

Holland

ADVENTIST ACADEMY

2023-2024 Calendar

<p>August 2023</p> <table border="1"> <thead> <tr> <th>Su</th> <th>Mo</th> <th>Tu</th> <th>We</th> <th>Th</th> <th>Fr</th> <th>Sa</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> </tr> <tr> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> </tr> <tr> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td></td> <td></td> </tr> </tbody> </table>	Su	Mo	Tu	We	Th	Fr	Sa			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			<p>1 Tchr Contracts Begin 7-10 NAD Tchr Convention 15- Back to School Bash 17 School Begins; ½ Day 19 Back to School Prayer Vespers</p>	<p>September 2023</p> <table border="1"> <thead> <tr> <th>Su</th> <th>Mo</th> <th>Tu</th> <th>We</th> <th>Th</th> <th>Fr</th> <th>Sa</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> </tr> <tr> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> </tr> <tr> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> </tr> <tr> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>30</td> </tr> </tbody> </table>	Su	Mo	Tu	We	Th	Fr	Sa						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	<p>1 1/2 Day 4 No School; Labor Day 8-10 Adv Family Camp 12 Grandparent's Day 15-17 PF Camporee 18-29 MAP Testing</p>							
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KEY

Notable Days

1/2 Days

No School Days

Home & School Event Days

End of Quarter

Pathfinder/Adventurer Days

Important Reminders:

- Start time = 8:15 am. Fridays = 12 NOON dismissal.

- Chapel is now Tuesdays

Day Counts

Q1: 41 Aug 17-Oct 13

Q2: 44 Oct 16-Dec 20

S1: 85

Q3: 45 Jan 03-Mar 08

Q4: 50 Mar 11-May 24

S2: 95

Total: 180 days/ 1098 hrs

2023-2024 Calendar

Additional NON-HAA Dates to Note:

	<i>EVENT</i>	<i>LOCATION</i>	<i>DATE(S)</i>
1.	Home Leave	GLAA	Sep. 13-17, 2023
2.	Alumni Weekend	GLAA	Oct. 13-14, 2023
3.	Home Leave	GLAA	Oct. 18-22, 2023
4.	Senior Recognition	GLAA	Nov. 17-18, 2023
5.	Thanksgiving Break	GLAA	Nov. 19-26, 2023
6.	Christmas Break	GLAA	Dec. 14, 2023 - Jan. 2, 2024
7.	Home Leave	GLAA	Jan. 24-28, 2024
8.	Home Leave	GLAA	Feb. 21-25, 2024
9.	Spring Break	GLAA	Mar. 14-24, 2024
10.	Academy Days	GLAA	Apr. 21-22, 2024
11.	Aeros Home show	GLAA	May 10-11, 2024
12.	Graduation Weekend	GLAA	May 24-26, 2024
13.	Academy Graduations	Senior Academies	May 26, 2024



ADVENTIST ACADEMY

AFTER SCHOOL CHILD CARE CONTRACT

I/We the undersigned parent(s) or legal guardian(s) hereby authorize and request Friday After-School care for our child(ren) listed below, during the 2023-2024 school year:

STUDENT:	GRADE:	TEACHER:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By making this request, I/we understand that childcare will only be provided on the Fridays the school is open, between the hours of 12 pm *and* 2 pm. I/We also understand that failure to pick up our child(ren) at the appointed time will incur a charge of _____ per child. I/We agree that should picking up our child(ren) late become necessary, we will call the school immediately to make the necessary arrangements for a later pick-up.

This contract will be in effect for the entirety of the 2023-2024 school year or until a change-request is received by the school in writing, whichever comes first. Parents are responsible for letting the school know as soon as possible, if child care is no longer needed. This contract is agreed to by the following parties on this ____ day of _____, 2023.

(Parent Name - Printed)

(Parent Name - Printed)

(Parent Signature)

(Parent Signature)

Emmy Rodriguez Harris, Principal

Holland Adventist School 2023-2024 Tuition

K-8

	Holland Church Members	Other SDA Church Members	Other
Registration Fee	\$ 250	\$ 250	\$ 250
Monthly Installment Amount	\$ 335.00	\$ 395.00	\$ 445.00
Number of Monthly Installments	10	10	10
Total Annual Tuition	\$ 3,600	\$ 4,200	\$ 4,700
Pre-payment discounted Tuition	\$ 3,384	\$ 3,948	\$ 4,418
Pre-payment discounted Tuition w/ early Registration	\$ 3,337	\$ 3,901	\$ 4,371

Monthly tuition is invoiced September 1 through June 1 and is due the 20th of each month.

9th-10th

	Holland Church Members	Other SDA Church Members	Other
Registration Fee	\$ 500	\$ 500	\$ 500
Monthly Installment Amount	\$ 610.00	\$ 750.00	\$ 810.00
Number of Monthly Installments	10	10	10
Total Annual Tuition	\$ 6,600	\$ 8,000	\$ 8,600
Pre-payment discounted Tuition	\$ 6,204	\$ 7,520	\$ 8,084
Pre-payment discounted Tuition w/ early Registration	\$ 6,157	\$ 7,473	\$ 8,037

Monthly tuition installments are invoiced September 1 through June 1 and are due the 20th of each month.



Application for Admission to Michigan Conference Seventh-day Adventist Church Schools

Please fill out a separate application for each child applying for admission.



Student's full legal name: (Last - First - Middle) _____ Grade Entering _____ Gender _____ Student's Social Security # _____

Place of birth: Country _____ Date of Birth: Mo./Day/Yr. _____ Age _____ Baptized Yes _____ No _____ If Yes, Date Baptized in SDA Church _____

Father (Full Legal Name)		Mother (Full Legal Name)	
Home Street Address, City, State, Zip		Home Street Address, City, State, Zip	
County	E-mail Address	County	E-mail Address
Home Phone	Work	Home Phone	Work
Cell	Occupation	Cell	Occupation
SDA Church Member? Yes / No Where?		SDA Church Member? Yes / No Where?	

_____ Do you owe a bill at a previous school? Yes _____ No _____
Initial _____

If yes, the following information is needed.
Name of School _____

_____ I agree to see that this student's tuition and fees are cared for monthly.
Initial _____

Address _____

_____ I have read the school handbook and agree to support each regulation of the school.
Initial _____

_____ Phone _____

_____ I agree to cooperate with the school board and teachers by avoiding criticism of any teacher or school policy in the presence of students.
Initial _____

_____ Name of Parent or Legal Guardian (Printed) _____ Signature of Parent or Legal Guardian _____ Date _____



Michigan Conference Student Behavior Contract

I consider it a privilege to attend a Christian school and understand that I will be expected to be obedient and treat others with kindness and respect.

I agree to follow all of the school rules as listed in the school handbook and as announced by school personnel.

I understand that disobeying or treating others with unkindness or disrespect cannot be tolerated at this school.

I understand that if I choose to not follow the school rules, discipline may result and my parents may be notified. Discipline may include suspension or dismissal.

Student

Date

We agree to support each other and work together.

Parent or Legal Guardian

Date

Teacher

Date



Adventist Education

A JOURNEY TO EXCELLENCE

Student Birth Certificate Verification Form



1. Student's Legal Name

Last/First/Middle

2. Student's Birth Date

Month/Day/Year

3. Student's Birth Place

City/State

I have seen the above student's birth certificate and verify that the above information is accurate.

Signature of Principal

Date

School

Michigan Conference of Seventh-day Adventists

5801 W. Michigan Ave

Lansing, MI 48917

517-316-1500

May 21, 2019



Consent Form

PERMISSION FOR MEDICAL TREATMENT,
PARTICIPATION IN ACTIVITIES,
TRAVEL, AND RELEASE FORM

Michigan Conference of Seventh-day Adventists

SCHOOL: _____

I/We the undersigned parent(s) or legal guardian(s) of _____
(minor "child") hereby permit, consent and release as follows:

- **I. Consent to any needed emergency medical treatment as a result of accident or sickness.** The teacher in charge, designated driver or any of their assistants acting at their direction shall have authority to obtain such emergency medical assistance for the child and transport the child as is necessary. Authority and permission to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital service that may be rendered to the child is also granted to the medical care providers. I/We will be contacted as soon as reasonably possible regarding the medical emergency.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize medical personnel and school personnel to exercise their best judgment as to the requirements of such diagnosis or treatment.

The child is covered by health care insurance as follows:
Insurance Company Name: _____
Name of Policy Holder: _____
Policy Number: _____

The child is not covered by health care insurance.

II. Field Trips

- A. When parental notification has been provided I/we give permission for the child to participate in the following off-campus, board-approved school events including, but not limited to:
 - Traditional Field Trips taking place during normal school hours
 - Routine Bible Labs Activities taking place during normal school hours
 - B. For the child to participate in off-campus, board approved trips that fall outside of normal school hours or trips not described in Section A, additional parental approval at the time of the field trip will be required.
- III. I/We give permission for the child to be transported to and from the above-described school trips by school board approved drivers.

IV. I voluntarily release, indemnify and hold harmless the Michigan Conference of Seventh-day Adventists, and its employees, representatives, agents, and affiliates from any claims, actions, losses, damages or liabilities (including reasonable attorney fees), for myself and for any occurrences or actions which result in injury, illness, accident or harm of any kind, now or in the future, to the named child while participating in the above-referenced events or activities, and from any act or omission of negligence in rendering or failing to render any type of emergency or medical service.

By signing this form, I declare that I have read and understand the contents of this form and agree to all the terms and conditions herein.

I declare that I am the legal parent and/or guardian of the child listed above and that I am authorized to sign this document. The information I have provided is truthful and accurate to the best of my knowledge.

If any provisions of this document should be invalid or unenforceable, the remaining provisions shall continue to be fully effective.

Emergency Contact Information:

Name	Phone
Mother:	Home: Work: Cell:
Father:	Home: Work: Cell:
Physician:	Work:
Other:	Home: Work: Cell:
Other:	Home: Work: Cell:

Technology and Internet Acceptable Use Policy

The schools of the Michigan Conference educational system understand the value technology and the Internet bring to education. Both student and parent(s) must sign the Technology and Internet Acceptable Use Policy as part of the registration process. This includes:

- A. Access to the Internet and use of technology at school
- B. The responsibility of students to also follow the Technology and Internet Acceptable Use Policy off campus

The Internet is a powerful resource for expanding the educational experience of each student. Access to the Internet will enable students to explore thousands of libraries, databases, curriculum materials, and personal information sites while exchanging messages with Internet users throughout the world. Unfortunately, it is true that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students exceed any disadvantages and, therefore, support the school's choosing to make the Internet and other forms of technology available to students.

Technology Usage at School: School technology is for educational purposes only. In order to access the Internet, parental permission is required. Access is a privilege-not a right. School staff may review files and communications to maintain system integrity and ensure that students are using the system responsibly.

Technology Usage Off Campus: In light of the fact that the use of technology is not limited to the boundaries of school grounds, this Technology and Internet Acceptable Use Policy also applies to the use of the Internet and/or any electronic device(s) off campus that would negatively impact the school, and/or the school/church family in any way.

Therefore, while utilizing technology on or off campus, students agree to adhere to the following Christian principles:

- I will be responsible and courteous in all communications.
- I will not utilize the Internet in a way that would demean, bully, intimidate, or in any way cause intentional hardship to another individual whether they be a student, faculty member, or otherwise.
- I will not post materials on social media and/or any other electronic media forums that would misrepresent the school's principles and stated values.
- I will use a personal electronic device (such as a smartphone, iPad, tablet, etc.) only if school policy allows and only within school guidelines and principles.
- I will not allow people to use my account(s) and will not share my password(s).
- I will respect confidentiality of accounts, folders, work, and files of others.
- I will observe copyright laws and will also give each source credit when using pictures, quotes and/or other material.
- I will not attempt to access or alter unauthorized areas of a computer system and/or network.
- I will not look at or participate in anything that is illegal.

Any activity not in compliance with these rules may result in a loss of access to school technology as well as other disciplinary and/or legal action. Additional regulations may be applied at the local school level.

Technology and Internet Acceptable Use Agreement

Student:

While utilizing the school's technology/Internet or while using off campus technology/Internet:

- I agree to follow Christian principles of conduct in my technology usage as stated in this document.
- If, while at school, I accidentally come across something that is illegal, dangerous, offensive, or harmful, I will clear the offensive material from my screen and inform my teacher or principal.
- I will not reveal names, school/home addresses, phone numbers, email addresses, or other personal information-mine or anyone else's.

I understand that if the school determines that I have broken one or more of the guidelines set out in the Technology and Internet Acceptable Use Policy, disciplinary and/or legal action may result. This may include my loss of access to technology at school.

Student Name: _____ School: _____

Student Signature: _____ Date: _____

Parent or Guardian:

- I understand that the Internet can provide students with valuable learning experiences.
- I understand that the school provides a filtering system on computers connected to the Internet. I also understand that the school cannot completely control what is accessed.
- I accept that, while teachers will exercise their duty of care, protection against exposure to harmful information is ultimately the responsibility of the student.

I have read and will support the Technology and Internet Acceptable Use Policy.

I believe _____ (name of student) understands his/her technology use responsibility, and I hereby give my permission for him/her to use technology, including the Internet while at school/school functions. I also understand that my child is responsible to follow the school's Technology and Internet Acceptable Use Policy while off campus.

Parent or Legal Guardian name (printed):

Parent or Legal Guardian:

(Signature) _____ Date: _____



**Office of Education
Michigan Conference of Seventh-day Adventists**

**STUDENT PHOTO RELEASE
Grades K-12**

I, _____, a student at _____ (“School”), and my parent or legal guardian hereby give permission to the School to use, copy, exhibit, publish or distribute my photograph, image, and/or audio recording in official School business media, including, but not limited to, newsletters, websites, social media, compact discs, DVDs, and all other forms of media. It is agreed that the use of my photograph, image, all/or audio recording shall in no way be used in any forum other than for official School or Michigan Conference business.

For a good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to the School, its affiliates, successor and assigns, and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and to use, re-use, publish, and re-publish photographs, images, and/or audio recordings of me, or in which it may be included, in whole, in part, in composite or in distortion in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproduction thereof in color or otherwise, including without limitation any claims for libel or invasion of privacy. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right I may have to inspect or approve the finished product and the copy or other matter that may be used in connection therewith or the use to which it may be applied. I understand that I will receive no compensation for the use of my photograph, image or audio recording.

I hereby release, acquit, and forever discharge the School, its affiliates, successors and assigns, those acting with its authority and permission, from any and all demands, damages, causes of action, judgments, costs, and/or fees of whatsoever nature or character, past or future, known or

unknown, whether in contract or in tort, whether for personal injuries or property damage arising in any way out of the use of my photograph, image or audio recording for official School business.

This Student Photo Release contains the entire agreement between the parties regarding the subject matter hereof, shall be interpreted under the laws of the State of Michigan and shall be binding upon and inure to the benefit of the parties, successors, assigns, heirs, and representatives.

If any provisions of this document should be invalid or unenforceable, the remaining provisions shall continue to be fully effective.

Executed on the _____ day of _____, 20____.

Student

I represent that I am the parent or guardian (circle one) of the above-named student, and I hereby consent to the foregoing on his/her behalf.

Parent or Guardian

DECLINATION

Declination:

I hereby decline to grant permission for the Photo Release described above.

Student

I represent that I am the parent or guardian (circle one) of the above-named student, and I hereby decline to grant permission for the Photo Release described above.

Parent or Guardian

January 21, 2020



STUDENT RECORD RELEASE

MICHIGAN CONFERENCE

Seventh-day Adventist Education System

School of Last Attendance: _____

Address: _____

Phone Number: _____

Fax Number: _____

Name	Birth Date	Grade
------	------------	-------

Name	Birth Date	Grade
------	------------	-------

Name	Birth Date	Grade
------	------------	-------

I hereby authorize _____ (name of school or principal) to send the cumulative record folder for the above student/s which would include transcripts, attendance records, test results, health and immunization records, grades to date of withdrawal and other information that might assist in placement and guidance to:

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____

Date of Request: _____



Permission to Administer Over-the-Counter Medications

I/We the undersigned parent(s) or legal guardian(s) of _____ (the “student”) hereby authorize and request school personnel to administer the over-the-counter medications marked below to the student as is deemed reasonably necessary and appropriate.

- Cough drops
- Pain relievers such as Ibuprofen, Acetaminophen, aspirin
- First aid ointments

Check all that apply:

- Such medications will be provided by the parent/legal guardian
- School personnel may provide these over-the counter medications

- Students are not to keep medications with their personal belongings.
- All medications are to be kept by school personnel.

Date: _____

Parent/Guardian

Date: _____

Parent/Guardian

Student Pick-Up Authorization Form

For the safety of all our students, we will need a list of each person authorized to pick-up your student(s) from school. Please complete this form (ONE PER FAMILY).

YOUR CHILDRENS' NAMES

Child 1 (Name & Grade): _____

Child 2 (Name & Grade): _____

Child 3 (Name & Grade): _____

Child 4 (Name & Grade): _____

PARENT/GUARDIAN CONTACT INFORMATION

Father's Name: _____

Phone: _____

Mother's Name: _____

Phone: _____

ADDITIONAL PEOPLE AUTHORIZED FOR PICK-UP

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Parent's Signature

Date Signed



Adventist Education
Holland Adventist Academy

March 31, 2022

Dear Parents:

One in thirteen children has a life threatening food allergy which impacts almost every school across the nation, including Holland Adventist Academy. It is the desire of the teachers and the School Board to provide a safe learning environment for all students, including those with life-threatening food allergies. Holland Adventist Academy has a Food Allergy Policy and is dedicated to managing food allergies appropriately.

IF your child has a food allergy, please complete the (attached) “Food Allergy and Emergency Care Plan.” It is important that this document be on file and signed by a physician for every student with a food allergy. Our staff will work with parents to determine each child’s individual needs and make efforts to meet these needs. If you would like a copy of the Food Allergy Policy, please contact the school and one will be provided to you.

Sincerely,

Tom Coffee

Tom Coffee, Principal
Holland Adventist Academy

Dress Code

It is the desire of the teachers and the School Board to maintain in dress, as well as manners, the influence of a Christian atmosphere. Our desire is that the focus of the students, parents, and staff be on Christ and learning.

A student's appearance should be neat, modest, and appropriate in the style and fit.

GIRLS: Modest and appropriate standards are met by a dress, shorts, jumper, skirt, split skirt, pants, capris or jeans with a collared shirt, sweater or layering top.

BOYS: Modest and appropriate standards are met by pants, jeans or shorts with a collared shirt, sweater or layering top.

Jeans: Must be modest and neat with no holes, tears, or frays.

Shoes: A closed toe and closed heel shoe must be worn. Clean, non-marking athletic shoes must be worn in the gym. It is strongly recommended that students in K-2 wear tennis shoes throughout the school day.

Logo Guidelines: A manufacturer's logo is acceptable as long as it is small and inconspicuous, with no TV/movie characters, inappropriate image, or inappropriate words. Logos promoting Adventist institutions may be larger.

Hair: Hairstyles should be conservative and natural in color. Boys hair must not be excessively over the collar.

Accessories: No jewelry or unnecessary adornment. Reasonable hair accessories are allowed with girls. Medical alert identifications are acceptable.

Make-up: Noticeable, unnatural make-up (including nail polish) should not be worn.

School Facility: No hats or hoods worn indoors. Sweatshirts meeting the other requirements of this dress code may be worn. Outerwear should only be worn for outside purposes.

Non-Appropriate Items: Undershirts, spandex/exercise wear, camouflage, beachwear, bare feet, low necklines, sleeveless tops, gaping armholes, bare midriffs, sheer fabrics, visible underwear, frayed hems, holes or tears, excessive zippers, metal beads/bling or bedazzling, tight fitting clothes, or overly baggy pants, pajamas or pajama-type clothing.

Parents should ensure that, during cold and rainy weather, all students bring appropriate clothes, coats, and boots to school. We follow the practice that all students go outdoors (weather permitting) and should be clothed accordingly.

Interpretation of the dress code is at the teachers' and school administration's discretion. If parents have questions about attire they should contact the Principal. These standards will be strictly enforced. Parents or guardians may be called to bring acceptable clothing for their child when necessary.



Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.








Extremely reactive to the following allergens: _____

THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.





**FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS**

 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/ swallowing	 MOUTH Significant swelling of the tongue and/or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/ discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

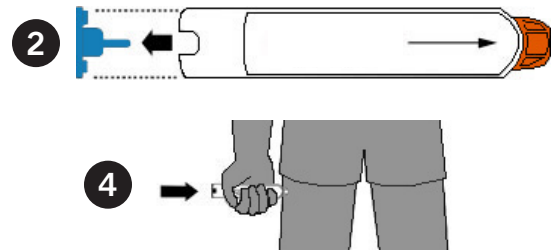
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____



Grant & Aid Assessment

FACTS makes quality education affordable for families by assisting schools in awarding financial aid. We work with schools to create a custom application and collect financial data so schools can make accurate award decisions based on financial need.

To apply for financial aid, visit <https://online.factsmgt.com/aid>

After completing the online application, you will need to upload all required supporting documentation. If you are unable to upload, fax the required documents to 866.315.9264.

The following supporting documents are required to complete the application process:

- **IRS Federal Income Tax Return**, including all supporting schedules (the year of the tax return depends on the tax requirements of your school). If applicant and co-applicant file separately, we require both tax returns for the same tax year.
- Copies of **all the current year W-2 Wage and Tax Statements** for both the applicant and co-applicant.
NOTE: If you are applying before you have received all the current year W-2 Wage and Tax Statements, please submit them as soon as they become available.
- Copies of all supporting tax documents if you have business income/loss from any of the following:
 - Business** - send Schedule C or C-EZ and Form 4562 Depreciation and Amortization
 - Farm** - send Schedule F and Form 4562 Depreciation and Amortization
 - Rental Property** - send Schedule E (page 1)
 - S-Corporation** - send Schedule E (page 2), Form 1120S (5 pages), Schedule K-1 and Form 8825
 - Partnership** - send Schedule E (page 2), Form 1065 (5 pages), Schedule K-1 and Form 8825
 - Estates and Trusts** - send Schedule E (page 2), Form 1041 and Schedule K-1

IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your current year Federal Form 1040 Tax Return.

- Copies of all supporting documentation for household Non-Taxable Income such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF). If you do not file a tax return, you are required to provide documentation of all income received.

All documentation received is imaged upon receipt and then destroyed.

You may log in to your FACTS user account to review the status of your application. Please allow 2 weeks processing time before inquiring further about receipt and/or status of the uploaded or faxed documents. Application deadlines are set by the institution awarding the aid. If you are applying after the deadline, contact your school to ensure that your application will be accepted.

A non-refundable application fee may be required before your application will be submitted.

NOTE: Award decisions are made by the institution providing the financial aid, not FACTS.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street) (City) (ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street) (City) (ZIP Code) MI	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			_____ / /	
			Parent/Guardian Signature _____ Date _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	4
	2	5		2	4
	3	6			
Tdap	1		Meningococcal (MCV4 / MPSV4)	1	2
Haemophilus Influenzae type b (HIB)	1	3		2	3
Polio (IPV/OPV)	1	3	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	4		2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
1	3	2		2	
Rotavirus (RV1/RV5)	1	3	3		
	2				
Measles, Mumps, Rubella (MMR)	1	2	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Varicella (Chickenpox)	1	2	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:					

I certify that the immunization dates are true to the best of my knowledge

_____ / ____ / ____
 Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ / ____ / ____
 Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / ____ / ____
 Examiner's Signature Date Examiner's Name (Print or Type) Degree or License
 _____ MI _____
 Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



Hearing & Vision Screenings



Children 3, 4 and 5 years of age.

Hearing and vision screenings are required prior to kindergarten and Head Start entrance, by the Michigan Public Health Code.

Schools require proof of the hearing and vision test. The health department offers the required hearing and vision screenings at no charge.

www.miOttawa.org/hearingvision

APPOINTMENTS ARE REQUIRED

Grand Haven.....(616) 846-8360

Holland.....(616) 396-5266

Hudsonville.....(616) 669-0040



12251 James Street • Holland, MI 49424-9661 • (616) 396-5266 • Fax (616) 393-5659
Branch Offices in Grand Haven & Hudsonville • www.miOttawa.org/miHealth

Revised 12/29/2014 by KWiegelmink

(Holland Adventist Academy)

**Consent for Disclosure of Immunization Information to Local and State Health Departments
(Kindergarteners, 7th graders, New Students)**

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child’s education records is disclosed to the health department. If your child is 18 or over, he or she is an “eligible student” and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Holland Adventist Academy to release my child’s immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student’s Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____



*mi*Ottawa Department of
Public Health

Ottawa County Department of Public Health **Miles of Smiles** **Mobile Dental Unit**



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