



## MISSION STATEMENT

Summit Academy of Southwest Ohio exists to glorify the Lord Jesus Christ and to provide students with a strong Biblical foundation from which they can launch a clear understanding of the world.

This will be accomplished by:

- immersing students in the truth of God's Word
- preparing students academically and spiritually for their unique calling and service to God
- setting high academic standards that challenge students to reach their full potential, while supporting, encouraging, and equipping them to meet that challenge
- empowering outstanding Christian faculty and staff to use their creativity and passion to engage students in high level critical thinking skills
- creating a nurturing environment that models Christ's love and cultivates Christian character.



## STATEMENT OF FAITH

- There is one God, eternally existent in three persons: God the Father, His Son Jesus Christ, and the Holy Spirit.
- The Bible is the divinely inspired, the only infallible, written Word of God. Its assertions are factually true in all of the original writings. It is the supreme authority in everything it teaches.
- Jesus Christ came to earth as God in human flesh. He was born of the virgin Mary, lived a sinless life on earth, spoke words of truth, performed miracles, and willingly gave His life as an atoning sacrifice for the sins of all who believe in Him.
- Jesus Christ rose from the dead in bodily form, ascended to heaven, and is currently seated at the right hand of God the Father. He shall return in person to this earth as Judge of the living and the dead.
- The account of origins presented in Genesis is a simple but factual presentation of actual events and therefore provides reliable information about the origin and history of life, mankind, the earth, and the universe.
- The special creation of Adam (the first man) and Eve (the first woman), and their subsequent fall into sin, is the basis for the necessity of salvation for mankind.
- Death (both physical and spiritual) entered into this world subsequent to and as a direct consequence of human sin.
- All mankind are sinners, inherently from Adam and individually by choice, and are therefore deserving of God's wrath and condemnation.
- Freedom from the penalty and power of sin is available to man only through the sacrificial death and shed blood of Jesus Christ and His complete and bodily resurrection from the dead.
- Salvation is a gift received by faith alone in Christ alone and expressed in the individual's repentance, recognition of the death of Christ as full payment for sin, and acceptance of the risen Christ as Savior, Lord, and God.
- The Holy Spirit enables the sinner to repent and believe in Jesus Christ.
- The Holy Spirit lives and works in each believer to produce the fruits of righteousness.
- Satan is the spiritual adversary of both God and mankind.
- Those who do not believe in Christ are subject to everlasting conscious punishment, but believers enjoy eternal life with God.

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**I understand that Summit Academy of Southwest Ohio provides both religious and academic instruction in accordance with the above Statement of Faith, and I agree to permit my child to receive such instruction.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_



APPLICATION FOR ADMISSION

Today's Date: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

Please attach additional pages as necessary to fully answer application questions.

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_
M / F \_\_\_\_/\_\_\_\_/\_\_\_\_
First Middle Last

Student's Address: \_\_\_\_\_
Street City State Zip

Student lives with: [ ] Father [ ] Mother [ ] Both Father and Mother [ ] Other (please specify) \_\_\_\_\_

School mailings should be sent to (check all that apply):
[ ] Father [ ] Mother [ ] Other (please specify) \_\_\_\_\_

Father's Information:

Form for Father's Information with fields for Name, Address, Home Phone, Cell Phone, Email Address, Employer, Business Phone, and Marital Status (Married, Divorced, Widowed, Separated, Single).

Mother's Information:

Form for Mother's Information with fields for Name, Address, Home Phone, Cell Phone, Email Address, Employer, Business Phone, and Marital Status (Married, Divorced, Widowed, Separated, Single).

Legal Guardian's Information (if other than parent):

Name: Mr. / Ms. / Mrs. / Dr. / Rev.	
Relationship to student:	
Address:	
Home Phone:	Cell Phone:
Email Address:	
Employer:	Business Phone:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single	

Local School District in which Student resides: \_\_\_\_\_

Previous Schools Attended:

Name of School	Grade(s)	Year
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Name of School	Grade(s)	Year
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Has the student ever repeated a grade? If yes, please tell us which grade and why. \_\_\_\_\_

Has the student ever been suspended, expelled, or had any behavioral difficulty in school? If yes, please tell us which grade and why. \_\_\_\_\_

Has the student ever been referred or treated for (check all that apply):  
 Learning Disabilities     Language Processing     ADHD/ADD     Emotional Difficulties

If yes, please explain. \_\_\_\_\_

Initial test date: \_\_\_/\_\_\_/\_\_\_\_\_ Most recent test date: \_\_\_/\_\_\_/\_\_\_\_\_

Please submit a copy of the most recent test results.

Does the student have any physical disabilities? If yes, please explain. \_\_\_\_\_

Does the student have any allergies? If yes, please list them and explain their severity. \_\_\_\_\_

Does the student have any other medical conditions that we should be aware of? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you desire a Christian education for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your family is affiliated with or regularly attends a church, please tell us the name of the church. \_\_\_\_\_

\_\_\_\_\_

OPTIONAL -- You may choose to specify the student's race and ethnicity:

Race:	<input type="checkbox"/> African American	<input type="checkbox"/> Alaskan Native/Native American	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> Caucasian / White	<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Other <input type="checkbox"/> I prefer not to specify
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> I prefer not to specify

***Nondiscriminatory Policy:*** Summit Academy of Southwest Ohio recruits and admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. In addition, the school does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, employment, scholarship and loan programs, and athletic and other school-administered programs. Summit Academy of Southwest Ohio will not discriminate on the basis of race, color, or ethnic origin in the hiring of its certified or non-certified personnel.

To the best of my ability, I have provided accurate information on this application.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

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### Application Submission

You may drop off your completed application materials in person at Summit Academy, or mail them to:

Summit Academy of Southwest Ohio  
Office of Admissions  
10400 Carolina Trace Rd.  
Harrison, Ohio 45030

***Your child and your questions are important to us. We would love to meet you in person and answer any questions you have about Summit Academy. Please call us at (513) 202-4646 to schedule an appointment to meet and discuss educational options for your child. You may also reach us by email: [info@SummitAcademy.us](mailto:info@SummitAcademy.us) . Be sure to visit our website for updates: [www.SummitAcademy.us](http://www.SummitAcademy.us) .***

## APPLICATION CHECKLIST

The following items must be submitted to Summit Academy so that the admissions process can be completed:

- Application for Admission form
- Records Request form (for Grades 1-8) \*
- Student Pick Up Authorization form
- Emergency Medical Authorization form
- Signed acknowledgement that students will to be taught according to Summit Academy's Statement of Faith
- Photo/Video Release form
- Tuition Responsibility form
- Food Allergy and Anaphylaxis Emergency Care Plan, and signed Information Sheet for Students with Food Allergies (if applicable)
- Asthma Action Plan (if applicable)
- Student's Birth Certificate
- Student's up-to-date Immunization Record, and any other relevant medical records
- any current or expired Individualized Education Program (IEP)
- a certified copy of a Court Order allocating parental rights (if applicable)
- Registration Fee of \$75

\* To enable Summit Academy to best meet students' academic needs, we will administer an incoming assessment to all kindergarteners and to other students whose academic records do not include standardized test scores from the previous academic year. These assessments will be administered by appointment during the summer.

# SUMMIT ACADEMY 2015-16 SCHOOL CALENDAR

AUGUST				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	<b>18</b>	19	20	<b>21</b>
<b>24</b>	25	26	27	28
31				
18 - Meet the Teacher Night 21 - Teacher In-service 24 - First Day of School for Students				
NOVEMBER				
M	T	W	T	F
2	3	4	<b>5</b>	6
<b>9</b>	10	<b>11</b>	12	13
16	17	18	19	20
23	24	<b>25</b>	<b>26</b>	<b>27</b>
30				
5&9 - Parent-Teacher conferences 11 - Veterans' Day, No School 25-27 - Thanksgiving Break, No School				
FEBRUARY				
M	T	W	T	F
1	2	3	4	5
8	9	10	<b>11</b>	12
<b>15</b>	16	17	18	19
22	23	24	25	26
29				
11 - Parent-Teacher conferences 15 - Presidents' Day, No School				
MAY				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
<b>30</b>	31			
30 - Memorial Day, No School				

SEPTEMBER				
M	T	W	T	F
	1	2	3	4
<b>7</b>	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		
7 - Labor Day, No School				
DECEMBER				
M	T	W	T	F
	1	2	3	4
7	<b>8</b>	9	10	11
14	15	16	17	<b>18</b>
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>
<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
8 - Christmas Program 18 - Christmas Party 21-Jan1 - Christmas Break, No School				
MARCH				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	<b>18</b>
21	22	23	<b>24</b>	<b>25</b>
<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
18 - Third Quarter Ends 24 - Third Quarter Report Cards 24 - Easter Party 25-Apr1 - Spring Break, No School				
JUNE				
M	T	W	T	F
		1	<b>2</b>	3
6	7	8	<b>9</b>	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	
2 - Last Day of School 9 - Final Report Cards				

OCTOBER				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	<b>23</b>
26	27	28	29	<b>30</b>
23 - First Quarter Ends 30 - First Quarter Report Cards 30 - In-school Fall Party				
JANUARY				
M	T	W	T	F
				<b>1</b>
4	5	6	7	8
11	12	13	14	<b>15</b>
<b>18</b>	19	20	21	<b>22</b>
25	26	27	28	29
4 - School Resumes 15 - Second Quarter Ends 18 - Martin Luther King, Jr. Day, No School 22 - Second Quarter Report Cards				
APRIL				
M	T	W	T	F
				<b>1</b>
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>
25-29 - Standardized Testing				





## **SCHOOL HOURS, EXTENDED DAY PROGRAM, AND LUNCH**

### **School Hours**

Students in Kindergarten through 2nd grade begin their school day at 9:45 a.m. and should arrive at school between 9:35 and 9:40 a.m.

Students in 3rd through 8th grade begin their school day at 7:55 a.m. and should arrive at school between 7:45 and 7:50 a.m.

Summit Academy's school day ends at 3:40 p.m. for all students. Please make arrangements for your child to be promptly picked up at the end of the school day.

### **Extended Day Program**

To help meet the needs of our families, Summit Academy will offer before-school and after-school extended day options, beginning at 7:00 a.m. and ending at 5:45 p.m. The cost is \$3.50 per hour. Students will be supervised by extended-day staff. The morning program will have an optional (cold) breakfast at 7:45 a.m. at an additional cost of \$2.50. The after-school program will have a routine that includes a snack (additional \$1.50), planned activities, a Bible Quiz program, homework support time, and free-choice/play time. These before-school and after-school programs will be offered as long as a sufficient number of families participate to justify the cost of supervisory care.

### **Lunch**

Every student must bring a packed lunch, including a drink. On Fridays, students may purchase pizza for \$1.25 per slice. If you choose to purchase pizza for your child, please send cash to school with him or her on Friday morning in an envelope marked "Pizza money." (Please send a drink and any sides or extras your child may need, even if you are purchasing pizza.)





## TUITION AND FEES 2015-2016 ACADEMIC YEAR

**Registration Fee for new students: \$75**

The non-refundable registration fee is due at the time of application and will reserve a spot for your child at Summit Academy. **The registration fee will be discounted to \$25 for returning students and their siblings who register by May 29, 2015.**

**Supply Fee: \$220**

The supply fee is due July 1st. This fee will be used to purchase text books and classroom supplies needed for the beginning of school. In addition, a supply list of items needed by each student (including pencils, paper, scissors, crayons, or other items) will be made available to families early in the summer.

*Fees may be reduced for students eligible for Ohio's EdChoice Scholarship. Please contact the school for details.*

**Tuition for Grades 1 - 8 and Full-Day Kindergarten: \$3,950**

### **Multi-Child Discount**

Tuition will be discounted by **25%** (bringing the annual tuition charge to \$2,962) for the second, third, and additional children from the same immediate family. Additional tuition assistance may be available on a case-by-case basis. Please contact the school for details.

### **Payment options**

Families may choose to pay their tuition annually, semi-annually, or monthly.

**Annual option:** The full year's tuition is due August 1st.

**Semi-annual option:** Half of the annual tuition (\$1,975, or \$1,481 for students on the multi-child discount) is due August 1st, with the other half due January 15th.

**Monthly options:** Tuition is due the first day of each month. There is a \$10 per month convenience fee for monthly payment options, which is included in the per-month payment amounts listed below.

**10-month payment option:** August 1st through May 1st.  
\$405 per month (\$306 for students on the multi-child discount)

**12-month payment option:** July 1st through June 1st  
\$339 per month (\$257 for students on the multi-child discount)



## A NOTE ON TUITION AND FEES

Summit Academy of Southwest Ohio is a non-profit organization whose sole reason for existence is to glorify the Lord Jesus Christ by providing as many students as possible with a strong Biblically-based education that will prepare them both for their purpose in this world and for eternity. To that end, we strive to keep tuition rates as low as possible, in order to make Christian education an affordable option for families.

**Summit Academy invests more money in educating each child than the child's parents pay in tuition.**

In fact, during the 2014-15 academic year, student tuition and fees covered only 55% of educational costs. The remaining 45% was covered by small donations from generous individual donors who made personal financial sacrifices so that children in our community can learn about Jesus.

In addition, over half of our instructional staff last year worked on a volunteer basis, giving countless hours to educate children without receiving compensation. The school's administrative team and board of directors also give their time without any compensation. New Vision Church has generously offered the school use of their facility. We praise the Lord for the generosity of His people, which enables the school to keep operating expenses, and therefore tuition, as low as possible.

Summit Academy's board of directors is solidly committed to operating the school within its budget. Each year, program and budgeting decisions are made in order to provide an exceptional education to each enrolled student. Teachers are hired, books are purchased, classrooms are assigned, permits are acquired, and a program is designed with your child in mind. For this reason, we ask that parents enrolling a child commit to consistently paying their tuition on time.

Finally, as a 501(c)(3) nonprofit organization, all donations to Summit Academy are tax-deductible. If your employer has a corporate giving program or matches your personal contributions, these additional funding sources would help us expand our educational program and offer scholarships for students who would not otherwise be able to attend. Your tax-deductible contributions are always welcome and much appreciated.

We are grateful for the opportunity to serve your family and your child, partnering with you to help fulfill God's command to teach children His truth diligently throughout each day (Deuteronomy 6:6). We're looking forward to a rewarding academic year!

Summit Academy of Southwest Ohio Board of Directors



## TUITION RESPONSIBILITY FORM

Tuition for \_\_\_\_\_ will be paid according to the following schedule:  
Student's Name

**Annual payment option:**

The full year's tuition (\$3,950, or \$2,962 for students on the multi-child discount) is due August 1st.

**Semi-annual payment option:**

Half of the annual tuition (\$1,975, or \$1,481 for students on the multi-child discount) is due August 1st, with the other half due January 15th.

**Monthly payment options:**

Tuition is due the first day of each month. There is a \$10 per month convenience fee for monthly payment options, which is included in the per-month payment amounts listed below.

**10-month payment option:**

August 1st through May 1st (\$405, or \$306 for students on the multi-child discount).

**12-month payment option:**

July 1st through June 1st (\$339, or \$257 for students on the multi-child discount)

Tuition and fee payments which are more than 5 days late may be assessed a \$30.00 late fee. If a check is returned by the bank, the student's account may be assessed a \$30.00 returned check fee. If a student's account becomes more than 30 days past due, the student may become ineligible to attend Summit Academy. The student's parents will need to meet with the administration to discuss the account.

It is the desire of Summit Academy of Southwest Ohio to make Christian education a viable option for as many families as possible. Should your family need to arrange a different payment plan than those described above, please speak to the school administration when you register your child. Special payment schedules and arrangements may be possible and will be considered on a case-by-case basis.

Please note that all financial obligations must be satisfied before a student's records (including achievement test scores, grade reports, transcripts, and other records) will be release to the student's parent or guardian or to another school requesting the records.

Person Responsible for Tuition Payments: \_\_\_\_\_

Relationship to Student (if not Parent/Guardian): \_\_\_\_\_

Signature of Person Responsible for Tuition Payments: \_\_\_\_\_

Date: \_\_\_\_\_

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



## RECORDS REQUEST

To \_\_\_\_\_  
(name of the school your child currently attends / previously attended)

\_\_\_\_\_  
(address of the school your child currently attends / previously attended)

This is to request a copy of the records of \_\_\_\_\_, who  
(name of your child)  
has applied for admission to Summit Academy of Southwest Ohio for the 2015-2016 academic year. Please send a copy of this student's records through the most recent grading period, including:

- Grades and written Teacher Comments
- Achievement and Aptitude Test results
- Proficiency Test results
- Speech and Hearing Test results
- Psychological and Special Needs Testing reports
- Attendance and Disciplinary records
- Immunizations
- Individualized Education Program
- Transcripts or any other student records

Please send school records to: Summit Academy of Southwest Ohio  
Office of Admissions  
10400 Carolina Trace Rd.  
Harrison, Ohio 45030  
(513) 202-4646  
info@SummitAcademy.us

### Permission to Release Records

*This is to certify that I authorize the release of a copy of my child's records to Summit Academy of Southwest Ohio as required for the school's admissions process.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian



# STUDENT PICK UP AUTHORIZATION

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

Summit Academy will only release your child to persons you have authorized in advance. Please list below any individuals who will be picking up your child on a regular basis, as well as any other individuals who are authorized to pick up your child. Be sure to include the names of parents and guardians, as well as any relatives or carpool drivers on the list.

If on any school day your child needs to be picked up by a person who is not listed on this Student Pick Up Authorization form, you will need to submit a signed written note to the school before the end of the school day authorizing that person to pick up your child for that day.

Picture I.D. Required: Please ensure that the person who is picking up your child is prepared to show their driver's license or other government-issued photo identification.

You may update this form, and add or remove authorized pick up persons, at any time during the school year by stopping in the school office during regular office hours.

## REGULAR PICK UP PERSONS

Name	Phone Number	Relationship to Student

## OTHER AUTHORIZED PICK UP PERSONS

Name	Phone Number	Relationship to Student

I have read the student pick up policies above, and I authorize Summit Academy to release my child to the persons listed on this form.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian



## PHOTO/VIDEO RELEASE FORM

In the course of normal academic and school-sponsored activities, Summit Academy of Southwest Ohio may wish to use photographs, audio clips, or video clips of students on school bulletin boards, in the school's publications, on its website, or in general media releases on a controlled basis. Any such photographs, audio clips, or video clips would highlight the student(s) either demonstrating learning techniques or participating in approved school activities.

*I hereby grant Summit Academy of Southwest Ohio permission to use my child's photograph, audiotaped and/or videotaped image for the purposes mentioned above. I further grant permission to allow my child to be photographed, audiotaped, and/or videotaped. Such photographs, audio clips, and video clips would highlight the student(s) either demonstrating learning techniques or participating in approved school activities.*

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Student's Name

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Signature of Parent/Guardian

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Date

---

Printed Name of Parent/Guardian



# EMERGENCY MEDICAL AUTHORIZATION

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

Student Address: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade:\_\_\_\_ Home Phone Number: \_\_\_\_\_

## PARENT(S) / GUARDIAN(S) AND EMERGENCY CONTACTS

Call Order	Name	Relationship	Day Phone	Cell Phone	Listed on Student Pick Up Form?

Is there a legal custody order that applies to this student? \_\_\_\_\_ If yes, please give any details related to medical authorization: \_\_\_\_\_

Please indicate if your child has any of the following:

1) Allergies (please list): \_\_\_\_\_

2) Medications\* (please list): \_\_\_\_\_

3) Inhalers\* (please list): \_\_\_\_\_

4) Other medical concerns or conditions to which medical personnel should be alerted? \_\_\_\_\_

\* Use and/or possession of any medications, whether prescribed or not, requires the appropriate documentation to be completed and on file with the school.

## EMERGENCY CARE INFORMATION

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

## CONSENT OR REFUSAL TO CONSENT

(Please complete Part I OR Part II below)

### PART I: CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the appropriate medical professional; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Signature of Parent/Guardian for Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

### PART II: REFUSAL TO CONSENT

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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

\_\_\_\_\_  
Signature of Parent/Guardian for Refusal to Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian



## Asthma Action Plan

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**The following is to be completed by the PHYSICIAN:**

1. Asthma severity (circle one): mild intermediate \_ mild persistent \_ moderate persistent severe persistent

2. Medications (at school AND home):

<i>A. QUICK-RELIEF</i> Medication Name	MDI, oral, neb?	Dosage or No. of Puffs
1. _____		
2. _____		
<i>B. ROUTINE</i> Med Name (eg, anti-inflammatory)	MDI, oral, neb?	Dosage or No. of Puffs      Time of day
1. _____		
2. _____		
<i>C. BEFORE PE, EXERTION</i> Medication Name	MDI, oral, neb?	Dosage or No. of Puffs
1. _____		
2. _____		

3. For student on inhaled medication (all students must go to health office for oral medications):

Assist student with medication in office  Remind student to take medication  May carry own medication, if responsible

4. Circle Known Triggers: tobacco pesticide animals birds dust cleansers car exhaust perfume mold cockroach cold air cleansers exercise Other: \_\_\_\_\_

5. Peak Flow: Write patient's personal best peak flow reading under the 100% box (below); multiply by .8 and .5, respectively

100%	<b>Green Zone</b>	80%	<b>Yellow Zone</b>	50%	<b>Red Zone</b>
Peak flow = _____	No Symptoms	Peak flow = _____	<b>Starting to cough, wheeze or feel short of breath.</b> <i>Action for home or school: Give quick-relief med; notify parent.</i>  <i>Action for Parent/MD: Increase controller dose</i>	Peak flow = _____	<b>Cough, short of breath, trouble walking or talking</b> <i>Action for home or school: Take quick-relief meds; -If student improves to yellow zone, send student to doctor or contact doctor. -If student stays in red zone, begin Emergency Plan.</i>

**School Emergency Plan:** If student has: a) no improvement 15–20 minutes **AFTER** initial treatment with quick-relief medication, b) Peak flow of < 50% of usual best, c) trouble walking, or talking, or d) chest/neck muscle retractions with breaths, hunched, or blue color, then: 1) Give quick-relief meds; repeat in 20 minutes, if help has not arrived; 2) Seek emergency care (911); 3) Contact parent. **In yellow or red zone?** Students with symptoms who need to use quick-relief meds frequently may need change in routine controller medication. Schools must be sure parent is aware of each occasion when student had symptoms and requires medication.

Physician's<sup>†</sup> Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

<sup>†</sup>Includes nurse practitioner or other health care provider as long as there is authority to prescribe.

**A form that permits school and health care provider to exchange information must accompany this form.**

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

Emergency Telephone Number(s) / Names of Contact: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

**Asthma:** [ ] Yes (higher risk for a severe reaction) [ ] No

**PLACE  
STUDENT'S  
PICTURE  
HERE**

**For a suspected or active food allergy reaction:**

FOR ANY OF THE FOLLOWING  
**SEVERE SYMPTOMS**

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no 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 or severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of mild or severe symptoms from different body areas.

**NOTE:** Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **Use Epinephrine.**

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Request ambulance with epinephrine.
  - Consider giving additional medications (following or with the epinephrine):
    - » Antihistamine
    - » Inhaler (bronchodilator) if asthma
  - Lay the student flat and raise legs. 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 student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

**NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.**

**MILD SYMPTOMS**

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.



**NOSE**

Itchy/runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea/discomfort



1. **GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

**MEDICATIONS/DOSES**

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

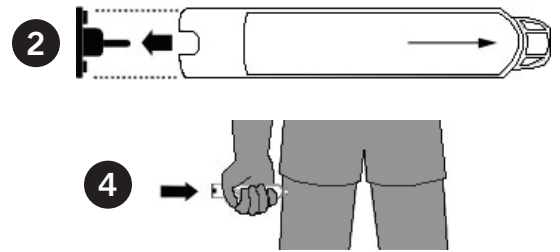
DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

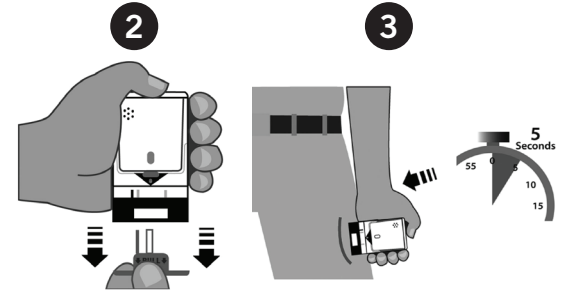
## EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



## AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



## ADRENACLICK®/ADRENACLICK® GENERIC 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 penetrates.
5. Hold for 10 seconds. Remove from thigh.



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

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE



## INFORMATION FOR STUDENTS WITH FOOD ALLERGIES

Summit Academy seeks to provide the safest possible educational environment for students with food allergies. We are best enabled to do so when parents and physicians work with the school to create a plan to minimize the risk of accidental exposure to foods.

### Family's Responsibility

1. Notify the school of the child's allergies.
2. Work with the school team to develop a plan that accommodates the child's needs throughout the school, including in the classroom, in the cafeteria, in before- and after-school programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Anaphylaxis and Emergency Care Plan.
3. Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Anaphylaxis and Emergency Care Plan as a guide. Ensure medications are properly labeled, and replace medications after use or upon expiration. Also, include a photo of the child on the written form.
4. Educate the child in the self-management of their food allergy including:
  - safe and unsafe foods
  - strategies for avoiding exposure to unsafe foods
  - symptoms of allergic reactions
  - how and when to tell an adult they may be having an allergy-related problem
  - how to read food labels (age appropriate)
5. Review policies and procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
6. Provide emergency contact information.

### Student's Responsibility

1. Food-allergic students must not trade food with others.
2. Food-allergic students must not eat anything with unknown ingredients or known to contain any allergen.
3. Food-allergic students must be proactive in the care and management of their food allergies and reactions based on their developmental level.
4. Food-allergic students should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

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Signature of Parent/Guardian

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Date

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Printed Name of Parent/Guardian