



## Resident Life Form

### Emergency Information and Authorization Form 2011-2012

To be completed yearly by all students planning to attend Hillcrest Lutheran Academy.  
School policy states that all students live with a parent, legal guardian, or in the dorms.

You have been asked to supply private information concerning your child at Hillcrest Lutheran Academy pursuant to M.S. 13.02. The school intends to use the requested information to serve your child during an emergency. The information you provide may be shared with staff working directly with your student to best serve their health and safety needs at school.

Student's Name: \_\_\_\_\_ Gender M/F Birth date: \_\_\_\_\_  
Grade: \_\_\_\_\_

#### Contact Information

Parent/Guardian: _____	Parent/Guardian: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

**Emergency Contact:** Occasionally, there is an emergency and the school is unable to reach parents/guardians. Please list below two relatives, friends, or close contacts who know your family so the school can contact someone in case of an emergency.

<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____

# MEDICAL HISTORY

**Medical History** – (To be completed by parent/guardian) **It is to your student’s benefit that you disclose as much information as necessary for us to care for them.**

Does your child have any chronic health conditions and/or special problems and treatments? (seizures, vision/hearing problems, diabetes, asthma, heart condition, etc.) If so please list:

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Does your child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child use an inhaler? \_\_\_\_\_ If so, will the student be carrying and self administering the medication? \_\_\_\_\_

Please list the prescribing physician and phone number:

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Is your child allergic to anything? (food, environmental, drug) If so please list:

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Any other health concerns, recent surgeries, or hospitalizations with in the past year?

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**Psychological Health:** Is your child currently under the care of a physician, psychiatrist, or mental health therapist for professional mental health assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please note: Hillcrest Lutheran Academy requires all students receiving behavioral medication to receive an assessment from a medical professional every 4-6 weeks**

*If the above answer is “yes,” a letter from your care provider **MUST** be provided and should be addressed directly to the school nurse. Information will be considered confidential and privileged.*

Any major behavioral concerns past or present? (i.e. suicidal ideations, ADD/ADHD (Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, OCD (Obsessive Compulsive Disorder), etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

*If “yes,” please explain in detail. Please attach additional information if necessary.*

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My child takes the following prescription/over the counter medications (use separate sheet if necessary):

\_\_\_\_\_ Taken for: \_\_\_\_\_

\_\_\_\_\_ Taken for: \_\_\_\_\_

\_\_\_\_\_ Taken for: \_\_\_\_\_

\*\*Note that all prescription medications are to be kept in the Resident Assistant office.

Please tell us what to do about renewing prescription medications. (You will send more? Fill here? What pharmacy? etc.)

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

Does insurance cover prescriptions? Yes \_\_\_\_\_ No \_\_\_\_\_ Co-Pay amount \_\_\_\_\_

### Insurance Information

Health Insurance Company \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Subscriber's D.O.B./M/D/Y \_\_\_\_\_ S.S.N. \_\_\_\_\_

Subscriber's Address \_\_\_\_\_

Telephone \_\_\_\_\_ Policy #: \_\_\_\_\_

**Subscriber's Employer:** \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Subscriber's D.O.B./M/D/Y \_\_\_\_\_ S.S.N. \_\_\_\_\_

Subscriber's Address \_\_\_\_\_

Telephone \_\_\_\_\_ Policy #: \_\_\_\_\_

**Subscriber's Employer:** \_\_\_\_\_

### \*IMPORTANT\*

- **Hillcrest Lutheran Academy requires all dormitory students to hold or be covered under a medical insurance policy.**
- **Dormitory students will not be allowed on-campus without this documentation**
- **LRHC (Lake Region Health-Care Clinic Services and Hospital) requires payment for medical services upfront and as a courtesy LRHC will bill the student's insurance provider. If the insurance provider reimburses the clinic and/or hospital, they will refund the student/parent.**

The above information is correct to the best of my knowledge and I give my consent to share any of the above information with my child's teacher or other appropriate school personnel.

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

**AUTHORIZATIONS** – (To be completed by parent – and student if over 18 years. Those signatures must be on file for all resident students at Hillcrest. There are **NO** exceptions to this policy.)

**CONSENT FOR TREATMENT AND REFERRAL**

I hereby consent to any and all diagnostic procedures, examinations, care and treatment as deemed necessary by the Hillcrest Resident Life staff. I further consent to authorize the Hillcrest Resident Life staff to refer my child for consultation to any licensed medical personnel or facility as deemed necessary and give authority and power to any such provider to render any and all such diagnostic procedures, examinations, care or treatment that he/she may deem necessary or advisable. I understand I will be financially responsible for all services incurred by my student. Any Hillcrest Resident Life staff member may accompany the student as circumstances warrant, and is authorized by myself and Hillcrest to sign the proper permission forms required by the facility.

\_\_\_\_\_  
Parent or Guardian Signature & Date

\_\_\_\_\_  
Student Signature (if over 18 yrs) & Date

**SERIOUS ACCIDENT OR ILLNESS**

I understand Hillcrest will make every effort to contact me in case of a serious accident or illness involving my child, while they are in the custody of Hillcrest or its employees. I understand a situation may arise when emergency treatment may be necessary and I cannot be reached. In such situations, I hereby authorize Hillcrest personnel to make provisions for treatment with the appropriate medical personnel or facility at my expense.

\_\_\_\_\_  
Parent or Guardian Signature & Date

\_\_\_\_\_  
Student Signature (if over 18 yrs) & Date

**MEDICATION PERMISSION**

My child may take over the counter medications as needed including but not limited to acetaminophen (Tylenol), ibuprofen (Advil or Motrin), topical antibiotics and steroids (skin ointments), antacids, cold remedies and cough drops. My son/daughter may keep any of these over the counter medications in their dorm room and take it as needed. **All medication that a student takes/keeps in their rooms must be labeled in English and in their original container. In case of emergency it is vital that we can know what the student has been taking.** Each Resident Life staff office maintains a supply of over the counter medications.

Yes \_\_\_\_\_ No \_\_\_\_\_

My son/daughter has permission to leave the dorms on the weekends to stay at the home of friends or relatives. I understand that when they are checked out of the dorms they are under the responsibility and care of the family they are checked out to. Hillcrest policy states that dorm students are allowed to check out to homes of others only when parents or adults will be present or over the age of twenty-one.

Yes \_\_\_\_\_ No \_\_\_\_\_

Hillcrest attempts to create a warm living environment. With this in mind, it is important that all property of HLA as well as the property of other students be respected. Property damage outside of “normal wear and tear” will be charged to the student/student’s parents or guardian.

Yes \_\_\_\_\_ I agree to pay for property damage No \_\_\_\_\_

## **Computer Usage**

Hillcrest Lutheran Academy offers a diverse and advanced computer science program. We encourage students to become proficient users of this valuable technology. However due to the increased video capabilities of current computers and the negative content that can be brought in to the dorm via DVD, we do not allow computers in individual dorm rooms. Computer labs are located in each dorm with secure internet and email capabilities as well as 2 computer labs in the main school building. Laptop computers may be used but are stored in the Resident Life Staff Offices.

## **T.V., Personal DVD player, and Gaming Devices**

TV's, VCR's, DVD players, and gaming devices are available in the dorm lounges. Please leave personal gaming devices, DVD players, and TV's at home.

## **Behavior**

Hillcrest Lutheran Academy is an evangelical Christian prep school. We teach and encourage students to respect each other and the property of others according to Biblical standards.

For behaviors in need of discipline we attempt to provide fair and firm consequences which provide an opportunity for a student to improve attitude and behavior and encourage them to mature as young men and young women.

However there are activities in which we must send a student home immediately.

They are:

1. Hazing or any activity that harms another person
2. Drug/Alcohol use – on or off campus

## **Cell Phone Usage**

The number of cell phones within the halls of our dormitory and school building has increased dramatically over the past few years. Most students understand that there is an appropriate time for their use. For the sake of clarity, the following guidelines apply:

1. Cell phones are allowed only after school hours. Cell phones are to be turned off and out of sight from 8am-3pm.
2. Cell phones may be used in the dorm until 10:45pm except during designated study hours.
3. Cell phones are checked in with Resident Life Staff at 10:45pm.
4. One cell phone per student. International students will be required to store any International cell phones in the RLS office while staying in the dormitory.

## **Contacting Students**

Please do not contact your child via cell phone during the school day (8:25am-3:00pm) or during lights out (10:45-7:00am), unless it is a dire emergency. If there is an emergency during the school day you may contact your child quickly through the Hillcrest Main Office. If there is an emergency after school hours you may contact your child quickly through the Resident Life Staff cell phone. All Resident Life Staff live in the dormitories and need to know when there is a family emergency. Failure to comply creates a time consuming process of investigating the claims of students and re-contacting parents for information. By directly contacting the RLS you help us maintain a safe and orderly environment in our dorms.

*I have read through this form and agree to follow the guidelines as outlined above.*

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Signature of Parent or Guardian

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Signature of Student

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Date