

JOHNSON COUNTY JJAEP

(PLEASE PRINT)

STUDENT INFORMATION

Name: _____
FIRST MIDDLE LAST

Date of Birth: _____ Age: _____ Race: _____ Sex: _____

Hair: _____ Eyes: _____ Height: _____ Weight: _____

SS No.: _____ DL No.: _____

PARENT/LEGAL GUARDIAN (primary contact)

Name: _____ DOB: _____ Relationship: _____
First Last

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

Employer: _____ Work #: _____

Primary Phone #: _____ Preferred method of contact: Call Text Email

Email Address: _____

PARENT/LEGAL GUARDIAN (secondary contact)

Name: _____ DOB: _____ Relationship: _____
First Last

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

Employer: _____ Work #: _____

Primary Phone #: _____ Preferred method of contact: Call Text Email

Email Address: _____

EMERGENCY CONTACT INFORMATION (List persons who may be called if neither parent/guardian listed above can be contacted.)

#1. _____ () _____
Name (First) (Last) Relationship Daytime Phone #

#2. _____ () _____
Name (First) (Last) Relationship Daytime Phone #

#3. _____ () _____
Name (First) (Last) Relationship Daytime Phone #

Johnson County JJAEP

Student Pick-up List

Name of Student: _____

Please list all persons who have permission to pick your child up from school. Identification may be required. Please notify the office in the event any changes to the list need to be made.

Name	Relationship	Phone Number

Signature of Parent/Guardian

Date

By signing below, I give my child permission to walk or ride his/her bicycle home from the JJAEP.

Signature of Parent/Guardian

Date

Johnson County JJAEP

Medical/Medication Consent Form

Student's Name: _____ Date of Birth: _____

I, the undersigned parent/legal guardian or other person authorized to give consent, do hereby authorize, consent and extend permission to the Johnson County Juvenile Justice Alternative Education Program, hereinafter referred to as the "JCJJAEP", to authorize and provide medical care for the above named student.

Please read and initial your understanding of and/or consent to each of the following:

_____ I authorize the JCJJAEP to seek emergency care for the above named student in the event I cannot be contacted for consent. I understand that every attempt will be made to notify me immediately in case of a medical emergency involving the above named student.

_____ I understand that I am financially responsible for the health care needs of the above named student.

_____ I authorize the JCJJAEP to administer medication to the above named student as prescribed by a licensed physician.

_____ I understand that under no circumstance is the above named student allowed to be in possession of prescription or non-prescription medication at school. Medication should be forwarded by parent/guardian directly to the JCJJAEP staff. Medication must be labeled, in the original prescription container, with medical instructions from a doctor regarding dosage. The Request to Dispense Medication Form must be completed for all medications.

_____ I give the JCJJAEP permission to dispense Tylenol or Ibuprofen to the above named student as needed.

_____ To the best of my knowledge, the above named student is physically fit to engage in normal physical activity/fitness and is not suffering from any disease or injury. I understand that a doctor's note is required for any excuse not to participate in the physical education program and the estimated time frame for non-participation. Concerned parents are encouraged to obtain a current physical/check-up by their private physician.

Further, I agree to save, hold harmless and indemnify JCJJAEP of and from any and all claims, demands, and causes of action whatsoever on account of or in any way resulting from JCJJAEP's physical education program, the authorization or administration of any such medical services, or administration of prescription medication or other medication.

◆ List any health conditions or medical concerns (ex. asthma): _____

◆ List any food or drug allergies: _____
(A doctor's note may be required.)

◆ List all medications the student is currently taking: _____

◆ Is the student covered by medical insurance? (circle one) Private Medicaid None

Name of Parent/Legal Guardian (Print)

Relationship to Student

Signature of Parent/Legal Guardian

Date

Johnson County JJAEP

Student Handbook & Code of Conduct
Acknowledgement

I have received a copy of the Student Handbook and Code of Conduct for the Johnson County JJAEP. I understand that I will be held accountable for my behavior and will be subject to the disciplinary consequences outlined in the Handbook/Code of Conduct.

Name of Student (print)

Signature of Student

Signature of Parent/Guardian

Date

JJAEP Staff