

Young Achievers



Christian Academy  
Home Of The Warriors

# Academic Registration

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2025-2026

**YOUNG ACHIEVER'S CHRISTIAN ACADEMY**  
1025 NE 15TH STREET  
OKLAHOMA CITY, OK 73117

OFFICE PHONE: 405-424-1701

<http://www.youngachieversokc.org>

**Young Achievers Christian Academy**

1025 NE 15<sup>TH</sup> Street | Oklahoma City, OK 73117 | 405-424-1701

*"I can do all things through Christ that which strengthens me." Philippians 4:13*

Dear YACA Families,

Thank you for your interest in Young Achiever's Christian Academy, which offers a rigorous education program, rooted in Christian faith and tradition, for children from pre-kindergarten through eighth grade. We are delighted that you have chosen to be part of our learning community and welcome and value your positive energy and dedication to excellence in education. We are indeed a joyous and caring community with the common goals of nurturing responsible, caring students and promoting high-level learning, all in safety. Our goal is to ensure that you and your child's experience is nothing short of amazing. We are here to help you through your transition into Young Achievers Christian Academy. Please feel free to call our office for any questions that you may have.

We are proud of our school facilities and community. Our ever-increasing science lab, music program, sponsored STEM program as well as our individual classrooms offer an atmosphere rooted in Christian tradition. Each year brings positive change and growth. This includes a few new additions to our staff. We are working diligently to ensure that our classrooms are equipped with staff that will ensure the progress of the students.

Your commitment to ensuring that Young Achievers Christian Academy remains a celebrated and successful school is awe-inspiring. I eagerly look forward to greeting students and families in August. It remains an honor and privilege to serve as your director. Together, I know we will make this school year one of growth and achievement for all children.

Warmest Regards,

Ms. Charitta Smith  
Academy Director  
Young Achievers Christian Academy

## Statement of Faith

### We Believe

- The only true God, existing eternally in three persons – Father, Son, and Holy Spirit.
- The Bible to be the inspired, infallible, authoritative word of God.
- The value and dignity of all people, each created in God's image and yet alienated from God and each other because of our sin and guilt.
- Jesus Christ, fully human and fully divine, who lived as a perfect example, assumed the judgment due sinners by dying in our place, and was bodily raised from the dead and ascended as Savior and Lord.
- God's grace which justifies all who repent and put their faith in Jesus Christ alone for salvation.
- The presence and transforming power of the Holy Spirit, and the unity of all believers in Jesus Christ.

## Our Values

### **RELATIONSHIPS**

At Young Achievers Christian Academy, we pursue genuine friendships with individuals, businesses, and churches to care for, encourage, and lift up one another.

*Hebrews 10:24-25 | 1 Corinthians 12:25-27*

### **LONG-SUFFERING**

At Young Achievers Christian Academy, we recognize we're walking a journey, not running a race, trusting that God will provide over our long journey. Whether we face triumphs or hardships, we celebrate that He works in His timing, not ours.

*James 1:2-4 | Romans 5:3-5*

### **PRAYER**

At Young Achievers Christian Academy, we devote ourselves to prayer knowing that prayer results in unity, thanksgiving, confessions of sins, blessings, and discovering God's will. We pray in times of distress, we give thanks and praise in times of joy, and we continually pray for those we serve.

*Thessalonians 5:16-18 | John 14:13-14*

### **HUMILITY**

At Young Achievers Christian Academy, we humbly seek to embody a life of service, generosity, and sacrifice, recognizing the work of others.

*John 3:30 | Philippians 2:3*

### **EXCELLENCE**

At Young Achievers Christian Academy, we strive for excellence in all of our endeavors, not for our own glory, but for the Glory of God.

*Philippians 4:8-9 | Colossians 3:23-24*

### **REST**

By resting, we stop to enjoy God and His creation, celebrate the work He has done, and acknowledge He's in charge, not us. While He works powerfully in and through us, our work is not up to us. It's up to Him. The only way we can keep from being enslaved by our work is to make rest a regular part of the way we work.

*Genesis 2:2-3 | Matthew 11:28-30*

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

**Student Information**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Sex (M/F) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Student Lives With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

**Parent/Guardian Information**

Name \_\_\_\_\_ (Mother / Father / Guardian)  
Place of Employment \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Authorized to Pick Up [ YES ] [ NO ]

Name \_\_\_\_\_ (Mother / Father / Guardian)  
Place of Employment \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Authorized to Pick Up [ YES ] [ NO ]

**Health Concerns**

Any known Medical Diagnosis [ YES ] [ NO ]      Allergies [ YES ] [ NO ] \_\_\_\_\_  
Eating Concerns [ YES ] [ NO ]      Emotional Concerns [ YES ] [ NO ]  
Discipline Concerns [ YES ] [ NO ]      Physical Concerns [ YES ] [ NO ]  
Hearing [ YES ] [ NO ]      Physical Restrictions [ YES ] [ NO ]  
Hyperactivity [ YES ] [ NO ]      Visual [ YES ] [ NO ]  
Asthma [ YES ] [ NO ]  
Medications \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

## Student Pick-Up Permission Form

I give the following persons listed below permission to pick-up my child/children from Young Achievers Christian Academy. I am aware that once my child/children is picked up by any persons listed below, that I assume full responsibility for my child/children. If a name is not listed, the person picking up the named student will not be allowed to remove the student from the premises of Young Achievers Christian Academy until a parent has been contacted.

- 1. Student Name \_\_\_\_\_
- 2. Student Name \_\_\_\_\_
- 3. Student Name \_\_\_\_\_
- 4. Student Name \_\_\_\_\_

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

### Authorized Pick-Up

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

## Swat Policy Consent

Young Achievers Christian Academy has an established a Swat Policy for behavior concerns with its students within reasoning. YACA does not misuse the privilege to swat children but do feel in some situations swatting is necessary. Our intensions are to help correct the behavior of the student; at the time the behavior is displayed. We understand that students have the ability to listen and follow directions the first time. YACA’s Swat Policy helps correct those mistakes. The Academy Director is the only person within the school who will administer swats unless a parent has given permission to the students’ teacher. Parents are aware that they will be notified before a student is given swats along with a written discipline form. Swatting is not the first form of discipline in every situation. Students are given a verbal warning and two referrals. Students may also be suspended for consecutive behavior which may also lead to the removal from the academy. Fighting, use of profanity, disrespecting teachers, or other faculty members, and more than three consecutive behavior warnings, will result in immediate attention by both Administration and Parents or Guardians.

- *Proverbs 12:24; Whoever spares the rod hates his son, but he who loves him is diligent to discipline him. (ESV)*
- *Proverbs 22:15; Children will do foolish things, but if you punish them, they will learn not to do them. (ERV)*
- *Proverbs 23:13-14; Always correct children when they need it. If you spank them, it will not kill them. In fact, you might save their lives. (ERV)*

Please read and sign the following permission form and turn it into the office.

I \_\_\_\_\_ hereby **give / do not give** the Academy Director, Assistant Director, and/or classroom teacher permission to swat my child for a warrant behavior issue while on school premises.

Young Achievers Christian Academy permission to swat the named student(s) at the consent of the parent.

1. Student Name \_\_\_\_\_
2. Student Name \_\_\_\_\_
3. Student Name \_\_\_\_\_
4. Student Name \_\_\_\_\_

Fighting, use of profanity, disrespecting teachers or the other faculty members, and more than three consecutive behavior warnings (see classroom rules and guidelines)

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

## Social Media / Student Picture Release Consent

[  ] I **Give** permission for my child/children to be photographed and pictures used by Young Achievers Christian Academy for the purpose of advertisement, website, and social media.

[  ] I **Do Not Give** permission for my child/children to be photographed by Young Achievers Christian Academy Administration or Staff.

## Transportation Release Consent

[  ] I **Give** Young Achievers Christian Academy permission to transport my child/children on Field Trips utilizing Young Achievers Christian Academy’s transportation. I will not hold Young Achievers Christian Academy, Ms. Charitta Smith, Academy Director, or the Transportation Driver responsible for accidents that may occur while my child is being transported by transportation provided by Young Achievers Christian Academy.

[  ] I **Do Not Give** my child/children permission to ride in any transportation provided by Young Achievers Christian Academy. I do understand that in the event of a school Field Trip, I am solely responsible for the transportation for my child/children.

1. Student Name \_\_\_\_\_
2. Student Name \_\_\_\_\_
3. Student Name \_\_\_\_\_
4. Student Name \_\_\_\_\_

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

## Tuition Payment Plan Agreement

*Purpose of this form: Use of this form is to ensure that all parties fully understand the tuition agreement set forth by Young Achievers Christian Academy.*

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

### **Terms and Conditions**

- I agree to pay my monthly tuition and additional service payments on the first of every month.
- I agree that my contract cannot be changed once signing.
- I agree to pay any late fees that are occurred from late tuition. Payments are late as of 11:59PM on the 1<sup>ST</sup> of the Month.
- I agree to pay any installment payments on time.
- Tuition payments are final & nonrefundable.
- I agree to pay the fee of \$50.00 for any returned checks made payable to YACA.
- I agree that my student(s) records will be held until my balance is paid in full.
- I agree that I must provide a 2 week notice to YACA in writing should I choose to withdraw my student(s). If notice is not provided, I agree that I will be charged a full month of tuition.

### **Late Payment Policy**

- **Penalty and Late Fee:** If I fail to pay due amount on or before the due date, I agree to pay an initial late fee of \$50.00 after the first day late and a recurring fee of \$5.00 per day until payment is made. I understand that penalty and fees will be added to my account starting the first day payment is late. I understand weekends will not be added into my penalty and late fee payments.
- **Notice:** After 1 week of my account being delinquent I will be informed in writing and phone call by the Accounting Office or School Administration of penalty and late fee realization. I understand failure to pay my fees could affect my student(s) student status.
- **Loss Eligibility for Payment Plan:** If I fail to pay my installment payments, I will then be required to pay the payment in full or be moved to monthly payments in which I will lose all discounts given.
- **Readmission Withholding:** If I have any outstanding

I agree and have read and understand all the above terms and conditions.

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

Administration Signature \_\_\_\_\_ Date \_\_\_\_\_

**We are not obligated to inform you monthly and individually of your payment date. It is your responsibility to adhere to your contract and Young Achievers Christian Academy to avoid any additional fees.**



## Additional Service Form

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

### Please Check All That Applies

#### PK3 and PK4 ADDITIONAL SERVICE SELECTION

A.M Care @ \$100.00 Month

P.M. Care @ \$100.00 Month

#### KINDERGARTEN THROUGH EIGHTH GRADE ADDITIONAL SERVICE SELECTION

Lunch @ \$100.00 month

A.M Care @ \$100.00 Month

P.M. Care @ \$100.00 Month

#### ADDITIONAL DISCOUNTS THAT APPLY (10% discount | PLEASE CHOOSE ONLY ONE)

Multiple Child Discount

Educators Discount

Military Discount

Pastoral Discount *(15% discount. Parent / Grand Parent only. Must provide documentation.)*

Full Tuition Payment Discount

Total of Monthly Tuition \_\_\_\_\_

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

Administration Signature \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Transfer Records

*YOUNG ACHIEVERS CHRISTIAN ACADMEY AUTHORITY TO TRANSFER EDUCATION RECORDS*

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31, please transfer all Education Records for the following:

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Academic School Year \_\_\_\_\_

Request for Education Records includes, but is not limited to:

- Scholastic Records
- Test Records
- Behavioral Records
- Special Education Records
- Health Records
- Personal Recommendations
- Attendance Records
- Activity Records

Transfer of student records, including disciplinary records, must take place in a timely manner, within three (3) business days of receipt of request, under state law. (70 O.S. 24-101.4) The student(s) intends to enroll or already has enrolled in our school district; therefore, please send records to the following address:

**Young Achievers Christian Academy  
1025 NE 15th St  
Oklahoma City, OK 73117**

Education records are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed, if requested. Further *disclosure of the above records will be in accordance with 34 CFR § 99.31.*

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

Administration Signature \_\_\_\_\_ Date \_\_\_\_\_

## Internet Safety Policy

The purpose of this policy is to insure school-level compliance with policies and guidelines concerning the use of computers and the Internet which may be generated at state, national and international levels, and to help assure the school's opportunity to access the Internet, other existing computer sites, and those telecommunications and networking programs which may be developed in the future.

### **Acceptable Use**

The use of the Internet must be in support of education and research and consistent with the educational objectives of Young Achievers Christian Academy. Use of other organization's network or computing resources must comply with the rules appropriate for that network.

### **Teacher and Staff Acceptable Use**

Teachers and Staff will not expose students to their personal social media accounts without the written consent of the parent(s).

Teachers can and do have the right to create a school social media page that can be used to showcase what the students are learning and what the academy teachers are teaching. This social media page will be monitored by the school's administrators.

### **Consequences of Inappropriate Network Behavior**

The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Young Achievers Christian Academy administrators will deem what is inappropriate use and their decision is final. The administration, faculty, and staff of Young Achievers Christian Academy may request the system administrator to deny, revoke, or suspend specific user privileges. Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to steal, harm, or destroy computer hardware, system software, data of another user, Internet, or any of the above listed agencies or other networks that are connected to the NSFNET Internet backbone. This includes, but not limited to, the uploading or creation of computer viruses.

Any user who does not comply with Policies and Guidelines will lose computer/network privileges. Student infractions may result in appropriate disciplinary action in addition to suspension or termination of access privileges. Unauthorized use of the network, intentional deletion or damage to files and data belonging to Young Achievers Christian Academy or to other users, and /or copyright violations may be termed theft as defined under Oklahoma State Department of Education.

### **Parental Notification and Responsibility**

Young Achievers Christian Academy will notify the parents about the network and the policies governing its use through the Student Handbook. Parents must sign Student use Internet Agreement to allow their student to access the Internet. Parents may request alternative activities for their child(ren) that do not require Internet access. Parents have the right at any time to investigate the Internet activities of their child(ren).

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

Administration Signature \_\_\_\_\_ Date \_\_\_\_\_

# CERTIFICATE OF EXEMPTION

Please read instructions on the reverse of this certificate before completing.  
All entries must be legible or form will be returned. Please print unless signature is required.

Name of Child (Last, First, MI) Birth Date Birth Country Birth State

Parent or Guardian's Name Mother's Maiden Name Parent's Street Address

County City State Zip Code Parent Phone Number

Name of School, Child Care Facility or Head Start School District School Year School Grade Facility Phone Number

Race (select up to 3):  Alaskan Native or American Indian  Asian  Black or African American  Native Hawaiian or Pacific Islander  White  Other  
Ethnicity (select 1):  Hispanic or Latino  Not Hispanic or Latino  
Child's Gender:  Male  Female

## TYPE OF EXEMPTION (Complete either section 1, 2 or 3 and sections 4 & 5)

### 1. MEDICAL CONTRAINDICATION:

I hereby certify that the immunization(s) specified below are medically contraindicated for the above-named child.

Immunization(s) State the condition that would endanger the life or health of the child.

Printed name of Physician Signature of Physician

Address of Physician Phone number of Physician

### 2. RELIGIOUS OBJECTION:

I hereby certify that immunization is contrary to the teachings of the above-named child's religion.

Printed name of Religious Leader or Parent/Guardian Signature of Religious Leader or Parent/Guardian

### 3. PERSONAL OBJECTION:

I hereby certify that immunization is contrary to my beliefs. As the parent or legal guardian of the above-named child, I request an exemption to the immunization requirements for School, Child Care Facility or Head Start attendance. I have written a brief summary of my objections in the space provided below. **I understand that lost records are not grounds for an exemption.**

**REQUIRED:** Summary of Objections: (Limited to 600 characters.)

### 4. Please check which immunizations this exemption applies to:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> DTaP/Td/Tdap (Diphtheria, Tetanus & Pertussis) | <input type="checkbox"/> Hib (Haemophilus Influenzae type B) | <input type="checkbox"/> Polio                  |
| <input type="checkbox"/> Hepatitis A                                    | <input type="checkbox"/> MMR (Measles, Mumps and Rubella)    | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B                                    | <input type="checkbox"/> Pneumococcal                        | <input type="checkbox"/> All                    |

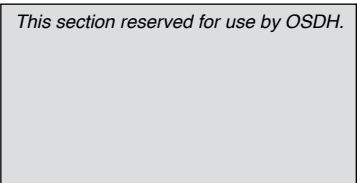
### 5. Acknowledgement

I understand that in the event of a disease outbreak in the School, Child Care Facility or Head Start, my child may be excluded for his/her protection and for the protection of other children in the School, Child Care Facility or Head Start.

Printed name of Parent/Guardian Signature of Parent/Guardian Date

### ATTENTION: Please mail this completed form to the Immunization Service.

Oklahoma State Department of Health  
Immunization Service  
123 Robert S Kerr, Suite 1702  
Oklahoma City, Oklahoma 73102-6406



## **INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF EXEMPTION**

Oklahoma law requires that parents of all children attending School, Child Care Facilities, and Head Start in this state submit documentation of immunization. This documentation is required before the child is allowed to enter or attend School, Child Care or Head Start. Children with specific medical contraindications to any or all immunizations may be allowed to attend if the medical reason is stated and this statement is signed by a licensed physician and submitted to the School, Child Care Facility or Head Start. Children whose parents have objections to immunizations based on religious teachings or personal beliefs may seek an exemption.

Copies of immunization records and any Certificate of Exemption must be on file with the School, Child Care Facility or Head Start, and available for review.

**FORM REQUIRED:** Children enrolled in School, Child Care or Head Start.

**FORM NOT REQUIRED:** Children *not* enrolled in School, Child Care or Head Start.

- **This form must be fully completed and signed.**
- **This form must be submitted to Immunization Service.**
- **The School, Child Care Facility or Head Start will keep a copy of the completed form.**
- **Parent understands that lost records are not grounds for an exemption.**

### **LOST IMMUNIZATION RECORDS**

Lost immunizations records are not grounds for an exemption to the immunization requirements. Parents who have lost their child's records should contact their local health department or family physician. The nurse or doctor can interpret past immunization history, provide any needed immunizations, and create a record for the parent that can then be submitted to the School, Child Care Facility or Head Start and transcribed for the student's record.

### **EXCLUSION DURING A DISEASE OUTBREAK**

A disease outbreak in a School, Child Care Facility or Head Start may result in exposure of children attending on the basis of an exemption. These children may be susceptible to the diseases, and therefore may be excluded for the duration of any outbreak for their own health and for the health of other children. Parents should be informed of this possibility before signing a Certificate of Exemption.

*A completed copy of the Certificate of Exemption may be submitted to the  
Oklahoma State Department of Health Immunization Service either directly or through the local school.*

Revised Jan 2024.

# Health Services

Permission Form for Prescribed and Over the Counter Medications

# Servicios de Salud

Formulario de Permiso para Recetas Médicas

DATE FORM RECEIVED BY SCHOOL <i>Fecha recibida por la escuela</i>			
RESIDENT SCHOOL <i>Escuela</i>		PHONE <i>Teléfono</i>	FAX <i>Fax</i>
STUDENT NAME <i>Nombre del Estudiante</i>		BIRTHDATE <i>Fecha de Nacimiento</i>	
GRADE <i>Grado</i>	TEACHER/CLASSROOM <i>Maestro/Salón de Clase</i>		

**TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER *Para ser llenado por el doctor ó la persona autorizada***

Reason For Medication <i>Razón del medicamento</i>					
Name of Medication <i>Nombre del medicamento</i>					
Form of Medication/Treatment (please select one) <i>Forma del medicamento/tratamiento</i>					
Tablet <input type="checkbox"/> <i>Pastilla</i>	Liquid <input type="checkbox"/> <i>Líquido</i>	Inhaler <input type="checkbox"/> <i>Inhalador</i>	Injection <input type="checkbox"/> <i>Inyección</i>	Nebulizer <input type="checkbox"/> <i>Nebulizador</i>	Other <i>Otro:</i>
Instructions <i>Instrucciones</i> (Schedule and dose to be given at school) <i>(Horario y dosis que será suministrado en la escuela)</i>					
Start Date <i>Fecha de inicio</i>		Stop Date <i>Fecha Final</i>		For episodic/emergency events only <input type="checkbox"/> <i>Para eventos episódicos/emergencia solamente</i>	
Restrictions and/or important side effects: None anticipated <input type="checkbox"/> <i>Restricciones y/o importantes efectos secundarios: No Anticipado</i>			If yes, please describe: <i>Si, por favor descríbalo</i>		
Special Storage Requirements <i>Requisitos especiales para guardarlos</i>			None <input type="checkbox"/> <i>No</i>	Refrigerate <input type="checkbox"/> <i>Refrigerar</i>	
Physician's Name <i>Nombre del Doctor</i>					
Signature <i>Firma</i>					
Phone Number <i>Teléfono</i>		Fax Number <i>Número defax</i>			

**TO BE COMPLETED ONLY FOR LIFE THREATENING CONDITIONS *Para ser llenado solamente en casos de condiciones de amenaza de vida***

This student is both capable and responsible for self-administering this medication <i>El estudiante es capaz y responsable de suministrar su propio medicamento</i>		
No <input type="checkbox"/> <i>No</i>	Yes-Supervised <input type="checkbox"/> <i>Sí – Bajo Supervisión</i>	Yes-Unsupervised <input type="checkbox"/> <i>Sí – Sin Supervisión</i>
This student may carry this medication on his/her person <i>El estudiante puede guardar este medicamento</i>		No <input type="checkbox"/> Yes <input type="checkbox"/> <i>No Sí</i>
Physician's Name <i>Nombre del Doctor</i>		
Signature <i>Firma</i>		
Phone Number <i>Teléfono</i>		Fax Number <i>Número de Fax</i>

**TO BE COMPLETED BY PARENT OR GUARDIAN *Para ser llenado por el padre/tutor***

The district shall incur no liability as a result of any injury arising from your child self-administering medication at school. <i>El distrito no será responsable como consecuencia de cualquier daño que resulte de la auto-administración de la medicina del niño en la escuela.</i>	
Parent Signature: <i>Firma del Padre:</i>	Date <i>Fecha</i>

**TO THE SCHOOL *Para la Escuela***

Please report concerns about medications or disease to the above physician. <i>Favor de reportar cualquier preocupación sobre el medicamento ó enfermedad al doctor, mencionado en la parte de arriba.</i>
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**TO BE COMPLETED BY THE PRINCIPAL *Para ser llenado por el director***

Date <i>Fecha</i>	Name of School Employee(s) designated by principal or nurse to administer medication: <i>Nombre del empleado de la escuela designado por el director ó enfermera para suministrar el medicamento</i>
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**TO BE COMPLETED BY THE PARENT OR GUARDIAN *Para ser llenado por el padre/tutor***

I give permission for (name of child) _____ to receive the above medication at school according to standard school policy. <i>Autorizo para que (nombre del estudiante) _____ reciba el medicamento, descrito en la parte de arriba, en la escuela, de acuerdo a la exigencias del reglamento de la escuela.</i>	
Medication must be brought to school in the original container. <i>El medicamento debe ser traído a la escuela en el recipiente original</i>	
Parent Signature <i>Firma de los Padres</i>	Date <i>Fecha</i>