



***2019-2020 Brandon Academy Family Profile***

The information you provide is used to update Brandon Academy's records. Please complete this form and return to school or email to [fulton@brandon-academy.com](mailto:fulton@brandon-academy.com). To update your contact information at any time, please contact the school office at (813) 689-1952.

**PLEASE PRINT**

**A) Family Information**

Family Last Name: \_\_\_\_\_

Children attending Brandon Academy

Name	Grade	Birth Date

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

***\*\*\*Please indicate your preference for the first number to contact.***

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Phone

**Legal Guardian:** Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Other \_\_\_\_\_

**Complete only if student is not living with a parent:**

Name/Names	Address	City	State	Zip
Home Phone	E-mail			
Occupation	Employer			

**Emergency Information:** If parents cannot be reached in an emergency, contact:

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

**B) Dismissal Form**

Please check the appropriate box for dismissal. Check all that apply. Please note that proper identification is required at dismissal.

\_\_\_\_\_ My child will be picked up by a parent.

\_\_\_\_\_ My child will be picked up by authorized person.

\_\_\_\_\_  
Name of Authorized Person

\_\_\_\_\_  
Name of Authorized Person

\_\_\_\_\_ My child will go on a bus to \_\_\_\_\_  
(Name of Location)

\_\_\_\_\_ My child will utilize after school extended care.

\_\_\_\_\_ My child walks or rides a bike home.

**C) Health Information**

- My child is currently taking the following medications (list ALL or write "none")

\_\_\_\_\_  
Child's Name Medication Dosage

\_\_\_\_\_  
Child's Name Medication Dosage

\_\_\_\_\_  
Child's Name Medication Dosage

\_\_\_\_\_  
Child's Name Medication Dosage

**If your child will be taking a prescribed medication at school, including epi pens, an Authorization Form will need to be completed (available in the front office).**

**\*ALL PRESCRIBED MEDICATIONS NEED TO BE SENT IN THE PRESCRIPTION BOTTLE\***

- My child suffers an allergic reaction to the following medications/substances:

\_\_\_\_\_  
Child' Name Substance

\_\_\_\_\_  
Child' Name Substance

\_\_\_\_\_  
Child' Name Substance

- \* Please list all existing medical conditions:

\_\_\_\_\_  
Child's Name Condition

\_\_\_\_\_  
Child's Name Condition

\_\_\_\_\_  
Child's Name Condition

\_\_\_\_\_  
Child's Name Condition

**At school my child(ren) may be given:**

Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen (Advil) \_\_\_\_\_ Benadryl \_\_\_\_\_ Tums \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**D) Consent/Authorization and Release**

1. I hereby give my consent for my child to participate in Brandon Academy athletic activities, school sponsored or sponsored day field trips (including, but not limited to, travel to and from said activities), science lab participation, and in other activities that are part of the expanded Brandon Academy Program. It is my clear understanding that participation in athletic or other activities creates a risk normally associated with such activities and I indemnify and agree not to hold the School or anyone acting on its behalf, responsible for any injury or damage occurring to the above name student, others, or property, in the course of either athletic or other school program activities. (Please note that additional authorization will be required for overnight trips)

\_\_\_\_\_  
(Initial)

2. I hereby give permission to Brandon Academy to use my child's image, whether by video, photograph, or otherwise, name/identity and voice in school publications, the school's web site, chronicles of school activities or events and /or other school publicity.

\_\_\_\_\_  
(Initial)

3. I hereby give permission for Brandon Academy's staff to administer appropriate medical attention including, but not limited to, first aid treatment and other services, and I authorize the School to obtain a physician of its own choice for any emergency medical care that may become necessary for my child in the course of athletic activities, field trips, or a normal school day.

\_\_\_\_\_  
(Initial)

4. I hereby give my consent for my child to watch PG-13 movies as part of class activities (4<sup>th</sup> grade through 8<sup>th</sup> grade only).

\_\_\_\_\_  
(Initial)

5. I have read and discussed Brandon Academy's *Acceptable Use Policy* for the Internet with my child, including the rights, responsibilities and guidelines for Internet use.

\_\_\_\_\_  
(Initial)

6. I have read and agree to support the policies outlined in the Student/Parent Handbook.

\_\_\_\_\_  
(Initial)

**E) Signature**

*By this authorization, I indemnify, release and hold Brandon Academy School harmless from any and all liability in providing care and treatment to my child, and further, I grant my permission regarding use of the above information.*

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date