

***Brandon Academy Family Profile***  
**2020-2021**

**Last Name (Student):** \_\_\_\_\_

**Students attending Brandon Academy: (Please print clearly)**

Name: \_\_\_\_\_ Grade: \_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_ Birth Date: \_\_\_\_\_

**Legal Guardians:**

Name (1st Contact): \_\_\_\_\_ Name: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer \_\_\_\_\_ Employer: \_\_\_\_\_

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

**Authorized To Pick Up:** The following people have permission to pick up my children from school, check all boxes that apply. Identification will be required for release.

Name: \_\_\_\_\_ Car Line: \_\_\_\_ Aftercare: \_\_\_\_ Early Release: \_\_\_\_

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Name: \_\_\_\_\_ Car Line: \_\_\_\_ Aftercare: \_\_\_\_ Early Release: \_\_\_\_

Name: \_\_\_\_\_ Car Line: \_\_\_\_ Aftercare: \_\_\_\_ Early Release: \_\_\_\_

**Not Authorized To Pick Up:** The following people do not have permission to pick up my children from school.

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

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

(on back)

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

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

### **Dismissal**

Check the appropriate box for the primary mode of dismissal. Proper identification is required at dismissal. For special situations regarding pick-up, please contact the office.

\_\_\_\_\_ My child will be picked up in car line.

\_\_\_\_\_ My child will be picked up by bus to go to \_\_\_\_\_.  
(Name of Location)

\_\_\_\_\_ My child will utilize extended aftercare.

\_\_\_\_\_ My child will walk or ride a bike home.

\_\_\_\_\_ My child will drive home.

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Insurance Company \_\_\_\_\_

### **Health Information**

Please list all medical conditions, allergies, and medications for each student.

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

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications and Dosage: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications and Dosage: \_\_\_\_\_

Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications and Dosage: \_\_\_\_\_

**NOTE: ALL PRESCRIBED MEDICATIONS ADMINISTERED AT SCHOOL MUST BE IN THE PRESCRIPTION BOTTLE WITH STUDENTS NAME AND DOSAGE INFORMATION. AN AUTHORIZATION FORM MUST BE FILLED OUT AND RETURNED TO THE FRONT OFFICE BEFORE ANY PRESCRIPTION MEDICATIONS CAN ADMINISTERED, INCLUDING EPI-PENS.**

**Medication at school:** I give my permission to Brandon Academy to give the following medications to my child on an as needed basis during school and aftercare.

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

Notes: \_\_\_\_\_

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

### **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 named 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 website, chronicles of school activities or events an /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 (**4th grade through 12th 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)

**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