





Student Name: \_\_\_\_\_

**Health Profile**

Does your child have:

**Yes No**

History of **anaphylaxis**; *if yes* does your child have an EpiPen®?  Yes  No

History of **asthma**; *if yes* does your child have an inhaler?  Yes  No

**Completed immunizations**, *if no* please complete these before the first day of school and bring an updated copy of their complete shot record to the school.

Allergies to **food/milk\***; describe: \_\_\_\_\_

Allergies to **medication**; describe: \_\_\_\_\_

**Medications** they need to take during the school day; *if yes*, complete the medication chart below.

**Medications** to be distributed to your child during the school day

Name of Medication                      Dosage (example: 1 oz)                      When (example: after lunch)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication must be brought to MMLA's main office by a parent/guardian and properly labeled with the student's full name, medication name, and dosage.

Additional information regarding any of the above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*a note from a medical provider must be provided to offer an alternative meal or milk option*

**Field Trip Permission**

*Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant the School Leader or his or her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization. Permission is granted for the student listed above to participate in out-of-school activities that support the educational program. I understand that parents will be notified in advance of all trips.*

*I hereby release Mid-Michigan Leadership Academy, and all adult leaders and drivers from any liability and from any and all claims against them, individually and collectively, for any injuries which might occur to the above-named child at any time and place during participation in out-of-school activities.*

**Parent/Guardian initials** \_\_\_\_\_

**Student Photo Release**

*The Mid-Michigan Leadership Academy has my permission to use photographs of the above-named student for marketing purposes. Such photographs may appear in newspapers, magazines, school website, social media, brochures, slide shows, or other publicity materials without any compensation or prior approval.*

**Parent/Guardian initials** \_\_\_\_\_

**Student/Parent Handbook Acknowledgement**

*I understand that it is my responsibility to read and understand the Student/Parent Handbook, is available on the Mid-Michigan Leadership Academy website for my review. The handbook contains all the rules and regulations of MMLA, including but not limited to, the Anti-Bullying Policy, the Internet Use Policy and the Student Attendance Policy and Procedures.*

**Parent/Guardian initials** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Student Name:** \_\_\_\_\_

### Data Collection: Ethnicity and Race

The U.S. Department of Education has issued guidelines regarding the collection of data on ethnicity and race for public school students. All states must collect this information and report using designed categories.

Please answer both\* questions.

1. **Ethnicity:** Is your child of Hispanic/Latino origin?  Yes  No
2. **Race:** mark all that apply
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or other Pacific Islander
  - White/Caucasian

\*The federal government requires that both ethnicity and race be identified and provides only the categories listed. If you do not answer both questions, school personnel are required to make selections for you.

### Language

Is your child's native language English?  Yes  No

If no, what is your child's native language? \_\_\_\_\_

Is your child's primary language at home English?  Yes  No

If no, what is your child's primary language at home? \_\_\_\_\_

### Special Needs

Does your child have a current Individualized Education Plan (IEP)?  Yes  No

If yes, please select:  CI  EI  OHI  TBI  SLD  \_\_\_\_\_

If yes, will you be able to provide a copy to MMLA prior to your child's first day of school:  Yes  No

Does your child have a current 504 Plan?  Yes  No

If yes to either having an IEP or 504 please check all services currently in their plan:

- Speech/Language
- Social Work
- Occupational Therapy
- Physical Therapy
- \_\_\_\_\_

### FOR OFFICE USE ONLY

Student Number: \_\_\_\_\_ Student UIC: \_\_\_\_\_

Diagnostics Result (Kindergarten/KG Jr. Only): \_\_\_\_\_