**Re** **The Huda Academy**

**3221 Anna Street. Little Rock, AR 72204**

Phone: 501-565-3555 Fax: 501-565-3203

***WHERE GUIDANCE PROMOTES EXCELLENCE***

**CHILD’S PERSONAL DATA SHEET (Infant)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender M / F DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Enrolled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Withdrawn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name of person to call if parents cannot be reached\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is this person authorized to take child from center Y N (circle one)

**OTHER ADULTS AUTHORIZED TO TAKE CHILD FROM THE HUDA ACADEMY:**

**(IF NOT LISTED HERE – AN INDIVIDUAL WILL NOT BE PERMITTED TO TAKE CHILD)**

Name Relation Name Relation

Address Address

City, St. ZIP City, St. ZIP

Telephone Telephone

Email Email

**MEDICAL INFORMATION: Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State ZIP

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle one: [mother/father/guardian] do hereby give my consent to the director of The Huda Academy, or a duly appointed representative thereof for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when parents cannot be reached. Consent is also given for the Director of The Huda Academy or a duly appointed representative to transport said child for emergency medical treatment if parents cannot be reached.

Signed Date

Witness Date

I hereby give / do not give (CIRCLE ONE) the Director of The Huda Academy or a duly appointed representative permission to give said child acetaminophen. I understand that I will be notified regarding any circumstance in which medication is administered.

Signature Date

**IMMUNIZATIONS: PLEASE PROVIDE A COPY OF YOUR CHILD’S IMMUNIZATION RECORD**

VERIFIED BY: (CHECK) HEALTH DEPT. RECORD PHYSICIAN’S RECORD OTHER

**DISEASE HISTORY: PLEASE LIST DATES FOR EACH (DD/MM/YY)**

MEASLES\_\_\_\_\_\_\_ MUMPS\_\_\_\_\_\_\_ GERMAN MEASLES\_\_\_\_\_\_\_ CHICKEN POX\_\_\_\_\_\_\_ WHOOPING COUGH\_\_\_\_\_\_\_\_ (CIRCLE Y or N) TUBERCULOSIS [Y / N] FREQUENT EAR INFECTIONS [Y / N] FREQUENT THROAT INFECTION [Y / N] DEFECTIVE HEART [Y / N] ADDITIONAL COMMENTS:

**DEVELOPMENTAL NEEDS:**

PHYSICAL OR EMOTIONAL PROBLEMS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPECIAL FOOD NEEDS / ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEDICATIONS CURRENTLY TAKEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK ANY THAT APPLY: TEMPER TANTRUMS\_\_ DIABETES\_\_ FREQUENT COLDS\_\_ BITING\_\_ SUN SENSITIVITY\_\_ SEIZURES\_\_ FAINTING SPELLS\_\_ BED WETTING\_\_ OTHER (LIST)

CHILD REQUIRES HELP IN: DRESSING\_\_ UNDRESSING\_\_ TOILETING\_\_ EATING\_\_ WASHING HANDS\_\_ IS CHILD TOILET TRAINED? YES\_\_\_ NO\_\_\_ WORDS USED IN TOILETING:

**FAVORITES:** GAMES: TOYS: FOODS

**SIBLINGS:** NAMES:

**PREVIOUS CHILDCARE EXPERIENCES:**

I, the parent/guardian of said child, understand that I may ask for a conference with the Director of The Huda Academy at any time.

Signature Date

**The Huda Academy**

**3221 Anna Street. Little Rock, AR 72204**

Phone: 501-565-3555 Fax: 501-565-3203

***WHERE GUIDANCE PROMOTES EXCELLENCE***

**MULTIPLE VERIFICATION AND CONSENT FORM**

***INTERVIEWING CHILDREN***

This is a statement of verification that I have been informed that Child Care Licensing / Investigators / Law Enforcement – etc. may possibly interview my child. This is in accordance with Minimum Licensing Requirements DCCECE / Child Care Licensing Unit: 200.3.

Parent Signature Date

***KINDERGARTEN READINESS SKILLS***

This is to acknowledge that I have received the Kindergarten Readiness Skills Calendar for my child. In accordance with Minimum Licensing Requirements:

DCCECE / Child Care Licensing Unit: 200.4.

Parent Signature Date

***CONSENT***

I give written permission to apply suntan lotions / sunscreen for my child in weather conditions which may make it necessary to do so. In accordance with Minimum Licensing Requirements: DCCECE / Child Care Licensing Unit: 1101.16.

Parent Signature Date

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***WHERE GUIDANCE PROMOTES EXCELLENCE***

**Registration Form (One Per-Student)**

**Student Information**

Current Grade Enrolled: \_\_\_\_\_\_\_\_ Grade entering In Fall \_\_\_\_\_\_\_\_\_ Entrance Testing Date: \_\_\_\_\_\_\_\_\_\_

Student’s Legal Name: Last First Middle Initial

Date of Birth: / / Age: Gender: M / F Place of Birth:

Month day year

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Number Street Apt # City State Zip code

Last School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade last attended

Last School Address City State Zip Code Telephone

**Parent Contact Information**

Student living with (Please check) Natural Parent(s): Foster Parent(s): Relative:

Step-parent with custody: Court appointed custodian: Other:

(Specify)

**Father’s** Full Name: Occupation:

Father’s Email: Work/Bus. Phone ( )

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone ( )

Name of Business

**Mother’s** Full Name: Occupation:

Mother’s Email: Work/Bus. Phone ( )

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone ( )

Name of Business

I declare that all information provided in this registration packet is true and accurate. By signing this application, I accept and assume responsibility for all obligations (financial, academic, and social) as stated in the printed policies and procedures of The Huda Academy. Please note: Any false information provided on this form will nullify the student’s admission. Students requiring Special Needs, Alternative, or ESL Education will not be admitted. New students will receive diagnostic testing prior to admittance.

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

Parent / Guardian Signature Date Parent / Guardian Signature Date

Parents are responsible for keeping the above information current. It is a violation of state law to falsify student information. Student records will be forwarded on request to the school in which the student seeks or intends to enroll, without parent consent.

Mandatory Records (To be completed by the office)

Verified by:

**Birth Certificate**

Presented/On-File \_\_\_\_\_ \_\_\_\_\_ Records Requested \_\_\_\_\_\_\_\_\_\_\_\_ Records Received\_\_\_\_\_\_\_\_\_\_\_

YES NO DATE DATE

**Immunization Record**

Presented/On-File \_\_\_\_\_ \_\_\_\_\_ Records Requested \_\_\_\_\_\_\_\_\_\_\_\_ Records Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES NO DATE DATE

**Previous School Records**

Presented/On-File \_\_\_\_\_ \_\_\_\_\_ Records Requested \_\_\_\_\_\_\_\_\_\_\_\_ Records Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES NO DATE DATE

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***WHERE GUIDANCE PROMOTES EXCELLENCE***

**TUITION CONTRACT-INFANT**

(One per Family)

**TUITION & FEES**

* Registration $50.00
* Cot Fee $50.00 per student
* Security Guard Fee: $35 ***per child per month***
* Building Fee $200.00 ***per child per year***
* Tuition Schedule:

|  |  |  |
| --- | --- | --- |
| Tuition per child | Per Academic Year | Per Month |
|  | $6,500.00 | $650 |

**Student Information**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Contact Information**

Father’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Full Name: Email:

Primary Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TUITION CONTRACT**

(Continued)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Plan Description** | **Due Date** | **Concession** |
| **PLAN A** | Full- Year Payment in Lump Sum | September 1st | $250/child |
| **PLAN B** | **Automatic Withdrawal either through Bank Account or Credit Card**  **(Credit Card Processing Fee of 2% will be applied)** | Monthly | None |

**Please Check Your Tuition Payment Plan: [ A ] [ B ]**

**Tuition Policies** This policy ensures that the tuition and fees are collected in a timely, consistent

manner.

1. Tuition and any additional monthly charges will be charged to the Bank Account or to the Credit Card on file on the 30th of each month.
2. Late Fee of $ 25.00 will be posted to your account if payment is not received by the 5th of each month.
3. Returned checks will be charged processing fee of $25.00.
4. Students joining Huda Academy after the beginning of the academic year are responsible for tuition charges pertinent to the quarters that will be attended as well as all the onetime charges.
5. The Huda Academy reserves the right to withhold school records until tuition is paid in full.
6. Failure to pay tuition will lead to an Administrative Withdrawal of your child from school.

**Refund of tuition:**

* **Before Start of School Year** 
  + *Before May 31st*

With submission of a completed Withdrawal Form, the tuition will be refunded in full minus the registration & building fee.

* + *After May 31st*

With submission of completed Withdrawal Form, the tuition will be refunded in full minus the registration fee, building fee, book fee, cot fee (if applicable) & the first month’s tuition.

* **After Start of School Year [August 1st]**

For a child to be withdrawn from school, a completed Withdrawal Form must be filled and submitted *30 days in advance*. The school will only refund tuition fee of the remaining academic year quarter(s). Once the quarter has started, the fee is charged for that quarter. The remaining quarters can be refunded. The registration fee, building fee, book fee & cot fee (if applicable) will not be refunded.

In case the withdrawal form is not submitted 30 days in advance (without any justifiable cause), NO portion of fee will be refunded for the remainder of the year. Grades, Standardized test results and Transcripts for the student will not be released UNLESS above fee(s) have been collected.

I have reviewed the above contract and agree to its terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name Signature Date

**The Huda Academy**

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**APPLICATION FOR AUTOMATIC TUITION WITHDRAWAL**

I hereby authorize automatic monthly withdrawal in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This authorization shall remain in effect (recurring monthly) until revoked by me in writing.

**Unless otherwise stated, Automatic Withdrawal will occur each month – on the first of the month.**

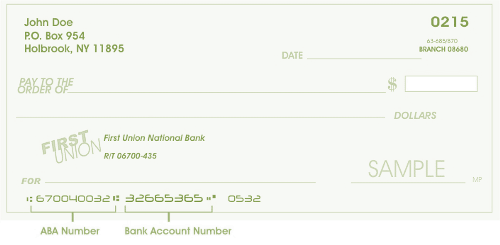
Last Name First Name Initial

Address Unit # City State Zip

Home Telephone Work Telephone

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT HOLDER’S SIGNATURE** **Date**

**:: PLEASE ATTACH VOIDED CHECK BELOW::**



ABA NUMBER (ROUTING) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print this form and return to our office with the VOIDED CHECK attached.**

**The Huda Academy**

**3221 Anna Street: Little Rock, AR 72204**

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***The Huda Academy Credit Card Authorization form***

Name of the cardholder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit card type AMEX\_\_\_\_ DISCOVER\_\_\_\_ VISA\_\_\_\_\_ MASTER\_\_\_\_\_\_

No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security code\_\_\_\_\_\_\_\_\_

I hereby authorize Huda Academy to use the credit card towards

Invoice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donation\_\_\_\_\_\_\_\_\_\_\_\_\_

Zakat\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

*This form is strictly confidential and has to be shredded once information is entered in Quick Books.*

**The Huda Academy**

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**VOLUNTEER FORM**

Assalaamu alaikum wa rahmatullahi wa barakatahu. We are truly grateful for brothers and sisters, such as yourself, who make the effort to volunteer. Please take a few minutes to fill out the information below. This will help us best use your talents and gifts to give our children the greatest possible benefit. Again, thank you so much for your effort to connect with our school. Jazakallahu Khayran.

FULL NAME OF VOLUNTEER:

VOLUNTEER’S ADDRESS:

VOLUNTEER’S PHONE NUMBER: | BEST TIME TO CALL:

VOLUNTEER’S EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHEN ARE YOU AVAILABLE?

**MY EXPERIENCE WORKING IN AN ELEMENTARY SCHOOL ENVIRONMENT:** NONE [ ] 1-3 YEARS [ ] 4-5 YEARS [ ] 5+ YEARS [ ] 10+YEARS [ ] 20+YEARS [ ] **MY EXPERIENCE SERVING AS A VOLUNTEER:**

NONE [ ] 1-3 YEARS [ ] 4-5 YEARS [ ] 5+ YEARS [ ] 10+YEARS [ ] 20+YEARS [ ]

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES [ ] NO [ ] IF YES, EXPLAIN:

**SKILLS & INTERESTS**

PLEASE TELL US, BRIEFLY, ABOUT YOUR INTERESTS AND SKILLS. FOR EXAMPLE, DO YOU SPEAK MORE THAN ONE LANGUAGE? ARE YOU A SKILLED TYPIST? DO YOU HAVE MECHANICAL SKILL IN CARPENTRY, HVAC, ELECTRICAL ENGINEERING, OR PLUMBING? HOW DO YOU THINK YOU CAN HELP OUR SCHOOL? DO YOU HAVE TIME TO ANSWER PHONES AND FILE PAPERWORK? DO YOU ENJOY SPORTS? HAVE YOU EVER

COACHED A CHILDREN’S TEAM? **PLEASE BE SURE WE CAN READ WHAT YOU WRITE!**

BY SIGNING BELOW, I AFFIRM THAT THE INFORMATION I HAVE PROVIDED ABOVE IS FACTUAL. I HEREBY ASSERT MY INTENTION TO SERVE AS A VOLUNTEER AT **THE HUDA ACADEMY**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Volunteer Date

**The Huda Academy**

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***WHERE GUIDANCE PROMOTES EXCELLENCE***

**PHOTO / VIDEO CONSENT FORM**

Dear Parents:

Assalamu Alaikum Warahmatu Allahi Wabarakatuh.

From time to time, during the course of the school year, our teachers and/or administrators will have the opportunity, insha’Allah, to take various photographs and video footage of the children in their learning environments and group activities such as recess and after-school clubs.

Our intention in obtaining your consent is to provide a means by which we may legally display the outstanding work of our students to our community and make this information available to you as parents and family members via the internet. We are proud of our school and wish to promote it by selecting appropriate images of the children at The Huda Academy.

Under no circumstances, unless you specifically request, will we use images of your child/children for any purpose other than education – or promotion of our school. We will not make these images available to any outside agency or organization. The works, writings, photos, videos and other forms of media presented on our website are protected by copyright law.

Please detach the bottom portion of this form, sign it, add your child/children’s names – and return to our office.

----------------------------------------------------------------------------------------------------------------

I/We hereby acknowledge having been informed that **The Huda Academy** intends to use photographs/video footage of the child/children listed below on its website at: www.thehudaacademy.org.

I/We hereby authorize **The Huda Academy** to use photographs/video footage of the child/children listed below:

**Name(s) of Child / Children:**

Signature of Parent / Legal Guardian

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Huda Academy**

**3221 Anna Street. Little Rock, AR 72204**

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***WHERE GUIDANCE PROMOTES EXCELLENCE***

**PRESCRIPTION/OTC MEDICATION AUTHORIZATION FORM**

**OTC (OVER THE COUNTER) MEDICATIONS** will be administered by The Huda Academy if the permission of

a parent or legal guardian is specifically given for each medication listed below. If the medication you wish your child to take is not listed here, it must be approved. Following is a brief list of pre-approved OTC MEDICATION: Acetaminophen (Tylenol®), Ibuprofen (Motrin®/Advil®), Calcium Carbonate (Tums®), Bismuth Subsalicylate (Pepto Bismol®), Bacitracin (Neosporin®), and Deiphenhydramine (Benadryl®). If you wish your child/children to be given these OTC Medications on an as needed basis, you must initial beside each below. The Huda Academy only administers medication as indicated on the instruction label on the box or container in which medication is purchased. Parents/Legal Guardians must purchase and provide all OTC Medications.

**PRESCRIPTION MEDICATIONS** must be prescribed by a licensed physician, and will only be administered if delivered

to our office in the original container as obtained from the pharmacy. Further, the label on the container/bottle must be intact; listing medication name, appropriate age, dosage requirements and the student’s name. Medications prescribed to siblings will not be administered to other family members.

STUDENT:

EMERGENCY CONTACT: |TEL:

FAMILY PHYSICIAN: |TEL:

ALLGERGIES (PLEASE BE SPECIFIC):

DOES STUDENT TAKE ANY PRESCRIPTION MEDIACTION ON A REGULAR BASIS (PLEASE LIST):

DOES STUDENT USE ANY TESTING DEVICES (BLOOD MONITOR, ETC) YES [ ] NO [ ] IF YES, IS CHILD TRAINED IN USE/ADMINISTRATION OF THIS TEST YES [ ] NO [ ] DOES STUDENT USE ANY EMERGENCY MEDICATIONS (INHALER, ETC) YES [ ] NO [ ] IF YES, IS CHILD AUTHORIZED TO CARRY THIS MEDICATION ON HIS/HER PERSON YES [ ] NO [ ]

PLEASE INITIAL BESIDE MEDICATIONS WHICH YOU AUTHORIZE THE HUDA ACADEMY TO ADMINISTER TO YOUR STUDENT. DIRECTIONS ON PACKAGING WILL BE STRICTLY FOLLOWED. MEDICATIONS WHICH ARE NOT AUTHORIZED BY YOUR INITIALS ON THIS FORM WILL NOT BE GIVEN.

Acetaminophen (Tylenol®) \_\_\_\_\_\_\_ Ibuprofen (Motrin®/Advil®) \_\_\_\_\_\_\_ Calcium Carbonate (Tums antacid®) \_\_\_\_\_\_\_ Bismuth subsalicylate (Pepto Bismol®) \_\_\_\_\_\_\_ Bacitracin (Neosporin®) \_\_\_\_\_\_\_ Deiphenhydramine (Benadryl®) \_\_\_\_\_\_\_

I/We, the undersigned parent(s) or legal guardians of the student listed above, hereby authorize **The Huda Academy** or its duly appointed representative to administer over-the-counter (OTC) medications beside which my/our initials appear above. We have been informed that it is my/our responsibility to provide these medications to **The Huda Academy**. I/we understand, and agree to adhere to the guidelines above for prescription medications.

SIGNATURE OF PARENT / LEGAL GUARDIAN DATE

**The Huda Academy**

**3221 Anna Street. Little Rock, AR 72204**

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## Emergency Consent Form

I hereby give my consent and authorization to Huda Academy to take whatever emergency medical steps deemed necessary, in the event of a medical emergency, sudden illness or accident, for the care and protection of my child, whether it be to:

1. Administer first aid.
2. Call 911 (if emergency room medical treatment is necessary)
3. Attempt to contact parents.
4. Attempt to contact child’s physician.

It is understood that all expenses incurred by this service, not covered by insurance, are my responsibility and are not, in any way, the responsibility of The Huda Academy.

In all cases every effort will be made to contact the parents or person designated by the parent. This consent shall remain in effect during my child’s enrollment.

I give authorization to any hospital or doctor to render immediate emergency aid as might be required at the time for my child’s health and safety. I give permission for any treatment including first aid, x-rays, anesthetics, surgery and/or hospitalization.

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

Child’s full name Relationship to child

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

Parent/Guardian Signature Date