

INDIANA ACADEMY CONTINUING CONSENT TO TREATMENT

We, the undersigned parent or guardian of _____, a student at Indiana Academy, do hereby consent to any necessary examination, anesthetic, blood transfusion, medical diagnosis, x-ray examination, etc. and/or hospital care to be rendered to our child under the instructions of the physician designated by the staff of Indiana Academy. These services may be rendered at the physician's office or a licensed hospital. It is understood that reasonable effort will be made to contact the parent or guardian in the case of an emergency, but that consent is hereby given in advance of any specific diagnosis or treatment which might be required and is given to authorize the staff of Indiana Academy, or the Physician, or the Hospital staff, to exercise their best judgment in the medical care of _____.

This consent shall remain in continuous effect for the school year of 2011-2012 or until revoked in writing and delivered to Indiana Academy.

Child's Name _____ Child's Date of Birth: _____

Home Address _____
(street) (city, state, zip)

Parent's/Guardian's Name	Date of Birth	Daytime Phone	Evening Phone	Alt. Phone (if not at home or work)

Home Address _____
(street) (city, state, zip)

Medical History:

Allergies, including allergies to medication, anesthetic, foods, etc.

Chronic or existing diseases or medical problems (diabetes, epilepsy, etc.)

Medications child is taking (please include dose information)

Date of Last Tetanus Shot: _____

Please check the appropriate box below.

My son/daughter is covered by medical insurance.

NOTE: A copy of your medical insurance card (both front and back sides) is required. Please submit a copy of your card with this consent form.

My son/daughter is not covered by medical insurance.

ALL CHARGES FOR ACCIDENTS ARE TO BE SENT TO THE PARENTS. The student accident insurance may cover any costs of school-related accidents after the parent's primary insurance pay its portion. Any non-accident medical treatment is the sole responsibility of the parent/guardian.

SIGNATURES:

Parent or Guardian _____ Date _____

Signature of Notary _____ Date _____

**PARENTS OF INDIANA ACADEMY
ENROLLMENT AGREEMENT**

Parents/Guardians of students attending Indiana Academy need to understand and be committed to the following:

- I commit to pray daily for my child and the staff of Indiana Academy.
- I agree to take an active role in reviewing my child's schoolwork on a consistent basis where possible.
- I agree to cooperate with the guidelines of Indiana Academy, as written in the school sourcebook, including proper choices of entertainment and modest apparel.
- I agree to assume the financial responsibility for my child, and to pay bills promptly as outlined in the school sourcebook.
- I understand that no diploma or transcript of credits will be released until our account is paid in full.
- I will not request permission for my (dormitory) student to leave campus on any "closed" weekend, as published in the school calendar.
- I understand that my child's picture may appear in school-related and/or denominational publications, press releases, or videos.
- I understand that if for any reason the school and/or school board determine that we are not in compliance with the spirit of this commitment, my child may be denied entrance, or if enrolled, may be asked to withdraw from Indiana Academy, and I will comply.

I have read and understand the above enrollment agreement and commitments.

Student Printed Name _____

Parent Signature _____ Date _____

**STUDENTS OF INDIANA ACADEMY
ENROLLMENT AGREEMENT**

Students attending Indiana Academy need to understand and be committed to the following:

- I understand that an ongoing relationship with Jesus is an important part of my personal development, and will keep my mind open to areas of growth.
- I agree to take an active role in completing my schoolwork on a consistent basis.
- I agree to cooperate with the guidelines of Indiana Academy, as written in the school sourcebook, including proper choices of entertainment and modest apparel.
- If I am a dormitory student, I will not request permission to leave campus on any “closed” weekend, as published in the school calendar.
- I understand that if for any reason the school and/or school board determine that I am not in compliance with the spirit of this commitment, I may be denied entrance, or if enrolled, may be asked to withdraw from Indiana Academy, and I will comply.

I have read and understand the above enrollment agreement and commitments.

Student Printed Name _____

Student Signature _____ Date _____

**OFF-CAMPUS SCHOOL ACTIVITY PERMISSION FORM
2011-2012**

Indiana Academy students have the opportunity to participate in a variety of school Activities. Most activities are planned well in advance so that you will be aware when your student will be off campus. To provide permission for your student's participation in school activities, please sign the statement below.

**NO STUDENT MAY PARTICIPATE IN OFF-CAMPUS SCHOOL ACTIVITIES
UNLESS THIS PERMISSION SLIP IS SIGNED.**

_____ has my permission to participate in off-
(Student's name)

campus school activities during the school year of 2011-2012.

(Signature of Parent or Guardian)

INDIANA ACADEMY
Health Appraisal Form
(To be completed by physician/health clinic)

Student's Name _____ Date of Birth _____

IMMUNIZATIONS

Health Care Provider:

Enter the month, day, and year for all vaccines the pupil received. Do not use (x) or (✓). Vaccines/doses in shaded boxes are recommended but not required by law.

Type of Vaccine	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th Dose Mo/Day/Yr
DTaP/DTP/DT/Td					
Polio					
Measles					
Mumps					
Rubella					
Hepatitis B					
Varicella					
Tdap					
MCV4					

Latest Tetanus Date: _____ This student has had chickenpox. Yes No

MEDICAL HISTORY

Significant Medical/Surgery History: _____

Allergies: _____

Medication taken regularly: _____

PHYSICAL EXAM

Height: _____ Weight: _____ B.P.: _____ Resting Pulse: _____

Check here if entire exam is normal.

	Normal	Abnormal	Comments
General Appearance			
Nutrition			
Skin			
Head			
Eyes			
Ears			
Nose, Throat, and Teeth			
Lymph Nodes/Thyroid			
Lungs			
Heart			
Abdomen			
Genitalia			
Muscoskeletal			
Neurological			

PHYSICAL EDUCATION/SPORTS/WORK QUALIFICATION

Physically qualified for sports/activities as indicated: Gymnastics, Tennis, Basketball, Football, Jogging, Calisthenics, Lifting, etc.

Known or suspected disability: _____

Restrictions: _____

Provider's Name: _____

Phone: _____

Provider's Signature: _____

Date: _____

Student Technology Use Agreement Form

Indiana Academy recognizes that the use of technology on campus is a necessary part of daily life in the 21st century. Indiana Academy also realizes that technology can be used inappropriately and some technology devices are not appropriate on a Seventh-day Adventist Christian campus. ***This form is an acknowledgement that the student and parent(s) have read and agreed to the information outlined in the Student Source Book. The following information is a summary of the guidelines in the Source Book; please consult the Source Book for the complete information.***

Computer and Internet Usage:

- No student may bring a computer on campus with the exception of the senior privilege as outlined in the Student Sourcebook.
- All students are assigned unique computer IDs and passwords are created by the students. *The students will **not share** their ID or password at any time.* Doing so will result in suspension of computer privileges and disciplinary action.
- All internet sites visited by the student are recorded by date, time and ID.
- Indiana Academy has an internet filter that blocks most harmful internet sites. However, the student must **not purposefully view inappropriate material** such as pornography and any other sites not in harmony with the Christian principles of Indiana Academy.
- Students agree not to bypass security protocols, hack passwords or be involved in an activity to disable hardware or software (i.e. proxies).
- Students **will not load any software** on Indiana Academy computers unless approved by administration.
- All student computer activity may be monitored and recorded (i.e. email, internet, etc.)

Cell Phone/Other Media Device Usage:

- Electronics devices are not to contain any movies or other inappropriate content of any type. Inappropriate content is anything that to any degree represents values, behaviors, or language not allowed on campus.
- Internet access must be blocked on all electronic devices, including cell phones.
- Students are responsible for all content on electronic devices, regardless of how it was placed on the device. In other words, the student is responsible even if a friend or family member placed the content upon the device.
- IA reserves the right to search all electronic devices, including but not limited to all data and information stored or recorded thereon, brought on campus or to school-sponsored off-campus activities by students.
- Students may not bring televisions, video players, DVD players, etc. on campus.
- All approved media devices are allowed **in the dorm only**. Exceptions include senior student laptop computers (as part of the senior privilege policy) and cell phones, according to the policies listed above.

I have read and agree to the above information.

Printed Student's Name

Student's Signature

Printed Parent's Name

Parent's Signature

_____/_____/_____
Today's Date

Student Cell Phone Number

**INDIANA ACADEMY
Vehicle Registration Form**

Student Name: _____

Date: _____

Registering vehicle as: (circle one) Community student Dorm student

Vehicle Information

Driver's License Number	
Driver's License State	
License Plate Number	
Make of Car	
Color of Car	
Year of Car	

Insurance Information

Insurance Provider (Company Name)	
Provider Phone Number	
Policy Number	
Expiration Date	

I agree to operate my vehicle in accordance with all expectations of Indiana Academy. Failure to do so will result in a loss of driving privileges.

Student Signature _____

Parent Signature _____

Indiana Academy Community Student Permission Form

By signing below, I give permission for my son/daughter _____
name
to leave the Indiana Academy campus during the course of his/her school day.

Parental Signature

Date

I decline permission for my son/daughter _____ to leave the
name
Indiana Academy campus during the course of his/her school day.

Parental Signature

Date

My son/daughter is allowed to leave campus with the following community students:
(must be of the same gender)

Parental Signature

Date