



Yearly Field Trip Permission Form August 2018 – May 2019

The students at East Pasco Adventist Academy will participate in several educational field trips each year. It is **mandatory** that we have a signed permission slip on file for each student before he/she is allowed to participate in any trip. Most field trips will be scheduled between the hours of 8:00AM and 3:00PM. Trips outside of Pasco County may require an earlier departure and/or a later return. The cost of each trip will vary. Your child's teacher will continue to send information and specifics as individual trips are planned. Thank you for your cooperation in this matter.

***NOTE:** Parent/guardian signature on this form gives consent for the child to participate in all trips planned for his/her class. If the trip ends after the close of the school day and transportation is not here to pick up the child, he/she will be signed in to the after-school care program and billed accordingly.

STUDENT PERMISSION

East Pasco Adventist Academy has my permission to allow my son/daughter,
_____, to participate in school field trips for this school year.
(student name)

TRANSPORTATION

I give permission for my child to ride with staff and/or parent transportation as needed by the school for each trip.

Parent/Guardian Signature: _____ Date: _____

OR

I give permission for my child to ride with staff and/or the following adults for each field trip.

Adult Name: _____

Adult Name: _____

Adult Name: _____

Adult Name: _____

*Additional adults can be listed on the back of this form.

Parent/Guardian Signature: _____ Date: _____



East Pasco Adventist Academy Parent/Student Handbook Contract

Please review the Student Handbook and the policies therein with your child.

Student's Full Name: _____ Grade: _____
Please Print

We have received and have read the Handbook. We (student and parent/guardian) have received and have read the _____ - _____ Student Handbook and understand that our compliance with the conditions specified in this handbook is necessary for continued enrollment at East Pasco Adventist Academy.

Initial: _____
Student Parent/Guardian

We support and agree to comply with the policies of East Pasco Adventist Academy. We (parent/guardian) promise our support of the school by seeing that our son/daughter observes the policies and procedures as outlined herein and cooperating with school staff towards that goal.

Initial: _____
Parent/Guardian

I (student) understand the policies and will work with the faculty to uphold the rules.

Initial: _____
Student

Signature of Student: _____ Date: _____
(required for students in grades two through ten)

Signature of Parent/Guardian: _____ Date: _____



INTERNET USAGE AGREEMENT

Student:

- A) I will only access the internet with permission from my teacher. I understand that this includes email, surfing, and instant messenger utilities.
- B) While I have access to the internet:
- I will only use it for educational purposes.
 - I will not look or participate in anything that is illegal, dangerous, offensive, or opposed to the Christian values of this school.
 - I will not reveal my home address or phone numbers – or anyone else's.
 - I will not use the internet to annoy, offend, or harass anyone else.
- C) If I accidentally come across something that is illegal, dangerous or offensive, I will:
- Clear any offensive pictures or information from my screen.
 - Immediately and quietly inform my teacher, not other students.

I understand that if the school determines that I have broken these rules, appropriate actions will be taken. Any activity not in compliance with these rules may result in a loss of computer and internet access as well as other disciplinary or legal action.

Student's Signature: _____ Date: _____

Parent or Guardian:

I understand that the internet can provide students with valuable learning experiences through access to computers around the world, but that the school cannot control what is on these computers. I accept that, while teachers will be watchful of what students are doing online, protection against exposure to harmful information must depend upon responsible use by my student. **Please discuss appropriate use with your student.**

I believe _____ (name of student) understands this responsibility, and I am hereby giving my permission for him/her to access the internet under school rules. I understand that students believed to have broken these rules will be subject to appropriate action by the school. Any activity not in compliance with these rules may result in a loss of computer and internet access as well as other disciplinary or legal action.

Parent/Guardian's Signature: _____ Date: _____

East Pasco Adventist Academy

Google Apps Parent Permission Form



Dear parents of K – 10 grade students,

We are excited to begin our implementation of "Google Apps for Education" at East Pasco Adventist Academy this school year.

What is Google Apps? <https://support.google.com/a/answer/139019?hl=en>

Google Apps is a collection of free online applications. These applications do not reside on the computer, itself, but rather they are accessed through a web browser. This is considered working in the "cloud". The benefit of this structure allows flexibility in accessing documents and projects from ANY computer with Internet access. Staff and students can access their school documents from the lab, the classroom, the public library and even from home!

Google Apps for Education is a special setup of the popular Google Apps, tailored specifically for educational institutions. For example, accounts are managed by the school (and not by Google) and advertisements are all turned off. Google Apps for Education allows schools to carve off a special Google domain/area for their staff and students to create, collaborate and share ideas online between each other, as well as provide the framework for sharing across districts.

In order for your child to participate, parents must complete a permission form ONCE for each child.

Students need to know:

Students will follow school policies for appropriate use when using Internet based services like email & Google Apps. These services are considered an extension of the school's network. Students have no expectation of privacy in their use as school and service administrators have the right and ability to monitor user accounts for policy and security enforcement.

Parents need to know:

Student email is archived and the student Acceptable Use Policy will be enforced. School staff will monitor student use of applications when students are at school. Parents are responsible for monitoring their child's use of applications when accessing programs from home. Students are responsible for their own behavior at all times.

Permission Form:

Child's (legal) first name: _____ last name: _____

Child's date of birth: (mm/dd/yyyy) ____ / ____ / _____ Child's current grade: _____

I give my child permission to use Google Apps at school.

Parent/guardian Name: _____

Parent/guardian Signature: _____



Photo/Video Release Form

Dear Parents/Guardians:

EPAA and Florida Conference use individual and group photos and videos of your children in publications such as:

- Website
- Yearbook
- Marketing tools
- Slide Shows
- Newsletters
- Teacher training videos

Please sign below indicating that you give us permission to use photos of your children for these publications.

I give permission for my child's photo to be used in East Pasco Adventist Academy or Florida Conference publications, advertisements, and marketing materials.

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Name of Parent: _____

Parent/Guardian Signature: _____

Date: _____

EAST PASCO ADVENTIST ACADEMY

38434 Centennial Road
Dade City, FL 33525-1633

RELEASE AND CONTINUING CONSENT FOR EMERGENCY MEDICAL TREATMENT

Student _____ SSN _____
Last First Middle

Address _____
Street / P.O. Box City State Zip

Home Telephone _____ Age _____ Date of Birth _____

Medical Information

Weight _____ Height _____
Last Tetanus Shot _____

Student allergies to medicine or other:

Any special medical/physical problems (i.e., asthma, diabetes, recent surgery, chronic illness, etc.):

Is he/she now taking any medication, if so, please specify:

Send all necessary prescription medications to school and on trips, especially asthma and diabetes medications.

Family Doctor _____
Telephone _____
Family Dentist Telephone _____
Hospital for emergency treatment

Parent/Guardian: _____
Father's work # _____
Mother's work # _____
Cell # _____
Cell # _____
Health Insurance Company

Policy #

Group #:

Other Emergency Contact:

Name:

Phone number:

East Pasco Adventist Academy has my permission for any necessary EMERGENCY TREATMENT, including consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to the above stated minor under the general or specific instructions of the above stated physician or any physician the East Pasco Adventist Academy may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. Reasonable effort will be made to contact the parents/guardians of the injured student, and the doctor listed above before any other physician is called by East Pasco Adventist Academy.

This consent is given in advance of any specific diagnosis or treatment which might be required and to authorize the East Pasco Adventist Academy and the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent is in continuous effect through _____ school year. It is delivered to the physician/hospital caring for the child and to the East Pasco Adventist Academy entrusted with the custody of said minor.

Date _____
Parent/Guardian Signature _____

STATE OF FLORIDA, PASCO COUNTY

The following was acknowledged before me this _____ day of _____, 20____, by _____ (name of parent/guardian).

Notary Signature

Notary Stamp

____ Personally known OR ____ Produced Identification



PERMISSION TO GIVE “OCCASIONAL” OVER-THE-COUNTER MEDICATION

Student Name _____ Grade _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased “over-the-counter.” This form is REQUIRED before over-the-counter medications can be administered at school.

PLEASE INITIAL each medication for which you are giving permission.

Or _____ I approve all medications listed below.

Or _____ I do not wish that any OTC medications be given to my child while at school.

TOPICAL MEDICINES	ORAL MEDICATIONS
_____ Antibiotic ointment (i.e. Neosporin, Polysporin)	_____ Ibuprofen (i.e. Advil, Motrin)
_____ Hydrocortisone cream	_____ Acetaminophen (Tylenol)
_____ Benadryl (spray or gel)	_____ Antacid (i.e. Tums)
_____ Sunscreen	_____ Antihistamine (i.e. Benadryl, loratadine)
_____ Eye drops	

(For example, Neosporin after scraping their knees on the playground, or Benadryl spray after an ant bite, Advil for a headache). Please note that the school is not able to supply medication for frequent or daily use.

OTC medications will be given at the manufacturer’s recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT.

Signature of Parent or Guardian

Date

**East Pasco Adventist Academy
FAMILY INFORMATION SHEET**

Pupil's Legal Name _____

Last _____ First _____ Middle _____ Nickname _____

Sex: F _____ M _____ Date of Birth ____/____/____ Place of Birth _____ City _____ State _____ Country _____

Address _____ Telephone _____

Family Information	Father	Mother	Guardian
Legal Name			
Check one	Natural _____ Step _____ Foster _____	Natural _____ Step _____ Foster _____	Relation to Child _____
Home Address if different from above			
Birthdate			
Home Phone #			
Cell Phone #			
Email Address			
Occupation			
Years of Education			
Business Address			
Business Telephone			
U.S. Citizen	Yes _____ No _____ Other _____	Yes _____ No _____ Other _____	Yes _____ No _____ Other _____
Race/Ethnicity			
Church Affiliation	SDA _____ None _____ Other _____	SDA _____ None _____ Other _____	SDA _____ None _____ Other _____
Church Membership (location)			
Marital Status	Married _____ Divorced _____ Other _____	Married _____ Divorced _____ Other _____	Married _____ Divorced _____ Other _____

Student Baptized? Y/N _____ Date of Student's Baptism _____

Person to notify in emergency 1. _____ Telephone _____
2. _____ Telephone _____

Physician to call in emergency _____ Telephone _____

What are your after-school arrangements for your student?
Approved Pick-Up List 1. _____ 2. _____ 3. _____

Parent/Guardian Signature _____ Date _____