted according to the rules of the American Arbitration Association. Judgment upon an arbitration award may be entered in the District Court for the County of Bell, Texas. Academy and Employee shall bear their own costs related to any mediation or arbitration proceeding. This Agreement shall be construed and enforced in accordance with Texas law. Venue shall reside in Bell County, Texas.

Parent Signature _____

Parent Signature _____



Memorial Christian Academy

Terms and Conditions

Payment of Tuition:

Families must enroll in FACTS in order to process fees and tuition. The school does not process payments at the office except for past due amounts for which FACTS SIS has attempted one draft in one month.

1. Tuition for the _____ school year shall be paid in full by the due date in accordance with the Tuition Payment Plan. Students are not officially enrolled until payment is made.
2. If a tuition payment is fifteen (15) days overdue, the school may impose any or all of the following sanctions, at the school's sole discretion, unless special payment arrangements have been made at the front office in writing signed by the school principal or administration.
3. Sanctioned actions include:
 - a. Assess late fees
 - b. Withholding Academic Records
 - c. Disallowing student's participation in sports or other school activities
 - d. Withdrawing students from class participation
 - e. Withdrawing student from school
 - f. Use a collection agency
 - g. File a claim in court
4. Any family with an unpaid tuition and/or fees balance for the current school year will not be allowed to register for the **next** school year until the current year's tuition and fees are paid in full. School records, diplomas or transcripts will not be released until all tuition and other charges have been paid in full.
5. If one parent signs the tuition contract when married, both are liable even if court documents specify who will pay; if one parent signs the tuition contract after they are divorced, only that parent is liable; if someone other than a parent signs the tuition contract, neither parent is liable for tuition.

Refunds:

6. Prepaid tuition will only be refunded in full if written notice of cancellation is received by the school **at least 10 days** before the first day of the _____ school year is scheduled to start.

The New Student Fee and Registration Fee are non-refundable.

_____ I Acknowledge

7. Once the **new** school year begins, tuition refunds are made on a quarterly basis. Should a student attend school during any portion of a quarter (one day or more), the full tuition amount for that quarter is owed and no portion of that quarter's tuition will be refunded.
8. If a student is asked to leave or withdraw from school at any time during the school year, the undersigned remains responsible for the student's annual tuition which will be prorated through the end of the month in which the student withdraws.

General Terms and Conditions:

9. Prior to completing the registration process, payment of a **non-refundable registration fee** in the amount of **\$450 per K3 – 4th grade student**, and **\$600 per 5th – 12th grade student needs to be paid**. Additionally, a **\$75.00 new student fee per student** is also required at time of registration. **The New Student fees and Registration fees are non-refundable without exception.**
10. The term and conditions of the school's enrollment attendance policies, and all other policies which may be provided to the student are hereby incorporated into this agreement.
11. It is further understood that the student and student's parents/guardians, will abide by the policies and guidelines as documented in the School Handbook.
12. I/We understand that the school will not reserve a place for my/our student(s) for the _____ School Year until after I/we have returned a completed and signed Tuition Contract, plus the new student and registration fees, and an agreement has been created in FACTS for the installment payments. I/We further understand that my/our student's eligibility for enrollment is conditioned upon his/her successful completion of the current school year **and** upon full payment of all tuition and fees owed for the current and/or prior school years paid on the date set forth.
13. I/We understand that school reserves the right to deny enrollment and/or expel any student whom it determines is unsuitable for enrollment.

Returned Checks

14. If a check is returned twice due to insufficient funds, Memorial Christian Academy will no longer accept personal checks and you will be required to pay either in cash, money order or a cashier's check from a local bank.
15. Please be aware that FACTS will only draft once for a tuition payment. If the payment is returned due to insufficient funds, you will then need to make a payment at the school office via a money order, cashier's check or cash. You will have up to 15 days to make payment or you could face Administrative Withdrawal of your child.
16. A \$30 fee is assessed by FACTS for each payment unresolved due to non-sufficient funds.
17. Memorial Christian Academy reserves the right to accept payment by cash, certified check or money order only.

Lunch Payments

18. MCA requires that a minimum balance of \$25 should be maintained at all times in their child(ren)s lunch account. Your child's lunch account **amount due** must not exceed \$10. If your child(ren)s lunch account **due** exceeds \$10 cafeteria services will be suspended and parents will have to make alternate plans until the balance is paid.

I Acknowledge

New Students Only

19. All New Students are automatically placed on a 90 Day Probationary Status.

Student/Business Records

20. MCA is sole proprietor of all business/financial records to include the following: Tuition & Before/After Care. A copy of the financial contract will be provided at the time of enrollment. MCA reserves the right to release business/financial records at our sole discretion.

I Acknowledge

I/We, the undersigned, have read and understand the Terms and Conditions of this Agreement for the enrollment of students listed on this agreement. I/We agree to abide by said Terms and Conditions and agree to fulfill the total financial obligation for payment. I/We understand that if the tuition account is in arrears, that sanctions listed in the Terms and Conditions may be imposed.

Date

Parent(s)/Legal Guardian(s)

Parent(s)/Legal Guardian(s)

Please Print Name Clearly

Please Print Name Clearly



MEMORIAL CHRISTIAN ACADEMY

Parental Authorization, Consent and Release

For Office Use Only

Memorial Christian Academy (the "School") is organizing or planning certain events or activities generally described as _____ the "Event". I wish for my child to participate in the Event.

**Please print all answers legibly. Do not leave any blanks.
If the answer is none, then write "none" in the space provided.**

Student's Name _____ Age _____ Grade _____

Student's Name _____ Age _____ Grade _____

Student's Name _____ Age _____ Grade _____

Student's Name _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Email Address _____

Parent/Guardian _____

Phone-(H) _____ (W) _____

Emergency Contact _____ Phone _____

In transporting or supervising my child, the School should be aware of the medical condition or special needs of my child as follows:

To be completed by the parents or legal guardians of students under 18 years of age.

I, _____ the parent/legal guardian of _____, a minor ("Child"), hereby acknowledge and agree:
(Parent/Legal Guardian) (Student Name)

1. My Child may participate in the Event.
2. I certify and affirm that I have been completely and thoroughly informed that as a youth attending Memorial Christian Academy, my child will participate in certain activities which carry with them a degree of risk and danger. Examples of risky and dangerous activities, and hazards both foreseeable and unforeseeable include, but are not limited to:
 - outdoor physical activities;
 - sports, both informal and organized;
 - use of recreational equipment;
 - travel
 - activities around water, including swimming, wakeboarding, and boating;
 - hiking;
 - camping;
 - accidents or collisions; and
 - inclement weather.

These risks and hazards may result in serious physical injury, sickness, or death, and damage to, loss, or destruction of property, and no guarantee can be made that Memorial Christian Academy or others can provide assistance if any of the foregoing result.

3. If my Child is injured or needs medical attention while participating in the Event, I give the School, its employees and volunteers, permission to seek medical diagnosis and treatment which in their best judgment they deem to be necessary or appropriate under the circumstances.
4. In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of Texas or any health care professional duly licensed to provide health care services in the State of Texas for medical care and services deemed necessary by Memorial Christian Academy, its agents, servants, and employees.
5. I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.
6. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.
7. I also agree to fully release and hold harmless the School, its pastors, employees, agents, borrowed servants, contractors and other workers, paid or volunteer, or their heirs and assigns, from any and all injuries, claims, liabilities or causes of action which may arise from the transportation or participation of my Child in the Event.
8. I acknowledge and understand that Memorial Christian Academy may offer other activities not listed above that present similar risks or dangers to my child.
9. I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.
10. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.
11. In consideration of my child being allowed to participate in these activities and to use Memorial Christian Academy's equipment, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Memorial Christian Academy from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of the School's equipment, whether owned or offered for use by various School members and/or volunteers.
12. I understand that it is my obligation to inform the management of Memorial Christian Academy of any and all health considerations or medical conditions that would restrict my child's participation in the Event.
13. I acknowledge that I am not aware of any condition or limitation that would dictate not having my child participate in the Event. I will not allow my child to participate in the Event should I become aware of any such condition or limitation and will not allow my child to participate in the Event should s/he have any illness or disease which I reasonably understand to be contagious to others or would put others in jeopardy of contracting such illness or disease.
14. Should the need for medical attention arise, Memorial Christian Academy will attempt to contact you, as soon as practicable under the circumstances.
15. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Memorial Christian Academy on the basis of any claim from which I have released them herein.
16. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
17. I consent to the use of my child's photograph, likeness, image, voice or performance on the School's internet website, CD or DVD labels, video tape or film clips, advertisements or other official School publications at the sole discretion of the School and to be used in whole or in part of any and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world.
18. I have fully informed myself of the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.
19. I agree that any claim or dispute arising from or related to this agreement, other than a claim for injunctive relief as otherwise provided in this Agreement, shall be settled by mediation or arbitration in Bell County, Texas, in accordance with the then governing *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation. In the Event that the Institute for Christian Conciliation ceases to exist during the course of this Agreement, arbitration under this section shall be conducted according to the rules of the American Arbitration Association. Judgment upon an arbitration award may be entered in any other court otherwise having jurisdiction. I agree that each party, myself and Memorial Christian Academy, shall bear our own costs related to any other medical or arbitration proceeding.

Parent and/or Legal Guardian _____ Date _____

(Signature)

(Printed Name)

STATEMENT OF FAITH

- As a ministry of Memorial Baptist Church, we, Memorial Christian Academy, abide by the Statement of Faith and Core Beliefs. Additionally, we adhere to the By-Laws of Memorial Baptist Church.
- We believe in the Bible, the scriptures of the Old and New Testaments, as verbally inspired by God and inerrant in the original writing, and that they are the ONLY Word of God, the supreme and final authority in faith and life. (Psalm 119; 2 Tim. 3:16; 2 Pet. 1:20-21; 2 Pet. 3:15-16; John 8:31-32)
- We believe in one God, eternally existing in three persons; The Father, The Son and the Holy Spirit. (Deut. 6:4; Matt. 4:16-17; Matt. 28:19; John 14:16-17)
- We believe that Jesus was begotten by the Holy Spirit, born of a virgin, and is true God and true man. (Isaiah 7:14; Matt. 1:18-25; Luke 1:26-38; Luke 2:39-40, 51-52; John 20:26-29; Rom. 1:3-6; John 1:1-14)
- We believe that man was created in the image of God; that he sinned, and thereby incurred physical as well as spiritual death, spiritual death being eternal separation from God; and that all beings are born with a sinful nature. (Ge. 1:26-27; Ge. 4; Rom. 5:12-19)
- We believe in the Biblical teaching that man was created by a direct act of God and not from previously existing forms of life; and that all men are descended from the historical Adam and Eve, the first parents of the entire human race. (Gen. 1:26-27; Ge. 4; Rom. 5:12-19)
- We believe that the Lord Jesus Christ died for our sins, according to the scriptures, as a representative and substitution sacrifice; and that all who accept Him as Savior and Lord are justified on the grounds of His shed blood. (Gen. 3:15; John 3:16; Rom. 5:6-11; Heb. 10:19-31)
- We believe in the resurrection of the crucified body of our Lord, in His ascension into Heaven, and in His present life there for us, as High Priest and Advocate. (Matt. 12:39-42; Luke 9:29-31; John 19:17-42; Matt. 28:1-8; Mark 16:1-8; Luke 24:1-12; John 20:11-29; Acts 1:7-11)
- We believe in “the blessed hope”, the personal and imminent return of our Lord and Savior, Jesus Christ, (Zech. 12:10; Matt. 24:30-31; Acts 1:10-11, 1 Thess. 4:13-17; Rev. 22:20)
- We believe that all who receive by faith Jesus Christ as Lord and Savior, are born again of the Holy Spirit, and thereby become children of God, and are eternally secure in Him. (John 3:16; Rom. 5:1-21; John 1:12-13; Eph. 1:7-14; Eph. 2:8-9; Tit. 3:4-7)
- We believe baptism is a command to all who have by faith received Jesus Christ as Savior and is also a visual testimony to that fact. (Matt. 28:18-20; Acts 2:38; Acts 8:36-39; Rom. 6:3-4)

- We believe in the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved, and the everlasting punishment of the lost. (Luke 16:19-31; Dan. 12:2-3; Matt. 25:31-46; 2 Thess. 1:7-10; Rev. 20:11-15)
- We believe God created and sanctioned marriage to bring together men and women, the complementary halves of humanity by joining them in "one-flesh" unions (Gen. 2: 18-25). Marriage between one man and one woman for life uniquely reflects Christ's relationship with His church (Eph. 4:21-33). We believe marriage also serves as the foundation unit of a stable society. (1 Cor. 7:2).
- We believe that the term "marriage" has only one meaning: the unity of one man and one woman in a single, exclusive union, as delineated in Scripture (Gen. 2:18-25). We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. (1 Cor. 6:18; 7:2-5; Heb. 13:4). We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman.

Parent Initial _____ Student Initial (grades 6th – 12th) _____

- We believe that God wonderfully and immutably creates each person as male and female and these distinct, complementary genders together reflect the image and nature of God (Gen. 1:26-27). Rejection of one's biological sex is a rejection of the image of God within that person

Parent Initial _____ Student Initial (grades 6th – 12th) _____

Memorial Christian Academy seeks to build a strong partnership with our families to provide a quality, Christian education. We want our students to develop spiritually, socially, physically, and intellectually. Developing a Christian worldview is an integral part of the education process. There are times when a family's lifestyle conflicts with or is in opposition to our Statement of Faith. *When that is the case, it is not in the best interest of the student nor the school to accept the student or continue the student's enrollment. This scenario includes, but is not limited to sexual orientation, same sex cohabitation or the inability to fully support the moral principles of the school. All decisions regarding such matters are always within the sole discretion of the school.*

I acknowledge that I have read and agree to the Terms and Conditions of the Statement of Faith.

Parent Signature _____ Date _____

Student Signature (grades 6th – 12th) _____ Date _____

STUDENT HEALTH INFORMATION

In order for the school nurse to have the most current health information on your student please complete, sign, and return this form along with a copy of your students' **current health statement and immunization records**. Thank you for your cooperation!
 A current health statement is required for ALL new students, K3, K4 and any student enrolled in Before/After Care.

CHILD'S HEALTH INFORMATION (to be completed by parent/guardian):

| | |
|--------------|---------------------------------------|
| Child's Name | <u>Primary Physician/Phone number</u> |
|--------------|---------------------------------------|

It is the responsibility of the parent/guardian to notify the school nurse of any changes in the student's health status during the school year.

CHRONIC/ONGOING HEALTH CONDITIONS

ASTHMA:

| | | |
|--|-----|----|
| Does your child have Asthma and need an inhaler at school? | Yes | No |
| If YES, you MUST provide: Medication Authorization Form (MD ORDER), Rescue Inhaler All medications brought into clinic MUST have current prescription label attached | | |

SEVERE ALLERGIES:

Does your child have an **EpiPen (or other medication) for life threatening allergy?** Yes No

If YES and MUST provide: MD Order and Emergency Medication. PLEASE NOTE: If your child has any food allergies, it is the parents' responsibility to check the school lunch menu. NO substitutions will be made. Any day on which the school lunch contains an item your child is allergic to you MUST pack a home lunch. Food items can not be left off of a tray.

Parent's Initials _____

If yes, what is your child allergic to? _____
 Describe their allergic reaction. _____

List their emergency medications (required at school)

An MD Order is required for all medications taken at school, including over the counter medications. MCA does not provide ANY over the counter medications to students other than treatments for minor first aid needs: Calamine lotion, Topical Antibiotic Ointment, Hydrocortisone, Normal saline eye wash, Peroxide and Petroleum Jelly. These are the ONLY OTC treatments supplied by the school.

Parents Initials _____

Please check any **chronic** conditions below that a physician has diagnosed your child as having:

| |
|---|
| ADD/ADHD |
| Autism Disorders (including Asberger's) |
| Cardiac (Heart) Condition |
| Cystic Fibrosis |
| Diabetes Type I (must provide care plan) |
| Emotional/Behavioral/Mental Health Disorder |

| |
|--|
| Gastrointestinal Disorder (Crohn's, ulcer, etc.) |
| Hearing Impairment |
| High Blood Pressure |
| Migraine Headaches |
| Renal (Kidney) Disorder |

| |
|---------------------------|
| Renal (Kidney) Disorder |
| Seizure Disorder/Epilepsy |
| Sickle Cell Anemia |
| Visually Impaired |
| Other: |

For the conditions marked above, does your child

| | | | |
|--|-----|----|------------------------------|
| Take prescription medication(s) at home daily? | Yes | No | Name of medication(s): _____ |
| Take medication(s) at school? | Yes | No | Name of medication(s): _____ |

MY CHILD REQUIRES ALL/NONE OF THE ABOVE.

(Parent Signature)

(Date)

Student Name: _____

Date of Birth: _____ Grade Level: _____

In the event of an emergency, please check which hospital your child should be transported to if possible.

___ Darnall Hospital
36000 Darnall Loop
Fort Hood, TX 76544
254-288-8000

___ Advent Health System
2201 S. Clear Creek Rd.
Killeen, TX 76549
254-526-7523

___ Seton Medical Center
850 W. Central Texas Expy
Harker Heights, TX 76548
254-953-8342

___ Scott & White Hospital
2401 South 31st St.
Temple, TX 76504
254-724-2111

___ Other: Name: _____

Address: _____

Phone Number: _____

Parent Signature: _____ Date: _____