

PARKLAND PREPARATORY ACADEMY

STREAMWOOD

900 S. Park Blvd.
Streamwood, IL 60107
Phone (630) 823-8323
Fax (630) 426-3407

OAK LAWN

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

PLAINFIELD

27040 W. 127th 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

Elementary 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

MEDICATION POLICY

Please Fill Out This Section Completely

NAME: _____ BIRTHDATE: _____

As a normal and regular practice, medication should be administered at home whenever possible, but we understand that in many cases, dosages may fall into the hours when your child is at school. In these situations, the following rules must be followed:

1. The Medication Authorization form must be completed by both the parent/legal guardian and the attending physician. These forms are issued at the beginning of the school year and/or available in the school office at any time. These forms can also be faxed to the physician's office any time through the school year if changes or made in medication.
2. Parents/legal guardians are responsible for providing Parkland Preparatory Academy medication in a pharmacy bottle labeled with your child's name, medication dosage and time to be given.
3. Documentation of side effects for any prescription medication administered at school will be kept in the student's file under the "medical" tab.
4. Upon receiving the medication at Parkland Preparatory Academy, the medication monitor will count all pills in view of another adult to determine the number of pills received. The medication monitor will note receipt of all medication and number of pills received.
5. Over-the-counter medication (non-prescription) will not be given without a physician's order, as well as parental/legal guardian permission.
6. Medication will be secured in a locked cabinet. Administrative Staff or designee will administer medication logging date, time, and staff initials.
7. It is the parent/legal guardian who is responsible for notifying the school medication monitor and having the physician complete a new form when changes are made.
8. In the instance when a dose of medication is spilled, dropped and destroyed prior to administration, a new dose will be administered. Parents/legal guardians will be notified in writing on the day of the occurrence that one dose of medication was destroyed and unusable.
9. Unused medication shall either be picked up by the parent/legal guardian or, after a two week period, destroyed. Staff will destroy the medication in view of a witness and log date, time and staff involved in the destruction.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE

DATE

PARKLAND PREPARATORY ACADEMY

MEDICATION AUTHORIZATION

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STUDENT NAME	DATE OF BIRTH

PARENT / GUARDIAN AUTHORIZATION

I understand and agree to the following:

- All prescription and non-prescription medication will have a physician's signed order fully completed.
- Prescription medication must be provided in a pharmacy container labeled with the following information:

Student Name Medication Name Dosage, route and time of administration
Physician Name Date of prescription and expiration Conditions for proper storage

- Non-prescription medication will be in the original sealed container.
- All medication will be brought to school by parent/guardian.
- School will be notified of any changes to dosage, time or procedures by completing a new request form.
- Unused medication not collected by parent/guardian at the end of the school year will be discarded.

I authorize Parkland Preparatory Academy personnel to administer/supervise medication as prescribed below.

PARENT / GUARDIAN SIGNATURE	DATE

PHYSICIAN ORDER

MEDICATION	DOSAGE	ROUTE	TIME

PHYSICIAN NAME	ADDRESS	PHONE

PHYSICIAN SIGNATURE	DATE

PARKLAND PREPARATORY ACADEMY

PHYSICAL MANAGEMENT POLICY

Please Fill Out This Section Completely

NAME: _____ BIRTHDATE: _____

Physical Management may be used with students who are behaving in an unsafe manner. 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 counseling 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, and allowing my student with 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:

Please check one of the following:

- () Please email me directly at _____
- () I have read the information above and wish NOT to receive email notification in the event my student ever requires physical management.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE

DATE

PARKLAND PREPARATORY ACADEMY

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. I understand that information and fully accept the responsibility to follow the guidelines of the program.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

PARKLAND PREPARATORY ADMINISTRATOR SIGNATURE

DATE