

# PARKLAND PREPARATORY ACADEMY

## ***BARTLETT***

2220 Southwind Blvd.  
Bartlett, IL 60103  
Phone (630) 823-8323  
Fax (630) 426-3407

## ***OAK LAWN***

8901 S. 52<sup>nd</sup> Ave.  
Oak Lawn, IL 60453  
Phone (708) 857-8100  
Fax (708) 857-8101

## ***PLAINFIELD***

27040 W. 127<sup>th</sup> St.  
Plainfield, IL 60585  
Phone (630) 636-9732  
Fax (630) 636-9572

## ***LAKE IN THE HILLS***

40 W. Acorn Ln.  
Lake in the Hills, IL 60156  
Phone (630) 426-3390  
Fax (630) 426-3388

# Middle / High School Student Information Packet



APPROVED AND ACCREDITED BY  
THE ILLINOIS STATE BOARD OF EDUCATION

# PARKLAND PREPARATORY ACADEMY

## PERSONAL INFORMATION SHEET

Please Fill Out Each Section Completely

### STUDENT INFORMATION

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Guardian? **YES NO**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Guardian? **YES NO**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### PRIMARY CARE PHYSICIAN INFORMATION

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

CURRENT MEDICATIONS (EVEN IF TAKEN AT HOME):

Name	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Allergy Reaction: \_\_\_\_\_ EPI Pen required? **YES NO**

# PARKLAND PREPARATORY ACADEMY

## HEALTH HISTORY

Please Fill Out This Section Completely

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PSYCHIATRIST: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

OUTPATIENT THERAPIST: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATE OF MOST RECENT PHYSICAL: \_\_\_\_\_ GENERAL HEALTH: Good \_\_\_\_\_ Poor \_\_\_\_\_

MISSED DAYS OF SCHOOL IN PAST YEAR \_\_\_\_\_

**APPETITE:** Good \_\_\_\_\_ Poor \_\_\_\_\_ **DIET:** Well-balanced \_\_\_\_\_ Other: \_\_\_\_\_

**SLEEP HABITS:** Average number of hours sleeps per day: \_\_\_\_\_ Does your child experience: (please check)

Talking or Walking during sleep? \_\_\_\_\_ Nightmares? \_\_\_\_\_ Snoring or Teeth Grinding? \_\_\_\_\_ Difficulty awakening? \_\_\_\_\_

Any other concerns with sleep habits: \_\_\_\_\_

Does your child have Sensory issues? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Does your child have Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, does your child require an inhaler in school? Yes \_\_\_\_\_ No \_\_\_\_\_

### **SERIOUS ILLNESS / INJURIES / HOSPITALIZATIONS (WITHIN LAST 5 YEARS)**

Hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, reason \_\_\_\_\_

Visited Emergency Room? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, reason \_\_\_\_\_

Experienced seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Experienced any Loss of consciousness? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Does your child have any chronic illnesses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

**VISION:** LAST EXAM DATE: \_\_\_\_\_ GLASSES OR CONTACTS? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, reason \_\_\_\_\_

**HEARING:** LAST EXAM DATE: \_\_\_\_\_ IMPAIRMENTS OR CONCERNS? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

### **ADDITIONAL PERTINENT HEALTH INFORMATION:**

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

\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

# PARKLAND PREPARATORY ACADEMY

## CONSENT FOR EMERGENCY MEDICAL TREATMENT

Please Fill Out This Section Completely

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

I, \_\_\_\_\_ give my consent to Parkland Preparatory Academy  
(PARENT / LEGAL GUARDIAN)

staff to authorize, on my behalf, any necessary evaluation and emergency medical treatment for  
my child \_\_\_\_\_, should such evaluation or treatment be  
(STUDENT)  
deemed necessary.

I understand that Parkland Preparatory Academy will neither be held liable for medical outcomes nor  
financially responsible for the costs of any evaluation or treatment.

THIS CONSENT IS MANDATORY FOR ENROLLMENT AT PARKLAND  
PREPARATORY ACADEMY.

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE

# PARKLAND PREPARATORY ACADEMY

## RELEASE OF INFORMATION HEALTHCARE / MENTAL HEALTH / PSYCHIATRIC PROVIDERS

Please Fill Out This Section Completely

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

I, \_\_\_\_\_, authorize the following party(s) to exchange  
(PARENT / LEGAL GUARDIAN)

information regarding the treatment of \_\_\_\_\_  
(STUDENT)

with Parkland Preparatory Academy staff. Please specify the nature of treatment (e.g. healthcare, management of psychiatric medication, family psychotherapy, case management, etc.).

Provider Name: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Treatment: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Treatment: \_\_\_\_\_

**THIS CONSENT IS MANDATORY FOR ENROLLMENT AT PARKLAND  
PREPARATORY ACADEMY ONLY IF STUDENT HAS CONTACT WITH ANY  
HEALTHCARE / MENTAL HEALTH / PSYCHIATRIC PROVIDERS.**

\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

# PARKLAND PREPARATORY ACADEMY

## AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

School Year: \_\_\_\_\_ (*Prescriber's orders are valid for a period of 365 day or for one (1) year.*)

Administration of school medications and health care services are in accordance to the Medication Administration Policy disseminated annually by Parkland Preparatory Academy and with the requirements set forth by the State of Illinois guidelines:

- *Physician/Prescriber signed dated authorization to administer the medication.*
- *Parent signed dated authorization to administer the medication.*
- *The medication is in the original labeled container as dispensed or the manufacturer' labeled container.*
- *The medication label contains the student name, name of the medication, directions for use and date.*
- *Annual renewal of authorization and immediate notification, in writing, of changes.*

### PHYSICIAN AUTHORIZATION

MEDICATION / HEALTH CARE TREATMENT	DOSAGE	ROUTE / INSTRUCTIONS	TIME OF ADMINISTRATION

Intended effect of this medication and/or expected side effects (if any): \_\_\_\_\_

Other medications student is taking (if any): \_\_\_\_\_

May student self-administer medication under supervision of Health Service personnel or designate?  
(A student self-administration form must be completed if yes) **(Please circle) YES / NO**

Discontinue / Re-Evaluate / Follow-up Date: \_\_\_\_\_

PHYSICIAN NAME	ADDRESS	PHONE

PHYSICIAN SIGNATURE	DATE

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\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

# PARKLAND PREPARATORY ACADEMY

## AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

### **PARENT AUTHORIZATION**

I authorize Parkland Preparatory Academy and its employees, on my behalf and stead, to administer or attempt to administer (or to allow my child to self-administer) this lawfully prescribed medication and any prescribed changes. I understand my prescribers order will be maintained for one year before it expires and a new order must be issued.

I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a School Nurse or Registered Nurse, i.e., school administrator, and have been informed of which staff member, other than RN or administrator, is permitted to administer my child's medication. I further acknowledge and agree that when the lawfully prescribed medication is so administered, or is attempted to be administered, I waive any claims I might have against Parkland Preparatory Academy, its employees, and agents arising out of the administration of said medication.

In addition, I agree to release, hold harmless, and indemnify Parkland Preparatory Academy and its employees from any and all claims, damages, and causes of action or injury incurred or resulting from the administration or attempts at administration of said medication. I allow the School Nurse or Registered Nurse to discuss this medication and its effects on my child with the Prescribing Physician, Advanced Practice Registered Nurse, Physician Assistant, or their representative.

STUDENT NAME	BIRTHDATE
PARENT / GUARDIAN SIGNATURE	DATE
CELL PHONE	WORK PHONE

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

# PARKLAND PREPARATORY ACADEMY

## RELEASE OF INFORMATION LAW ENFORCEMENT / LEGAL OFFICIALS

Please Fill Out This Section Completely

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

I, \_\_\_\_\_, authorize the following party to exchange  
(PARENT / LEGAL GUARDIAN)

information regarding the legal status of \_\_\_\_\_ with Parkland Preparatory  
(STUDENT)

Academy staff. Please specify the nature of law enforcement of legal official involved (e.g. Probation Officer, Public Defender, Guardian ad Litem, etc.)

Provider Name: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Legal Involvement: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Legal Involvement: \_\_\_\_\_

**THIS CONSENT IS MANDATORY FOR ENROLLMENT AT PARKLAND  
PREPARATORY ACADEMY ONLY IF STUDENT HAS CONTACT WITH LAW  
ENFORCEMENT OR OTHER LEGAL OFFICIALS.**

\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE**

\_\_\_\_\_  
**DATE**



# PARKLAND PREPARATORY ACADEMY

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## PHYSICAL MANAGEMENT POLICY

Please Fill Out This Section Completely

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Physical Management may be used with students who are a danger to themselves or others. It is the policy of Parkland Preparatory Academy that physical management is used as a last resort and only in the following situations:

1. The student is a danger to himself or herself.
2. The student is a danger to others (staff, students, etc.)

When a student engages in behaviors listed above, he / she may require physical management. If a student is unable to gain control of his or her behavior through verbal de-escalation and/or physical management, a parent/legal guardian or local authorities may be called to intervene and maintain the safety of the student and others.

This policy is applicable to all students who attend Parkland Preparatory Academy. All staff at Parkland Preparatory Academy are certified and trained in Non-violent Crisis Prevention.

By enrolling my student and allowing my student to attend Parkland Preparatory Academy, I acknowledge there is a physical management policy in place, and if my student should ever require physical management, I will be contacted with written notification through email within 24 hours of the incident, unless otherwise stated below:

List Parent/Guardian Email Below:

My student's required written report will be emailed to:

\_\_\_\_\_

\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

# PARKLAND PREPARATORY ACADEMY

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## FIELD TRIP / OUT OF SCHOOL ACTIVITIES AUTHORIZATION

Please Fill Out This Section Completely

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

I, \_\_\_\_\_, authorize my child,  
(PARENT / LEGAL GUARDIAN)

\_\_\_\_\_, to participate in supervised  
(STUDENT)

activities, outings and field trips at Parkland Preparatory Academy. Parkland Preparatory Academy accepts no responsibility of the inherent risks on field trips / outings or activity. Parkland Preparatory Academy staff will provide supervision and transportation in a school vehicle. When in walking distance, both students and staff will walk to destination.

On outings and field trips, students are taken into the community to participate in educational, recreational and sports activities.

All students must meet set criteria in order to attend a field trip, outing or activity. Students who “act out” or engage in inappropriate behavior(s) while on field trip / outing or activity, may be returned to the school by staff and possibly suspended from future field trips / outings and activities.

**THIS CONSENT IS OPTIONAL FOR ENROLLMENT AT PARKLAND PREPARATORY ACADEMY. IF THIS CONSENT IS NOT COMPLETED, YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE IN FIELD TRIPS / OUTINGS OR ACTIVITIES.**

\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

# PARKLAND PREPARATORY ACADEMY

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

By initialing the boxes, I acknowledge that I am aware of and agree to the Parkland Preparatory Academy policies and procedures listed below:

**SEARCH AUTHORIZATION:** Parkland Preparatory Academy staff may perform searches, which include the use of a metal detector, on a daily basis to ensure that hazardous and contraband materials are not brought into the learning environment. **Opened beverage containers are not permitted.** Parkland Preparatory Academy staff may involve local authorities if it is deemed necessary. Searches may include, but are not limited to, breakfast/lunch items, backpacks, purses, jackets/coats, clothing, pockets, shoes, etc.

**STUDENT PICK-UP:** Parkland Preparatory Academy must be notified in advance, and authorization must be given, for any person other than parent or legal guardian, to pick up the student in the event that a student would need to leave the school prior to, or at the designated dismissal time, other than with their provided transportation service. The following individual is authorized to pick up my student:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**UNAUTHORIZED DEPARTURE:** Should my student attempt to leave Parkland Preparatory Academy, staff will attempt to engage verbally and prevent him or her from leaving the building. If the student decides to leave the school despite the verbal intervention of staff, staff will follow student and attempt to maintain visual contact. If student refuses to return, or leaves school property and staff are unable to maintain visual contact, school administration will notify the student's parent or legal guardian, the police, and the student's probation officer (if applicable).

**DAMAGE TO PROPERTY:** Any costs to repair or replace damage to property of Parkland Preparatory Academy or its staff will be billed to the student's parent or legal guardian. Parkland Preparatory Academy strongly encourages parents to allocate moral financial responsibility for damage to property to the students if at all possible. While arrangements for the payment of damages should be a family decision, parents and legal guardians are ultimately financially responsible for any and all damages.

**PET THERAPY:** My student may participate in a pet therapy program at Parkland Preparatory Academy. I understand that Parkland Preparatory Academy is not liable for any injury or allergic reaction incurred during any interactions with pet.

**ELECTRONIC DEVICES:** My student must relinquish all electronic devices to school staff upon entering the school building. Such devices are labeled and stored in a locked cabinet and are returned to the student at the end of the school day. In the event that a student is found using such electronic devices or if an electronic device is seen or heard during school hours, the electronic device will be confiscated and turned over to school administration. Parkland Preparatory Academy reserves the right to retain the electronic device until the parent/guardian is able to pick-up. Electronic devices, including but not limited to, cell phones, iPods, mp3 players, portable CD/DVD players, and both hand-held and console video games. **PARKLAND PREPARATORY ACADEMY IS NOT RESPONSIBLE FOR THE LOSS, THEFT OR DAMAGE OF ANY ELECTRONIC DEVICES**

# PARKLAND PREPARATORY ACADEMY

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

By initialing the boxes, I acknowledge that I am aware of and agree to the Parkland Preparatory Academy policies and procedures listed below:

**AUDIO / PHOTO / VIDEO:** My student may appear in photographs, on audio or videotape that may be used in the following: Parkland Preparatory Academy activities that which may be illustrated in photographic displays, student publications, or classroom or school projects, postings on the school Web pages, and/or Facebook on the Internet, printed publication including but not limited to a newspaper or yearbook, printed publication including but not limited to Newsletters to School Districts and Parents. Your student's name **WILL NOT** be included with his or her photo when published on the Web.

**COMPUTER & INTERNET USE:** Under the direction of Parkland Preparatory staff, my student may utilize computers/internet for educational purposes. My student will not deliberately or willfully cause damage to computer equipment, the computer system, or software or access inappropriate materials or show others how to do the same. My student will respect the right of others to the privacy of the files they store on a computer or flash drive and not view those files without the owner's permission, or damage such files, uphold copyright laws, follow any other regulations posted in the computer lab or other rooms where computers are in use, and follow the directions of staff in the computer lab or other rooms where computers are in use.

**PHYSICAL ACTIVITIES AND EXTRAMURAL SPORTS:** My student may participate in supervised activities, outings and field trips at Parkland Preparatory Academy. Parkland Preparatory Academy accepts no responsibility of the inherent risks on field trips / outings or activity. Parkland Preparatory Academy Staff will provide supervision and transportation in a school vehicle. When in walking distance, both students and staff will walk to destination. On field trips / outings and activities, students are taken into the community to participate in educational, recreational and / or sports. All students must meet set criteria in order to attend a field trip, outing or activity. Students who "act out" or engage in inappropriate behavior(s) while on field trip / outing or activity, may be returned to the school by staff and possibly suspended from future field trips / outings and activities.

I acknowledge that I have received and read the full content of the Parkland Preparatory Academy Parent and Student Handbook (Pages 1-10). I fully accept the policies of Parkland Preparatory Academy's program.

\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE**

\_\_\_\_\_  
**DATE**