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20997 Dawn Hill East Road
Gentry AR 72734

Dear Parents/Guardians:

The safety of all students is our top priority at Ozark Adventist Academy. A component of this goal includes your child's health history and physical exam. As you know, health has the potential to change from year to year therefore it is essential that our forms are current and updated each year.

Annual Physicals

In order to ensure your child's safety, all students must receive an annual physical in order to participate in any and all school sponsored physical activity programs, including intramurals or off campus programs. Physicals can be performed at a host of sites in your local community.

Many students desire to participate in school-sponsored programs such as gymnastics and other programs that have inherent risks. Please review the attached participation release form that is required for participation in any such sport or program (see attachment).

Annual Flu Vaccines

I would also like to encourage that you prepare in advance to have your child receive the flu vaccine as soon as it is available in your area. Typically this opportunity will be made available in the fall during a break. If you desire your child to receive the flu vaccine this fall here locally please submit the enclosed form at registration requesting that your child receive the flu and Swine flu vaccines, when available. These vaccines help prevent or reduce the severity of influenza, which will be of advantage to your child and the school. (see attachment).

Vaccinations

Every dorm student is required to receive the Menactra Vaccine. This vaccine is recommended by the Center for Disease Control (CDC) for dormitory students for the prevention of the deadly disease called Meningococcal Meningitis. This is a preventable disease and is indicated in this age population. Often times it is believed to be reserved for college years due to dorm living. However, in our school dorm living exists, as well therefore prevention is key. Once again you may contact the Public Health Department or your Physician for this vaccine. It is available all year long. Please provide a copy of this vaccine once received.

www.ozarkacademy.org

Where students come to discover a love for God, respect for self and skills for fulfilled Christian living.

If you chose not to be vaccinated you must file for vaccination exceptions from the Arkansas Board of Health immediately. This information is accessible on the Arkansas Board of Health website. Exceptions must be filed, approved and submitted before registration in the fall. Please familiarize yourself with the policies and procedures for disease preventable vaccine exemptions as in the event such an outbreak occurs these policies are implemented and mandatory.

Enclosed, for returning students, is a breakdown of your student's vaccinations that are up to date or deficiencies that need to be updated before registration in the fall.
(see attachment).

Prescription and Non-Prescription Medications

The dormitories are equipped with essential non-prescription, over-the-counter medications for minor ailments and injuries. All medications are maintained in the dean's office and are not allowed in the student's rooms, this includes prescription and non-prescription. We, understand that each student may use some medications more frequently than others, with that said a dean is available at all times to administer medication in accordance with our policies and in consideration of your child's needs. The dorm is appreciative of any non-prescription medication donations you would like to contribute to our general supply.

Unexpected Medical Expenses

Unexpected medical needs arise that require hospital or clinic visits. In an effort to make this process more efficient we request that you please provide your child with funds to cover such expenses. These funds can be held in the office and listed as medical expenses. We will notify you of your child's medical needs before and after arranging care. We do ask that all non-emergent healthcare needs and medical appointments be addressed during school home leaves.

Changes in Physical or Emotional Health

Our ongoing partnership with you is essential in order to provide your child with a safe and healthy environment. Therefore we ask that if your child's healthcare or medication needs change that you please contact me. This confidential information is necessary and appreciated. In addition, if any concerns arise regarding your child's physical or emotional health, please do not hesitate to contact me.

We appreciate your assistance and cooperation as it allows for the continual safety and well being of your child. It is a pleasure partnering with you. If you have any questions please do not hesitate to contact me at 574-274-2322.

God's Blessings,

Gina Webb, MSN, ARNP
Pediatric Nurse Practitioner

OZARK ADVENTIST ACADEMY
Consent to Treat

Student's Name _____ Age _____ DOB _____

Address _____

Social Security Number _____ Grade _____

Parental Guardian Information

1. Father/Guardian Name _____ DOB _____

Social Security Number _____ Home Phone _____

Cell Phone _____ Work Phone _____

2. Mother/Guardian Name _____ DOB _____

Social Security Number _____ Home Phone _____

Cell Phone _____ Work Phone _____

Medical Consent

Please give the name of a person who has consented to assume responsibility of your son or daughter in case of illness/accident, until you can be reached. If the named person listed below changes, notify the school in writing.

Name _____ Phone Number _____

Address _____

If emergency service involving medical action or treatment is required and neither the parent/guardian can be reached for consent, the parents/guardian hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent/Guardian _____

Date _____

*Only designated school staff, will have access to this completed form. This form is stored in a locked file and is taken on all off-campus activities.

Ozark Adventist Academy
Medical History

Student's Name _____

Allergies (Drug/Substance) _____
Please indicate reaction that occurs _____

Routine Prescription & Non-Prescription Medications None

Medication & Dose	Used for what Purposed

*All medications will be secured in the Dean's office. Administration logs are maintained on a yearly basis. Students are not allowed to distribute medications to any other student. We encourage, students to actively participate in remembering to take their daily prescriptive medications.

We hereby give the school nurse/nurse practitioner, respective dean or person of administration to give non-prescription & prescriptive medications as ordered or deemed necessary with the exception of: _____

Significant Medical/Surgical History: None

Explain if medical/surgical history may affect school experience:

Indicate if student has any of the following problems:

Hearing Vision Speech Scoliosis Heart Problems

Describe _____

Date of Last Tetanus _____ Date of last TB test _____

Check following areas to ensure all forms completed

Immunizations Record is attached Annual Physical Attached

Copy of student's health insurance card (front/back) attached

NO Medical Insurance - Private Pay

Signature of Parent/Guardian _____ Date _____

*Only designated school staff will have access to this completed form. This form is stored in a locked file and is taken on all off-campus activities.

PHYSICIAN'S EXAMINATION*

Part III

Student's Name _____

Are Immunizations Current? Yes or No _____ (Please see chart on reverse.)

Height _____

Weight _____

Blood Pressure _____

	Normal	Abnormal	Not Examined	
Skin				_____
Eyes, vision, glasses				_____
Ears, hearing				_____
Nose and throat				_____
Mouth, teeth, speech				_____
Glands				_____
Chest, lungs				_____
Cardiovascular, heart				_____
Abdomen, enlargement				_____
tenderness				_____
hernia				_____
Spine, back				_____
Scoliosis				_____
Posture				_____
Extremities				_____
Genitourinary				_____
Nervous System, reflexes				_____

Nutritional Status and general appearance of the child _____

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling.

Yes No

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted.

Physician's Signature _____ Date _____

Address _____

*To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.

ARKANSAS KINDERGARTEN THROUGH GRADE TWELVE

VACCINE	MINIMUM NUMBER OF DOSES REQUIRED	ADDITIONAL REQUIREMENTS
Polio OPV – Oral IPV – Inactivated	3	At least one dose of polio vaccine must have been administered on or after the child's 4 th birthday. These 3 doses are required for all students, Kindergarten through 12 th grade and Transfer.
DTaP – Diphtheria/Tetanus/Acellular Pertussis DTP – Diphtheria/Tetanus/Pertussis DT – Pediatric TD – Adult	3 or 4	At least one dose of DTaP, DTP, DT, or TD must have been administered on or after the child's 4 th birthday. 3 doses are required for all students, 1 st through 12 th grade and Transfer. Kindergarten students must receive 4 doses.
Measles (M,M/R, M/M/R)	2	The first dose must have been administered on or after the child's 1 st birthday. One dose is required for all students, Kindergarten through 12 th grade and Transfer. The second dose must have been administered at least 28 days after the first dose. The second dose is required for all students Kindergarten through 12 th grade and Transfer.
Rubella (R, M/R, M/M/R)	1	This dose must have been administered on or after the child's 1 st birthday. This dose is required for all students Kindergarten through 12 th grade and Transfer.
Mumps	1	The dose must have been administered on or after the child's 1 st birthday. This dose is required for all students, Kindergarten through 12 th grade and Transfer.
Hepatitis B	3	These 3 doses are required for all Kindergarten, 7 th grade and transfer students. **7 th graders and transfer students 11 – 15 years of age may use an alternative two-dose schedule.
Varicella (chickenpox)	1 or 2	One dose is required for all Kindergarten students. The dose must have been administered on or after the child's 1 st birthday. One or two doses are required for all 7 th grade students depending on their age. Students less than 13 years of age must receive one dose of vaccine. Students 13 years of age and older must receive 2 doses of vaccine, separated by at least 28 days. A parent/guardian or physician history of disease may be accepted in lieu of vaccine.

* Doses of vaccine required for school entry may be less than the number of doses required for complete medical immunization. The Arkansas Department of Health recommends that a child receive by school age, 5 doses of DTaP, 4 doses of Oral or Inactivated Polio, 3 or 4 doses of Hib, 3 doses of Hepatitis B, 2 doses of Measles/Mumps/Rubella, and 1 dose of Varicella vaccine. This is based on an immunization schedule that ideally should begin within a few hours of birth.

** An alternative two-dose hepatitis B schedule for 11 – 15 year old children may be substituted for the three dose schedule. Only FDA-approved alternative regimen vaccine for the two-dose series may be used to meet this requirement. If you are unsure if a particular child's two-dose schedule is acceptable, please contact the Communicable Disease/Immunization Work Unit for assistance at 501-661-2169.

If the child does not meet the immunization requirements for entering school, the school is requested to refer the child to a medical authority (private doctor, health department) for immunization or consultation for when the immunization is due.

Ozark Adventist Academy
Request and Consent for Seasonal Influenza Vaccinations

I, _____, parent/legal guardian, of
_____, request that when available,
that my child receive the following:

_____Annual Flu Vaccine

_____Swine Flu Vaccine

I understand all the risks and benefits associated with this vaccination and accept full responsibility for my request. I surrender responsibility to the school nurse/nurse practitioner to make such a decision as to when and where my child is to receive such vaccine, taking into consideration the medical information I have provided on behalf of my child's past and current health history.

Parent/Legal Guardian Signature

Date

Ozark Adventist Academy Athletic Waiver

In consideration of being allowed to participate in the gymnastic and/or athletic programs at Ozark Adventist Academy and it's program related events and activities, I, _____ (parent/legal guardian), grant permission for _____ to participate with knowledge, appreciation and agreement of the following:

The safety and well being of your child is of the utmost importance. Fundamental gymnastic safety instructions will be provided before allowing any student to participate in any gym maneuvers however; the risk of injury from activity in gymnastics is significant, including potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk of serious injury does exist and, I knowingly and freely assure all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for _____ participation; and I willingly agree to comply with the stated and customary terms and conditions for my child's participation. If however, I observe any unusual significant hazard during my child's presence or participation, I will remove him/her from participation and bring such to the attention of the coach(s) immediately; and

I, hereby release and hold harmless Ozark Adventist Academy and it's affiliates, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advisers and if applicable, owners and lessors of premises used to conduct the event ("Release") with respect to any and all injury, disability, death, or loss or damage to person or property. Whether arising from the negligence of the releases or otherwise assuming that all reasonable safety measures have been employed for all participants.

This is to certify that I, as the parent/guardian with legal responsibility for this participant, to consent and agree to his/her release as provided above all the Releases, and for myself, the heirs, assign and next of kin, release and agree to indemnify the Release from any and all liabilities incident to any minor child's involvement or participation in these programs as provided above, EVEN if arising from negligence, of the RELEASES, to the fullest extent permitted by law.

X _____
Parent/Legal Guardian Signature/Date

Emergency Phone Number

X _____
Student Signature/Date

Medical Insurance ___Yes ___No