

Admission Form – Continued

Special Care Needs

Acorn Academy of DFW

Allergy: Circle any Applicable Milk Peanut Tree-nuts Wheat Bee Sting Other(describe)	
Describe Reaction	Allergy Treatment (EPI Pen, Benadryl, etc.)*parent provided and signed into office
Other Non-Allergy Diet Restrictions	
Existing Illness	Previous Serious Illness/ Injuries
Hospitalization During the Past 12 Months	
Medications Prescribed for Continuous, Long-term Use (Must complete medication authorization form and submit)	
Other Special Care Needs	

Child's Physician

Name of Physician		Name of Clinic or Hospital (if applicable)	
Address			
City	State	Zip	Phone

Insurance Information

Insurance Name		Name of Policy Holder or Member Name	
Group#	Policy#	Insurance Phone	

Emergency Medical Authorization

(Please provide additional information that would be useful for us to know so that your child may have a positive experience at our school, such as napping habits, favorite toys, favorite food, etc.)

I, _____ parents/guardian of _____, date of birth being _____, do hereby give permission to Acorn Academy of DFW to secure and authorize such emergency medical care and/ or treatment as above named child might require while under the supervision of this academy, I further authorize this academy to administer emergency care/treatment as required including transport of my child to an emergency care facility, until medical assistance is available. I also agree to pay all costs and fees for any emergency care and/ or treatment. _____(initial)

Photo & Media Consent

I _____ parent/guardian of _____, hereby consent to the collection and use of my personal images and those of my child by photography or video recording. I acknowledge these may be used on the Acorn Academy's website, in marketing and promotional items and publications. I understand that my name and my child's name along with pictures or videos, may not be used in publications unless express consent is given. I also understand that my consent can be withdrawn at any time by written notice. I give this consent voluntarily. _____(initial)

Signatures

By signing my name below, I certify that the information provided in this form is correct to the best of my knowledge. I acknowledge the receipt of the Acorn Academy of DFW's parent handbook. I understand that I must follow all aspects of the Acorn Academy parent handbook and that if I have questions, it is my responsibility to seek answers from the Director. I also acknowledge that I have access to a digital copy of Acorn Academy of DFW's Operational Procedures Handbook online and that the school, students, staff, faculty, and volunteers adhere to its policies without exception.

Parent/Guardian signature	date	Parent/Guardian Signature	date
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Office Use Only	<input type="checkbox"/> All Form Fields Complete	<input type="checkbox"/> Immunization Form Received
	<input type="checkbox"/> Enrollemtn Agreement Complete	<input type="checkbox"/> Medical Administration Form Received

Review/ Signature _____ Date _____

