

**EAU CLAIRE ACADEMY DAY SCHOOL**

**A-1**  
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**DATA SHEET -- PERSONAL**

<small>THIS SECTION FOR ACADEMY USE ONLY</small>	
Resident Number:	_____
Date of Admission:	_____
Time of Admission:	_____

**DAY SCHOOL STUDENT**

**YOUTH**

**GRADE** \_\_\_\_\_

Name: \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Other/Nickname \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

**PARENT/GUARDIAN**

#1

<b>Legal Information:</b> <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Primary Care Giver <input type="checkbox"/> Physical Custody	CONTACT NAME: _____	Mother		Father	
	ADDRESS: _____	<input type="checkbox"/>	Biological		<input type="checkbox"/>
	EMAIL ADDRESS: _____	<input type="checkbox"/>	Adopted		<input type="checkbox"/>
	Phone 1: _____	<input type="checkbox"/>	Step		<input type="checkbox"/>
	Phone 2: _____	<input type="checkbox"/>	Foster		<input type="checkbox"/>
	Phone 3: _____	<input type="checkbox"/>	Other		<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

#2

<b>Legal Information:</b> <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Primary Care Giver <input type="checkbox"/> Physical Custody	CONTACT NAME: _____	Mother		Father	
	ADDRESS: _____	<input type="checkbox"/>	Biological		<input type="checkbox"/>
	EMAIL ADDRESS: _____	<input type="checkbox"/>	Adopted		<input type="checkbox"/>
	Phone 1: _____	<input type="checkbox"/>	Step		<input type="checkbox"/>
	Phone 2: _____	<input type="checkbox"/>	Foster		<input type="checkbox"/>
	Phone 3: _____	<input type="checkbox"/>	Other		<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

#3

<b>Legal Information:</b> <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Primary Care Giver <input type="checkbox"/> Physical Custody	CONTACT NAME: _____	Mother		Father	
	ADDRESS: _____	<input type="checkbox"/>	Biological		<input type="checkbox"/>
	EMAIL ADDRESS: _____	<input type="checkbox"/>	Adopted		<input type="checkbox"/>
	Phone 1: _____	<input type="checkbox"/>	Step		<input type="checkbox"/>
	Phone 2: _____	<input type="checkbox"/>	Foster		<input type="checkbox"/>
	Phone 3: _____	<input type="checkbox"/>	Other		<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

**IN CASE OF EMERGENCY: PARENT/GUARDIAN IS ALWAYS CONTACTED**

**ADDITIONAL EMERGENCY CONTACTS**

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone 1: _____	Phone 1: _____
Phone 2: _____	Phone 2: _____

SAME AS # \_\_\_\_\_

# EAU CLAIRE ACADEMY DAY SCHOOL

A-1

## DATA SHEET -- AGENCY

RESIDENT # \_\_\_\_\_

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### NAME OF YOUTH

\_\_\_\_\_  
FIRST MIDDLE LAST GRADE

NAME OF DISTRICT: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_

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

Transportation: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Fax: \_\_\_\_\_

Invite to staffings?  YES  NO

Receive copies of staffing reports?

YES  NO

\*RELEASE OF INFORMATION SIGNED BY GUARDIAN REQUIRED FOR SCHOOL AND OTHER PROVIDER

NAME OF COUNTY: \_\_\_\_\_

NAME OF SOCIAL WORKER: \_\_\_\_\_

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

Transportation: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Fax: \_\_\_\_\_

Invite to staffings?  YES  NO

Receive copies of staffing reports?

YES  NO

\*RELEASE OF INFORMATION SIGNED BY GUARDIAN REQUIRED FOR SCHOOL AND OTHER PROVIDER

NAME OF COUNTY: \_\_\_\_\_

NAME OF CCS WORKER: \_\_\_\_\_

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

Transportation: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Fax: \_\_\_\_\_

Invite to staffings?  YES  NO

Receive copies of staffing reports?

YES  NO

\*RELEASE OF INFORMATION SIGNED BY GUARDIAN REQUIRED FOR SCHOOL AND OTHER PROVIDER

NAME OF COUNTY: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_

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

Transportation: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Fax: \_\_\_\_\_

Invite to staffings?  YES  NO

Receive copies of staffing reports?

YES  NO

\*RELEASE OF INFORMATION SIGNED BY GUARDIAN REQUIRED FOR SCHOOL AND OTHER PROVIDER

**CHILD &  
ADOLESCENT  
EMERGENCY  
CONSENT**

SACRED HEART HOSPITAL  
PRE-CONSENT FOR EMERGENCY TREATMENT OF A MINOR

Because you cannot always be with your child, it is important to think about what might happen in the event of a medical emergency. Luther Hospital's Child & Adolescent Emergency Consent Program can give you the security of knowing that your child will receive emergency treatment even if you cannot be reached.

Hospitals are required by law to obtain parental permission before treating a minor, anyone younger than 18 years old, unless the emergency is life-threatening or could lead to complications. Pre-consent forms for emergency treatment of a child or adolescent are important when your child is sick or sustains a minor injury and we cannot reach you. Typical situations involve midnight earaches, broken bones, the flu or cuts and scrapes. Even after you have filled a consent form, every effort is made to contact you before beginning treatment.

The undersigned parent/guardian of:

\_\_\_\_\_ (name of minor) \_\_\_\_\_ (age)

in the event that he or she cannot be contacted through reasonable efforts, does hereby empower and authorize emergency care and treatment for the above named child/ward. This authorization shall be valid for the period of time commencing on: \_\_\_\_\_ and ending on: \_\_\_\_\_.

I do hereby indemnify and hold harmless the physicians, hospital, and other persons who act in reliance upon this authorization. In addition, I expressly agree to pay for any medical services rendered to the minor listed above.

Dated: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Minor's Birth Date: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Any current medication(s): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Parent/Guardian can be contacted at the address/phone number: \_\_\_\_\_

Name/Address/Phone of family doctor: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Services  
**\*CIRCLE ONE\***

Sacred Heart Hospital  
900 W Clairemont Avenue  
Eau Claire, WI 54701  
(715-717-4121)

Luther Hospital  
1221 Whipple Street  
Call Box 5  
Eau Claire, WI 54702-4102  
(715-839-3242)

**P-7 PERMISSION TO OBTAIN EDUCATIONAL MATERIALS**

EAU CLAIRE ACADEMY, EAU CLAIRE, WISCONSIN  
(NOT PART OF THE EAU CLAIRE SCHOOL DISTRICT)

**PARENTS COMPLETE FOR EAU CLAIRECENTER ACADEMY USE**

TO: \_\_\_\_\_  
(Previous school)

ADDRESS: \_\_\_\_\_  
Street City State Zip

The following student has enrolled at Eau Claire Academy effective \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
Name of Student Grade Date of Birth

Pursuant to Wisconsin Statutes 118.125(4) and Federal Regulations, Section 99.31/34, you are authorized to forward the above student's records (progress and behavioral) by this official notification of student enrollment to the following school:

PLEASE INCLUDE

Cordially,

1. TRANSCRIPT
2. PRESENT GRADE, LAST GRADE COMPLETED
3. CURRICULUM GUIDE and/or COURSE DESCRIPTION
4. IEP, M-TEAM and PSYCHOLOGICAL REPORTS
5. IMMUNIZATION RECORD

EAU CLAIRE ACADEMY  
550 N. Dewey St., PO Box 1168  
Eau Claire, WI 54702  
Laurie Van Beek, Principal

Wisconsin Statute 118.125(4) PUPIL RECORDS (4) TRANSFER OF RECORDS. A school district shall transfer within 5 working days to another school or school district all pupil records relating to specific pupil if the transferring school district has received written notice from the pupil if he/she is an adult or his/her parent/guardian if he/she is a minor, that the pupil intends to enroll in the other school district, or written notice from the other school or school district that the pupil has enrolled.

Federal Regulation, Section 99.31 Prior consent for disclosure not required. (a) An educational agency or institution may disclose personally identifiable information from the education records of a student without written consent of the parent of the student or the eligible student if the disclosure is – (2) To officials of another school or school system in which the student seeks or intends to enroll, subject to the requirements set forth in 99.34;

Section 99.34 \*\*Conditions for disclosure to officials of other schools and school systems. (a) An educational agency or institution transferring the education records of a student pursuant to 99.31 (a) (2) shall:

- (1) Make a reasonable attempt to notify the parent of the student or the eligible student of the transfer of the records at the last known address of the parent or eligible student, except:
- (ii) When the agency or institution includes a notice in its policies and procedures formulated under 99.5 that it forwards education records on request to a school in which a student seeks to or intends to enroll; the agency or institution does not have to provide any further notice of the transfer;

Federal regulation, Section 99.33 Limitation on redisclosure. (a) An educational agency or institution may disclose personally identifiable information from the education records of a student only on the condition that the party to whom the information is disclosed will not disclose the information to any other party without prior written consent of the parent of the student or the eligible student.

If previous schools' educational records are part of this record, this signature will authorize their release to our school district:

\_\_\_\_\_  
Signature: Parent/Guardian of Student or Adult Student Date

EAU CLAIRE ACADEMY DAY SCHOOL

OVER-THE-COUNTER MEDICATION AUTHORIZATION

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

As the parent/guardian of the above-mentioned student, I give the Eau Claire Academy permission to administer the following medication(s) to my child for the following reason or diagnosis

\_\_\_\_\_.

Medication/Dosage(mg, cc, ml, etc.) TYLENOL, ACETAMINOPHEN, IBUPROFEN, ALLERGY MEDS.	How to administer:	How often:	Start Date:	Stop Date:	Consideration/ Side Effects:
Name of Medication & Dosage on bottle  Tylenol	By Mouth	How many and when can they have it again	9/01/2022	6/01/2023	Sleepiness, stomach upset

The administration of FDA approved non-prescription medication requires written consent of the student's parent/guardian. All non-prescription medication must arrive at school in the original, unopened, manufacturer's package, ingredients and recommended therapeutic dose in legible format. All non-prescription medication will be given according to the package directions. Please check expiration before bringing medication to school. The Health Office Staff cannot administer expired medication or medication that is not received in its original manufacturer's package.

CHILD'S PHYSICIAN: Name: \_\_\_\_\_

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

As the parent/guardian of the above-mentioned student, I will keep the school aware of any changes in medication(s), profile or health concerns of my child. I give my medical provider and Eau Claire Academy permission to release and obtain information from each other as necessary to administer medication. I understand that the medication will be disposed of if not picked up within one week following termination of the order, or one week beyond the close of school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"Practitioner" means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state.

**EAU CLAIRE ACADEMY**

**Day Student Field Trip Permission Slip**

**For the School Year 2022-2023**

I give my permission for \_\_\_\_\_ to go on any field trips with the Eau Claire Academy classroom during the school year.

I will be notified by the teacher when and where they will be going.

Parents, if you have any questions please call 715-834-6681 and ask for the teacher.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Emergency contact(s) and phone number(s):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

## Contraband Procedure for Day School Students

To ensure the safety of all students in the school, the following guidelines will be used. Each morning the students are wanded for contraband. If contraband, including vapes, cigarettes and lighters, are found, the following will take place:

1. First time will result in an in-house one-day suspension
2. Second time will result in a three-day suspension
3. If the child continues this behavior and is caught a third time, he/she will be found to be inappropriate for our program due to continually creating dangerous situations. At this time, a meeting will be scheduled to consider placement options for the child to include possible re-admission at a future date.

\_\_\_\_\_  
Parent Signature

Date\_\_\_\_\_

\_\_\_\_\_  
Student Signature

Date\_\_\_\_\_

# GUIDANCE PLAN

Name:

DOA:

DOB:

<p>THINGS STAFF <u>SHOULD NOT</u> DO WHEN RESIDENT IS UPSET:</p> <ul style="list-style-type: none"><li>•</li></ul>	<p>THINGS STAFF <u>SHOULD</u> DO TO HELP:</p> <ul style="list-style-type: none"><li>•</li></ul>
<p>THINGS THAT TRIGGER/ UPSET STUDENT:</p>	<p>BEHAVIORS STUDENT ENGAGES IN WHEN UPSET OR EMOTIONAL:</p>
<p>THINGS THAT HELP STUDENT CALM/SELF REGULATE:</p> <ul style="list-style-type: none"><li>•</li></ul>	<p>THINGS THAT PARENTS HAVE FOUND HELPFUL:</p>

FOCUS RESPONSE:

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UPDATED:



