

# 2021-22 ORIENTATION PACKET

Return all forms to the office by September 10, 2021

- ECA 2021-22 Acknowledgment of Policies Form - 1 per student
- Emergency Medical Form - 1 per student
- Photo Policy Form - 1 per student
- Clinic Forms
  - 2021-22 Student Health History - 1 per student
  - 2021-22 Clinic Policy Agreement - 1 per student
  - 2021-22 Non-Prescribed Medication Form - 1 per student
  - 2021-22 Prescribed Medication Authorization Form - if applicable
  - 2021-22 Asthma Action Plan - if applicable
  - 2021-22 Bee Sting Action Plan - if applicable
  - 2021-22 Food Allergy Action Plan - if applicable
  - 2021-22 Seizure Action Plan - if applicable
- Book Loan Form – 1 per student in Grades 7 – 12
- Change of Information (if applicable)



August 1, 2021

Greetings and welcome to Emmanuel Christian Academy (ECA) and the 2021-2022 school year! I am excited to welcome our students to a new school year filled with opportunities to grow spiritually and academically. On behalf of our Administration and myself, thank you for entrusting ECA with your child or children.

Children graduating from Emmanuel Christian Academy will be academically prepared to meet the demands of a changing world and economy. Our students will be firmly grounded in biblical truth, clearly knowing right and wrong. As written in Proverbs 22:6, "Train up a child in the way he should go, when he is old, he will not depart from it."

We gladly accept our role in facilitating and delivering a Christ-centered education to our greatest constituent: the students. In addition, we recognize the partnership that exists among the family, church family, and school family to deliver a biblically integrated education. We welcome your involvement in one of our councils, committees, or other volunteer opportunities.

Please know that the faculty and staff at ECA are honored to journey with you, not only for this year, but in the years to come. I pray for the Lord's blessing on our faculty, staff, families, and students. Together, let's make it a remarkable year!

In His service,

Pastor John Essig

Superintendent

# ECA 2021-22 Acknowledgement of Policies

## Student Life Covenant

### Community Life at Emmanuel Christian Academy

#### Introduction

Emmanuel Christian Academy is a community of Christians intentionally joined together for academic progress, personal development and spiritual growth. We are a Christ-centered K-12 school committed to strong academics and advancing the Gospel of Jesus Christ in a broken world. We seek to honor Him by integrating biblical faith and learning while our hearts and lives embrace the process of maturing in Christ.

The Emmanuel community consists of those who, in furtherance of our mission, are living together in intentional, voluntary fellowship, aware that we are called to live our lives before a watching world. Although centered on the ECA campus, this community is not defined by geography, but rather by membership in the ECA educational mission.

This Covenant (SLC) identifies the expectations for living in community as we seek to fulfill our mission. It is impossible to create a community with expectations totally acceptable to every member. Nevertheless, certain responsibilities and expectations must be specified to define orderly community life. When families join the Emmanuel community, they commit their children to the responsibilities and expectations outlined in this covenant. These expectations are not intended to measure spirituality or to promote legalism. Nevertheless, Galatians 5:13-14 reminds us that while we were called to be free, our freedom is best used when we serve one another in love. (Romans 14:1-23; 1 Corinthians 8:1-13, 10:23-33)

A foundational support for the Student Life Covenant is the ECA statement of Faith. The Statement of Faith affirms that the Bible is the inspired, inerrant and authoritative Word of God; therefore it provides the essential teachings and principles for personal and community conduct. The Statement of Faith also affirms the continuing ministry of the Holy Spirit, by whose indwelling believers are enabled to live a Godly life, thus equipping them with the inner resources and attributes to minister to others through supportive relationships. It is our hope that our students and their families are in complete accord with our desire to help them grow in their faith. Unfortunately, in some cases individual students or parents may have reservations about biblical or institutional standards here at ECA. Nevertheless, enrollment at ECA acknowledges that these biblical and institutional standards form the basis for guidance, discipline and correction within the Emmanuel student body despite the personal spiritual condition of individual students or their parents.

#### Biblical Responsibilities

##### *Responsibilities for Loving God, Others and Self*

We glorify God by loving and obeying Him. Because we are commanded to love one another, relationships and behaviors which reflect such love confirm our allegiance to God and are glorifying to Him. (Matthew 22:36-40; John 15:11-14; Romans 15:5-6)

Living in daily fellowship with other Christians is a privilege and an expression of God's will and grace. In recognition of this privilege, great value is placed on the quality of relationships in our community. We acknowledge that we are living in a fellowship where we are dependent on and accountable to one another. The New Testament word for fellowship is *koinonia*, which is translated as a close mutual relationship, participation, sharing, partnership, contribution, or gift. Students are encouraged to seek opportunities to demonstrate fellowship. (1 Corinthians 12:12-31; Ephesians 4:1-6)

All persons are created in the image of God, and each person is known by God and knit together in the womb with intentional design. God's attention to creative detail is uniquely applied to each person in whom is given the capacity to love God with heart, soul, mind and strength. The commandment to love our neighbor as ourselves reminds us of our potential to minister to others while at the same time recognizing our own need for care and support. (Psalm 139:13-14; Mark 12:29-31; 1 Corinthians 6:19)

##### *Responsibilities for Community*

Within our community the greatest expression of fellowship and the highest principle for relationships is love. Since God first loved us, we ought to demonstrate love toward one another. (1 John 3:11, 16,18; 4:7-21) For the purpose of our community we have identified the following specific expressions of love as being among the most desirable.

- **Building up One Another:** We expect each member of the community to strive consciously to maintain relationships that support, encourage and build up one another. (Romans 15:1-2)
- **Forgiving One Another:** Because of our fallen natures, difficulties in relationships will occur. In such cases we must strive to respond with compassion, kindness, humility, gentleness and patience, making allowance for each other and forgiving one another. (Colossians 3:12-13)
- **Caring for One Another:** We are responsible to come alongside those experiencing grief, discouragement, illness, tragedy, or other personal trials. Expressions of bearing one another's burdens include comfort, encouragement, consolation and intercession. (Galatians 6:2)
- **Respecting One Another:** Because of the God-given worth and dignity of people, each member of the community is expected to be sensitive to the image of God created in every person. Therefore, discrimination against others on the basis of race, national origin, age, gender or disability is not acceptable. Any kind of demeaning gesture, symbol, communication, threat or act of violence directed toward another person will not be tolerated. (Colossians 3:11-14; 1 John 3:14-18)
- **Speaking the Truth in Love:** A community such as ours can be strengthened by speaking the truth to each other with love. Problems in relationships and behavior can be resolved constructively by confronting one another in an appropriate spirit. If the welfare of the one being confronted is paramount and if the confronter is motivated by and acting in love, the process can produce growth. (Ephesians 4:15, Galatians 6:1)

- Reconciliation, Restoration and Restitution: Healing broken relationships is necessary for a healthy community. When relationships have been harmed, regardless of the reason, individuals are expected to reach out to one another, forgive one another, restore relationships and make restitution. (Matthew 5:23-24; 18:15-20)

#### *Responsibilities for Individual Attitudes and Behavior*

- Attributes of the Heart: Scripture gives us mandates for daily living through the Ten Commandments and the Sermon on the Mount. (Exodus 20:2-17; Matthew 5-7) In addition, Scripture teaches that certain attributes are available to individuals through the Holy Spirit. These attributes include: "love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control. Against such things there is no law." (Galatians 5:22-24 NIV) This "fruit of the spirit" is to be sought, encouraged and demonstrated in our relationships. We are also called to live lives characterized by peace and holiness. (Hebrews 12:14)
- In contrast to encouraging these positive attributes of the heart, Scripture condemns injustice and attitudes such as greed, jealousy, pride, lust, prejudice and hatred. Although these attitudes are sometimes difficult to discern, they can hinder relationships with God and others and lead to unacceptable behavior. (Galatians 5:19-21; Ephesians 4:31; Micah 6:8)
- Prohibited Behaviors: Certain behaviors are expressly prohibited in Scripture and therefore are to be avoided by all members of the community. They include theft, lying, dishonesty, gossip, slander, backbiting, profanity, vulgarity, crude language, sexual immorality (including adultery, homosexual behavior, premarital sex and involvement with pornography in any form), underage use of alcohol, immodesty of dress and occult practice. (Mark 7:20-23; Romans 13:12-14; 1 Corinthians 6:9-11)
- Academic Integrity and Truthfulness: As a Christ-centered academic community we apply biblical responsibilities for honesty to all forms of academic integrity. Plagiarism and other forms of cheating are forbidden; we expect truthfulness and fidelity to be expressed in every learning context. (Luke 16:10; Ephesians 4:25)
- Submission to God Ordained Authority: All students are first and foremost under the authority of their parents, and by extension, institutions and authority structures under which their parents place them, such as their local church and this school (Ephesians 6:1, Exodus 20:12). In keeping with scriptural admonitions to bring ourselves under the authority of government, members of the Emmanuel community are expected to uphold the laws of the local community, the state and the nation. An exception would be those rare occasions in which obedience to civil authorities would require behavior that conflicts with the teaching of Scripture. On such occasions, each individual would submit voluntarily to the penalty for his or her behavior. (Romans 13:1-7) Behavior resulting in arrest on or off campus is subject to review within the school's disciplinary procedures.

#### **Institutional Expectations**

In addition to subscribing to the section on Biblical Responsibilities, members of the Emmanuel family voluntarily commit themselves to the following expectations of behavior. This commitment results from the conviction that these expectations serve the common good of the individual and the institution. These expectations are not set forth as an index of Christian spirituality, but rather as values and standards of the school and guidelines that serve to preserve the values of the campus community. Furthermore, they reflect our commitment to helping each member of the community grow in maturity and in the ability to make wise choices. Because of the importance of trust and responsibility to one another, violations of these expectations are regarded as a serious breach of integrity within the community. The following expectations apply to all members of the ECA student body.

- Worship: Corporate worship, prayer, fellowship and instruction are essential for our community. Therefore, students are expected to attend, and encouraged to participate in the life of a local church.
- Lord's Day: Members of the community are encouraged to observe this day as a day set apart primarily for worship, fellowship, ministry and rest. While activities such as recreation, exercise and study may be a part of the day, "business as usual" relative to school programs and services will not generally be sanctioned or encouraged.
- Entertainment and Recreation: Students are expected to use discretion and discernment in their choices of entertainment and recreation (some examples include media, Internet usage, and games). Activities and entertainment that are of questionable value or diminish a person's moral sensitivity should be avoided. Consideration for others and standards of good taste are important, and all activities should be guided by this principle.
- Illegal and Legal Substances: ECA prohibits the possession, use or distribution of illegal substances and the abuse or illegal use of legal substances, including prescription and over-the-counter medication.
- Tobacco: Students will not possess, use, or distribute tobacco in any form on or off campus regardless of their age.
- Alcoholic Beverages: Underage use, possession, or distribution of alcohol is illegal.
- Gambling: Gambling (the exchange of money or goods by betting or wagering) is viewed as an unwise use of God-given resources.
- Respect for the Property of Others: Members of the community are expected to respect the property of others, including school property, private property on and off campus, and public property. The intellectual property of others is also to be respected.
- Policies and Procedures: Compliance with day-to-day policies and procedures of the community is expected from students. These routine items are listed in the Handbook.

#### **Conclusion**

The book of Colossians provides an appropriate summary of the goals for our community: "Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. Bear with each other and forgive one another if any of you has a grievance against someone. Forgive as the Lord forgave you. And over all these virtues put on love, which binds them all together in perfect unity. Let the peace of Christ rule in your hearts, since as members of one body you were called to peace. And be thankful. Let the message of Christ dwell among you richly as you teach and admonish one another...And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him." (Colossians 3:12-17 NIV)

## Acknowledgement of the ECA Student Life Covenant

The Student Life Covenant (SLC) identifies the expectations for living in community as we seek to fulfill our mission. It is impossible to create a community with expectations totally acceptable to every member. Nevertheless, certain responsibilities and expectations must be specified to define orderly community life. When families join the Emmanuel community, they commit their children to the responsibilities and expectations outlined in this covenant.

A foundational support for the Student Life Covenant is the ECA Statement of Faith. The Statement of Faith affirms basic biblical truth that forms the basis for expectations regarding personal and community life at ECA. In addition to these biblical responsibilities flowing from the Scripture and articulated in our statement of faith, ECA has some specific institutional expectations as is the case with any such organization. Therefore, compliance with day-to-day policies and procedures of the community is expected from students. These policies and procedures are given in the Student Handbook which is readily available on the school's website.

It is our hope that our students, and their families, are in complete accord with our desire to help them grow in their faith. In some cases, however, individual students or parents may have reservations about particular biblical or institutional standards here at ECA. Nevertheless, enrollment at ECA acknowledges that these biblical and institutional standards form the basis for guidance, discipleship and correction within the Emmanuel student body despite the personal spiritual condition or reservations of individual students or their parents.

## Acknowledgement of the Cell Phone Usage Policy

### Cell Phone Policy:

- **Students grades TK-8** are permitted to bring a cell phone to school; however, they may not be taken out during the school day and must be kept in their school locker.
- **Students grades 9-12** are permitted to bring a cell phone to school; however, they must be left in a locker or in a bookbag and may not be used except in the case of an emergency with the exception of:
  - An "administrative pass" may be used for special circumstances for high school only (CCP, other) and maybe requested from the principal.
  - Students are permitted to use their cell phone during the lunch period only.
  - Students are not permitted to take pictures of other students without their permission at any time.
  - Any complaints made to the administration about inappropriate use, pictures or videos taken without permission, viewing inappropriate or obscene material are subject to further disciplinary action including: having their lunch privileges or after school privileges prohibited, or additional discipline as determined by the administration.
- Students using "smart devices" such as watches may only do so for the purpose of keeping the time.
- Students may contact their parents at lunch for an "urgent need". They may communicate with their parents via email as permitted on their Chromebooks.
- Students are permitted to use cell phones on field trips only if the teacher has specifically given them permission.
  - No pictures or videos may be taken of other students unless given permission.
  - Pictures or videos taken on field trips are subject to ECA rules and guidelines.
  - No pictures or videos are to be taken during school hours (other than lunch).
  - No inappropriate pictures and/or video that involve school day activities are to be posted or shared to other students or social media outlets of any type.
- Students may use a cell phone when the school day ends, but:
  - They are not permitted to use their phone:
    - Before or during the school day in any part of the building (bathroom, locker room) with the exception of lunch time
    - In between classes at a locker or in a hallway.
    - During any class, with the exception of an administrative pass.
  - Use of cell phones is permitted after school EXCEPT:
    - During guided study or after school detention
    - During practices for music or athletics. They may only be used as permitted by a coach or teacher.
  - Pictures or videos taken after school:
    - No pictures or videos may be taken of other students unless given permission
    - Pictures or videos taken on extracurricular trips are subject to ECA rules and guidelines
    - Pictures or videos posted must follow social media guidelines.

- **Discipline**

- First time offenders – receive a lunch detention and device is returned to the student at the end of the day
- Second time offenders – after school detention and device is returned to an adult
- Third time offenders – Saturday school and device is returned to an adult
- Fourth time offenders – one day in-school suspension and device returned to an adult
- Additional offenses – Behavioral probation and subsequent dismissal

**Acknowledgement of Technology Usage Policy**

- Student use of the Chromebook falls under the Emmanuel Student Handbook. While at school, internet and Chromebook use will be monitored through management software. Anyone found violating acceptable use will be subject to disciplinary actions.
- I will adhere to the Chromebook policies outlined in the Student Handbook(s).
- I understand that this Chromebook is designated for educational purposes and therefore my actions may cause the removal of my Chromebook privileges.
- I understand that the Chromebooks are owned by Emmanuel and all content stored on the Chromebook is subject to review at any time.

All students in grades TK-12 are given a Gmail account for school use. Students in grades 5-12 are responsible for checking their email on a regular basis. I understand that my Gmail username and password are for computer access at Emmanuel Christian Academy. I also understand I am responsible for keeping my username and password private.

**\*\*\*We have read the Student Life Covenant, the Cell Phone Usage Policy, and the Acknowledgement of Technology Usage Policy and agree to the stipulations set forth within each of these policies.**

\*\*\*Please see the handbook, located on our website, for the complete updated cell phone and technology usage policies.

**PLEASE SIGN AND RETURN THIS PAGE TO THE OFFICE**

Parent Signature (TK-12) \_\_\_\_\_

Date \_\_\_\_\_

Parent Name (Printed) \_\_\_\_\_

Student Signature (5-12 only) \_\_\_\_\_

Date \_\_\_\_\_

2177 Emmanuel Way  
Springfield, Ohio 45502  
Ph: (937) 390-3777  
Fax: (937) 390-0966

## Emergency Medical Authorization Form 2021-22 School Year

I/We give my permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all events and school-sponsored trips off of the school's premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I/We understand that I will be given at least a 48-hour notice of all off-campus trips. I further understand that I may revoke permission for a specific field trip by written notice personally delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can occur. I/We understand that there are risks involved with participation in off-campus trips. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/We agree on behalf of my/ourselves, our minor children and next of kin, to hold harmless and release from any liability, Emmanuel Christian Academy, any affiliated organizations, its Board of Trustees, officers, employees, agents, representatives, volunteers, including but not limited to volunteer drivers, from and against any and all claims, suits, injuries, and damages arising from my child's participation in school sponsored activities. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of an accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after a conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/We authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/We agree to assume the financial responsibility for expenses incurred as a result of those services being provided, as well as agreeing to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
**Father/Guardian's Signature**

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

\_\_\_\_\_  
**Mother/Guardian's Signature**

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

This form will be on file in the school office for the current school year.

A Permission to Participate form will be sent home prior to each off-campus trip.

**Please complete the back portion of this page.**



## Annual Field Trip Release/Emergency Medical Form

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_

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

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

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

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

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

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

In case of an emergency, who is your nearest relative or neighbor that we should contact if you are unavailable?

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

Relationship: \_\_\_\_\_

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

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

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

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

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

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_

Allergies (including reaction to medications):  
\_\_\_\_\_

Current Medications:  
\_\_\_\_\_

Are there any physical or medical conditions:  
\_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

## ECA Photo Policy

Emmanuel Christian loves to show off our students and the awesome things they do. We love to celebrate their accomplishments and share with the entire school when something special happens. One of the ways we like to do this is by taking and posting pictures.

Our policy during school hours states that parents are welcome to take pictures of their own children, but if other children are included in the photo, those pictures should not be posted to social media or other forms of publication without the approval of the school. This is to protect the privacy of our students. During open events such as sporting events, plays, concerts, and community events, parents are welcome to take pictures. School officials will do their best to respect the privacy of those students who have requested it and abide by the parents' wishes, but parents cannot be expected to do so.

Here at ECA, we understand that there are reasons for parents to not wish their children's photos to be published in various ways. We want to be sure that we abide by these wishes. We do want to make sure that you understand that in this social media driven world that this may mean certain things for your student. We like to be able to post pictures of our students doing special things on our Facebook account or on our webpage. If you choose to have your student on our "Do Not Publish" list, this may mean that we ask them to step aside from a group picture of their class so that we can still publish it. It will also mean that if they win some sort of special award or recognition, we may choose not to announce it. If you would still like your child to be listed on our Do Not Publish list, please initial your exclusion on the back of this page.

By signing below you acknowledge that you have read our photo policy.

\_\_\_\_\_ Date \_\_\_\_\_

Please initial one of the following:

\_\_\_\_\_ ECA has my permission to use my child's image.

\_\_\_\_\_ I want my child on the Do Not Publish list. I will confirm my preferences on the other side of this paper.



## Do Not Publish Photo Form

ECA takes our responsibility to protect our students seriously. We recognize that there are any number of reasons that a parent may wish to keep their student's image private. We want to make sure we abide by those wishes as best we can, so we want to have you clarify exactly what forms of publication you are comfortable with. Please mark in the blank next to the types of publication from which you want your child excluded.

\_\_\_\_\_ Do Not Publish In Print - This includes an image of them in the yearbook, in class newsletters, and on bulletin boards in the hallway.

\_\_\_\_\_ Do Not Publish On The Internet - No images will appear of your child on our website or on the school's Facebook. This can and will include asking your child to step out of group shots.

\_\_\_\_\_ Do Not Publish On Advertising - This would include using your child's image to send on postcards or other mailings that are sent out to people not in the immediate ECA family. This will include leaving them out of a group picture of the graduating seniors that is traditionally published in the local paper.

If you need to clarify your wishes further, please list your desires below or make an appointment to talk with Mrs. Wenger, our yearbook adviser. Her email address is [awenger@ecaoh.com](mailto:awenger@ecaoh.com).

## **Breakfast/Lunch Program Information**

We are excited to announce the extension of the Seamless Summer Option for the 2021-22 school year. All Emmanuel Christian students registered as in class learners are eligible to receive free breakfast and lunch again this year. This program is available due to the United States Department of Agriculture (USDA) extending their SSO program. This unprecedented move is part of USDA's unwavering commitment to ensure all children across America, regardless of income, have access to nutritious food as our nation recovers from the COVID-19 pandemic.

Please be mindful that free breakfast and lunch will only include a standard portion of the entree, side, and milk. Additional portions or "extras" such as juice, cookies, snacks, will incur additional charges that you are responsible for paying.

**This program only runs through the end of the 2021-22 school year, unless otherwise directed by the USDA.**

Please contact Erin May at [Emay@ecaoh.com](mailto:Emay@ecaoh.com) or Kim Lisle at [Klisle@ecaoh.com](mailto:Klisle@ecaoh.com) with any questions.

Welcome back Emmanuel families!

As we begin the new school year, there are few reminders to pass along regarding attendance and transportation.

## **ATTENDANCE**

Absences must be reported to the office each morning. School begins at 8:00AM every day for all students in grades TK-12. Any student arriving at school after the bell rings at 8:00AM will need to report to the attendance window at the office, and will be required to sign-in and obtain a tardy slip before going to class.

Students arriving between 8:00AM - 8:30AM will be considered tardy. Students arriving between 8:31AM - 11:15AM will be considered absent for a half day. Students arriving 11:16AM or after will be considered absent for a whole day. Students that leave school between 8:00AM - 11:55AM will be considered absent for a full day. Students leaving school 11:56AM or after will be considered absent for a half day.

Please reference the Student Handbook for what constitutes an excused absence. Students leaving for medical appointments only, students gone less than 2 consecutive hours during the school day, and who provide a doctor's note verifying they were at an appointment, will not be charged an absence.

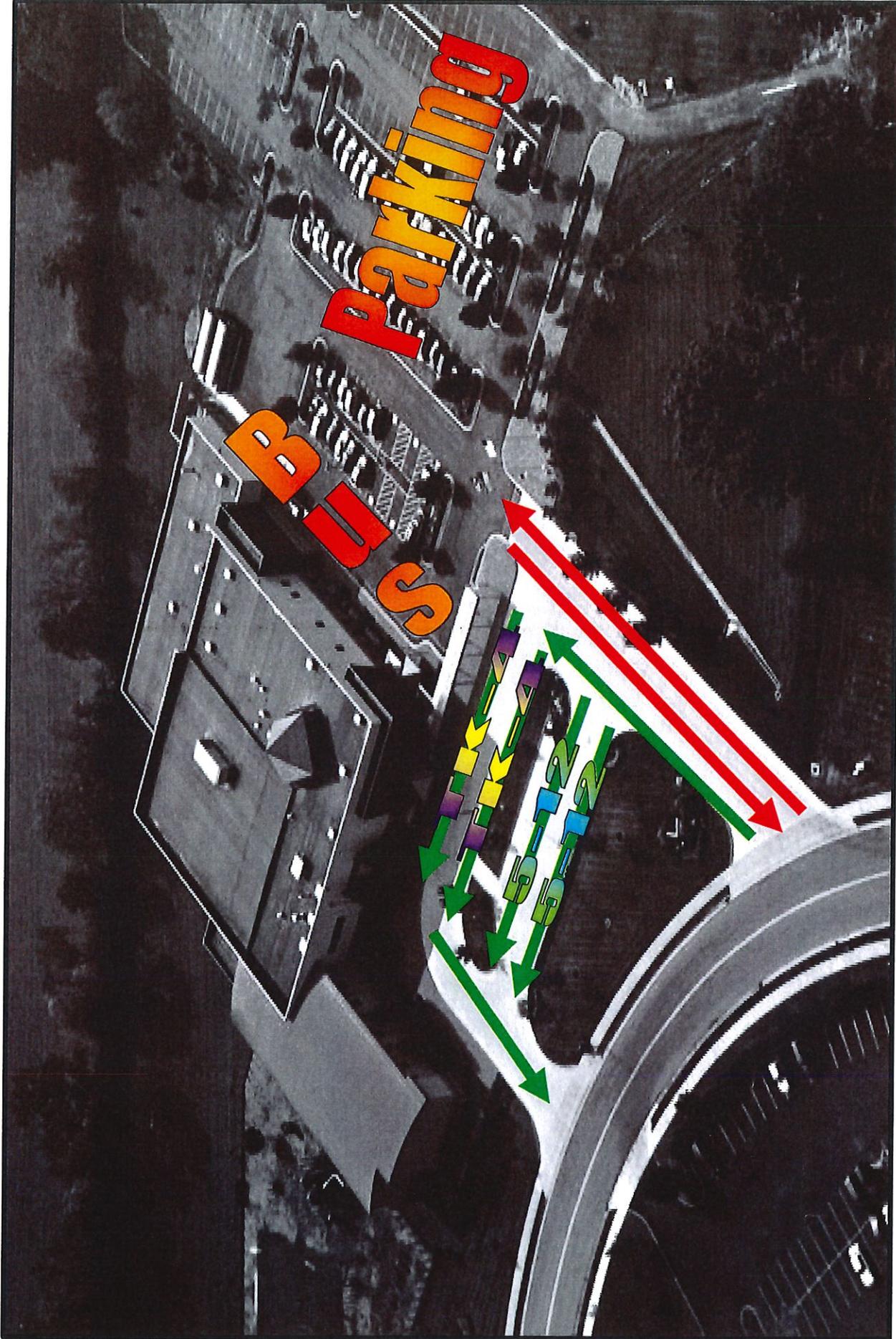
**Remote/Virtual Attendance:** Remote Learning as a full-time mode will still be an option for 5<sup>th</sup> - 12th grade students, **but only by request**. Remote students will check in at the start of each class period with their teacher. Remote students who log in late or not at all are considered tardy or absent, respectively. We do not plan to allow TK - 4th grade to choose remote learning as the primary learning mode, and will only have that option in the case of a quarantined student.

## **TRANSPORTATION**

Students using their public district's transportation are subject to the guidelines set forth by each district. For questions or concerns regarding your public districts transportation guidelines, including COVID-19 protocols, please contact your public districts transportation department.

If a student's afternoon transportation needs to be changed, please contact the office and we will relay the change to the student and the student's teacher at the end of the day. We ask that if you email your child's teacher, or notate a transportation change in their planner (applicable to elementary only), you also notify the front office of that change. In the event of substitute teachers or special schedules, we can ensure changes are being relayed timely, and your child is going where he/she is supposed to.

Thank you for helping make the 2021-22 school year safe and successful for your child! As always, if you have any questions or concerns, please contact the ECA front office at 937-390-3777. We look forward to seeing you all on the first day of school!



Car Drop Off/Pick Up



Bus Drop Off/Pick Up and Parking



\*This form is only required if you have never completed one for your child OR if there are any changes since last school year.



### Student Health History- 2021/2022

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Name of Physician: \_\_\_\_\_

**Past Medical History (check all that apply):**

<input type="checkbox"/> <b>NO</b> Medical Conditions	<input type="checkbox"/> Diabetes: _____	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear Problems/Hearing Difficulties	<input type="checkbox"/> Skin Conditions: _____
<input type="checkbox"/> Arthritis: _____	<input type="checkbox"/> Emotional Concerns	<input type="checkbox"/> Speech Problems
<input type="checkbox"/> Autism	<input type="checkbox"/> Headaches	<input type="checkbox"/> Stool Soiling
<input type="checkbox"/> Behavioral Concerns	<input type="checkbox"/> Heart Disease: _____	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Birth/Congenital Malformations	<input type="checkbox"/> Kidney Disease: _____	<input type="checkbox"/> Urinary Tract Infections
<input type="checkbox"/> Bone/Muscle/Joint Problems	<input type="checkbox"/> Lead Poisoning	<input type="checkbox"/> Vision Problems: _____
<input type="checkbox"/> Bleeding Disorder: _____	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cancer: _____	<input type="checkbox"/> Nervous Twitches/Tics	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chronic Diarrhea or Constipation	<input type="checkbox"/> Neuromuscular Disorder: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Seasonal Allergies	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Daytime Wetting		<input type="checkbox"/> Other: _____

Please explain any conditions above (if needed): \_\_\_\_\_

Please list any hospitalizations (reason & year): \_\_\_\_\_

**Allergies- (ECA cannot guarantee a food allergy free environment)**

No Known Allergies

Allergy	Reaction
<input type="checkbox"/> Bee/Insect:	
<input type="checkbox"/> Food:	
<input type="checkbox"/> Medication:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Epi-Pen to be stored in clinic	

**Medications-** Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason
1.		
2.		
3.		
4.		
5.		

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes  No If YES, please explain: \_\_\_\_\_

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes  No If YES, please explain: \_\_\_\_\_

Please indicate any other information about your child's health or development that would be beneficial for the school to know.

---

---

---

---

---

---

---

---

---

---

Please contact the clinic nurse for a confidential conference if needed.

Completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Please note, if your child has a history of Asthma, Seizures, or a severe allergy to food and/or bee stings, an Emergency Action Plan needs to be completed. The forms may be printed off at [ecaoh.com](http://ecaoh.com) (under Resources, Forms) or you may stop by the clinic. A completed copy of the Emergency Action plan will be distributed to your child's teacher(s).

## Clinic Policy Agreement 2021/2022

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### Communicable Illness

In order to keep the school a safe and healthy place for students and staff, the clinic nurse appreciates parents' cooperation in dealing with any possible communicable illness at school. Please see criteria below.

Symptom (Keep Home)	Return to school
Fever $\geq 100^{\circ}\text{F}$	Fever $\leq 100^{\circ}\text{F}$ for 24 hrs. without the use of fever reducing medications (Tylenol, Ibuprofen, etc.)
Vomiting/Diarrhea	No vomiting/diarrhea for 24 hrs.
Illness requiring antibiotics	24 hrs. after antibiotic is started

### COVID-19 Protocol Screening

- At Home:**

All students, faculty, staff, and volunteers must self-screen, with the help of parents or a caregiver, when appropriate, before leaving home each school day for the following symptoms: (Parents are expected to pre-screen their child for temperature and symptoms)

- A body temperature  $\geq 100^{\circ}\text{F}$  any time in the previous 24 hours.
- Persistent dry cough
- Shortness of breath or difficulty breathing
- Nausea, vomiting or diarrhea.
- Chills
- New loss of taste or smell
- Body ache
- Headache
- Sore throat
- Runny nose or congestion

\*If temperature  $\geq 100^{\circ}\text{F}$ , persistent dry cough, shortness of breath/difficulty breathing, nausea, vomiting, diarrhea, chills, and/or new loss of taste/smell, the individual may not come to school under any circumstances.

If it is determined that the student will go home sick during the school day, it is expected that the child is picked up within 30 minutes, unless otherwise arranged with the school nurse.

A full copy of ECA's Clinic Policy can be found at [www.ecaoh.com/resources](http://www.ecaoh.com/resources)

**I have read, understood, and agree to comply with Emmanuel Christian Academy's Clinic Policy for my child.**

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

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

\_\_\_\_\_  
Date



2021/2022 Authorization for Non-Prescribed Medications

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

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

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

To the Parent/Guardian:

The following information is necessary to administer any non-prescribed medications. This form is needed ONLY if you would like your child to receive any of the listed medications. Please complete ALL spaces and checkmark treatment lines.

\_\_\_\_\_ I am giving my child, named above, permission to receive the following over-the-counter medication(s) in the presence of an authorized staff member:

\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_mg

\_\_\_\_\_ Ibuprofen (Advil, Motrin) \_\_\_\_\_mg

\_\_\_\_\_ Orajel

\_\_\_\_\_ Tums 1-2 tablets

\_\_\_\_\_ Throat lozenge

\_\_\_\_\_ Cough drop

\_\_\_\_\_ Triple antibiotic ointment

\_\_\_\_\_ Burn Spray (Topical Lidocaine 2%)

\_\_\_\_\_ Hydrocortisone 1% cream

\_\_\_\_\_ Benadryl 12.5mg-25mg (for minor allergic reactions only)

\_\_\_\_\_ Insect Sting swabs (Benzocaine 20%)

\_\_\_\_\_ I will be informed if requests of any of the above medications become excessive.

\_\_\_\_\_ I release and agree to hold Emmanuel Christian Academy's Board of Education, its officials, its employees, and the clinic nurse harmless from any and all liability foreseeable or unforeseeable for damages and/or injury resulting directly or indirectly from this authorization.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Contact Number(s)

2021/2022 Medication Authorization Form for Prescribed Medications

Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

List any known allergies & reactions: \_\_\_\_\_

Prescriber Authorization:

Name of Medication: \_\_\_\_\_ Circumstance for Use: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time Interval: \_\_\_\_\_

Date to begin medications: \_\_\_\_\_ Date to end medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Treatment in the event of an adverse reaction: \_\_\_\_\_

Epinephrine AutoInjector:  Not Applicable  Trained School Personnel to inject  
 Yes, as the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector in accordance with ORC 3313.718

Asthma Inhaler:  Not Applicable  Trained School Personnel to administer inhaler  
 Yes, if conditions are satisfied per ORC 3313.716, the student may possess and use the inhaler at school or at any activity or program sponsored by or in which **the student's school is a participant**.

Procedures for school employees if the medication does not produce the expected relief:  
 \_\_\_\_\_

Possible Severe Adverse Reaction(s) per ORC 3313.718 and 3313.716:

a) To the student for whom the medication is prescribed: \_\_\_\_\_

b) To a student for whom the medication is not prescribed and receives a dose: \_\_\_\_\_

Other instructions: Is refrigeration required?  Yes  No Is the medication a controlled substance?  Yes  No

→ Prescriber Signature: \_\_\_\_\_ Prescriber Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Authorization:

- I authorize trained school personnel to administer the above medication.
- I understand that additional parent/prescriber signed statements will be necessary if the dosage of the medication is changed.
- I authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order.
- Medication forms must be received by the clinic nurse and/or trained school personnel.
- I understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug expiration when appropriate.
- When delivering the medication to the school, I must fill out a Medication Inventory Record with the clinic nurse or trained school personnel.

→ Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Name (print): \_\_\_\_\_

#1 Contact Phone: \_\_\_\_\_ #2 Contact Phone: \_\_\_\_\_ Date: \_\_\_\_\_

- For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately call 911 if this medication is administered. I will provide a backup dose of the medication to the clinic nurse as required by law per ORC 3313.718.
- For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

→ Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Name (print): \_\_\_\_\_



## Asthma- Emergency Action Plan 2021/2022

Student's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Student's Current Asthma Medication(s): \_\_\_\_\_

Student's Medication(s) kept in the school's clinic: \_\_\_\_\_

Asthma Triggers: \_\_\_\_\_

<b>SYMPTOMS OF AN ASTHMA ATTACK</b>		
Mild	Moderate	Severe
<ul style="list-style-type: none"> <li>Cough</li> <li>Difficulty Breathing</li> </ul>	<ul style="list-style-type: none"> <li>Chest Tightness</li> <li>Difficulty Breathing</li> <li>Wheezing</li> <li>Anxious</li> <li>Nostrils flaring</li> <li>Shoulders hunched over</li> </ul>	<ul style="list-style-type: none"> <li>Lips, nails, skin appear pale, gray or bluish</li> <li>Rapid pulse (HR&gt;120)</li> <li>Gasping breaths (RR &gt;30)</li> <li>Chest "pulling in" with breathing</li> <li>Unable to speak in complete sentences without taking a breath.</li> <li>Decreasing or loss of consciousness</li> </ul>

<b>PLAN OF CARE FOR ASTHMA ATTACK</b>	
Mild to Moderate Symptoms:	<ul style="list-style-type: none"> <li>If unable to come to clinic, call for medication to be brought to student.</li> <li>Until medication is able to be given, instruct student to breathe in through nose and out through pursed lips, slowly and deeply.</li> <li>Give _____ by inhalation or nebulization every _____ hours as needed.</li> </ul>
If no improvement within 15 minutes after medication is given:	<ul style="list-style-type: none"> <li>Call Mom: _____</li> <li>Call Dad: _____</li> <li>Call Emergency Contact: _____</li> </ul>
Severe Symptoms:	<ul style="list-style-type: none"> <li>Call 911</li> <li>Call Mom: _____</li> <li>Call Dad: _____</li> <li>Call Emergency Contact: _____</li> </ul>

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Bee-Sting Emergency Action Plan 2021/2022

Student's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Symptoms of student's allergic response (check all that apply):

- Hives, itchy rash, swelling of face &/or extremities
- Swelling at sting site
- Severe pain at sting site
- Itching, tingling, &/or swelling of the lips, tongue, &/or mouth
- Red, itchy, watery eyes
- Shortness of breath, repetitive coughing, &/or wheezing
- Other (describe): \_\_\_\_\_

### ✦ ROUTINE BEE-STING PROCEDURE FOR ALL STUDENTS ✦

- If stinger is still present, scrape it off with a piece of stiff paper or card. Do not squeeze to remove.
- Clean area with soap and water.
- Apply ice to sting area.
- Observe student in clinic for 5-10 min. for allergic reaction.
- If no reaction present after observation time, student may return to class. Classroom teacher should be notified that student was stung as delayed reactions may be possible.

### ✦ EMERGENCY PROCEDURE FOR ALLERGIC STUDENTS ✦

Please check the appropriate treatment for your child should he/she be stung at school.

- Use the above Routine Bee-Sting Procedure ONLY
- Use the above Routine Bee-Sting Procedure, but ALSO give Benadryl. (Typical Dose: Ages 6-12: 12.5mg-25mg & > 12 yrs: 12.5mg-50mg).
- Use the above Routine Bee-Sting Procedure, but ALSO immediately administer Epi-Pen as ordered by physician.

Then Call:

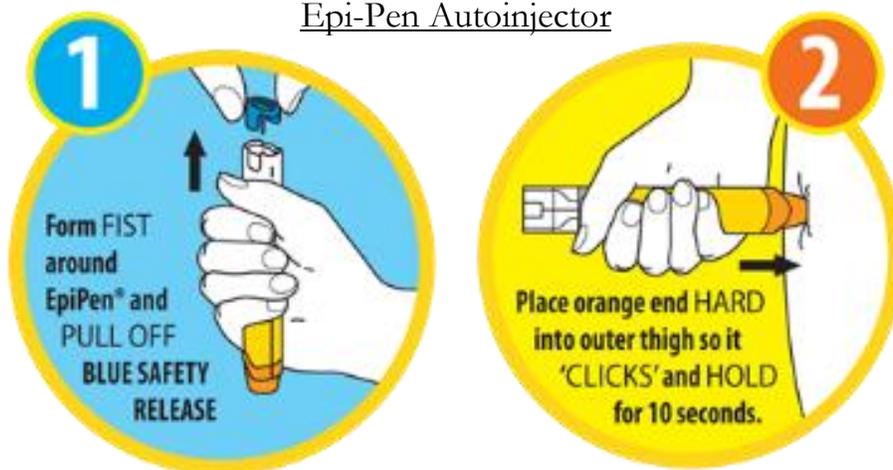
- 911
- Mom: \_\_\_\_\_
- Dad: \_\_\_\_\_
- Emergency Contact: \_\_\_\_\_

**IF EPINEPRINE IS ADMINISTERED, YOU MUST CALL 911!!**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

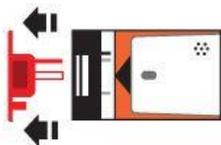
EMERGENCY CONTACTS:	TRAINED STAFF MEMBERS:
1. Name/Relationship:	1. Name: Keri Faust, RN
Phone Number:	Room #: Clinic- 156 ext. 1009
2. Name/Relationship:	2. Name:
Phone Number:	Room #:
3. Name/Relationship:	3. Name:
Phone Number:	Room #:

Epi-Pen Autoinjector



Auvi Q Autoinjector (follow voice prompts)

1) Pull Off RED safety guard



2) Place BLACK end AGAINST OUTER THIGH, then PRESS FIRMLY and hold for 5 seconds





## Food Allergy Emergency Action Plan- 2021/2022

Student's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

Does your child have a history of asthma? \*Yes  No  \*If yes, HIGH RISK for severe reaction

### Signs/Symptoms of an Allergic Reaction

- MOUTH: Itching/swelling of the lips, tongue, &/or mouth
- \*THROAT: Hoarseness, hacking cough, itching &/or sense of tightness in the throat
- SKIN: Hives, itchy rash, &/or swelling of the face/extremities
- ABDOMEN: Nausea, cramping, vomiting, &/or diarrhea
- \*LUNG: Shortness of breath, repetitive coughing, &/or wheezing
- \*HEART: Thready pulse, syncope or near-syncope

\*All above signs/symptoms can potentially progress to a life-threatening situation. The severity of symptoms can quickly change.

### **ACTION FOR MINOR REACTION** ✦

1. If the only symptom is \_\_\_\_\_,  
give \_\_\_\_\_ (medication/dose/route).
2. Call Mom: \_\_\_\_\_  
Dad: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

**If condition does not improve within 10 minutes, follow steps for Major Reaction below.**

### **ACTION FOR MAJOR REACTION** ✦

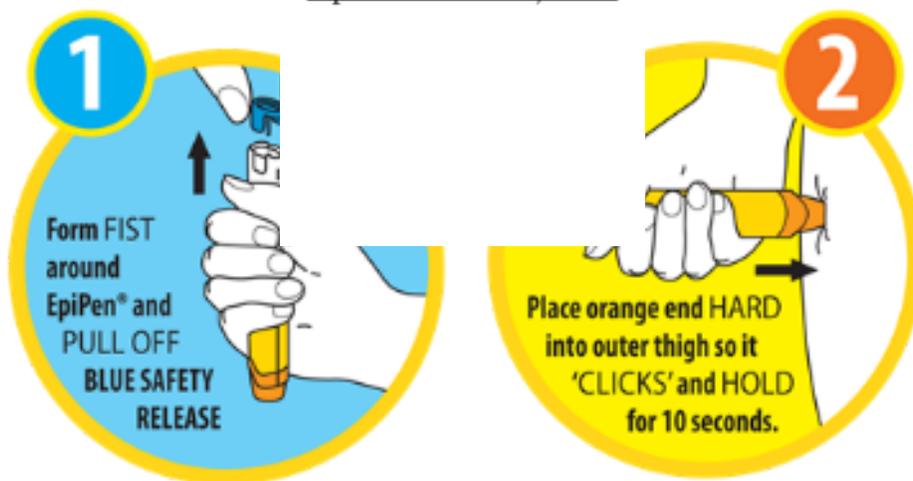
1. If ingestion is suspected &/or symptoms are \_\_\_\_\_,  
Give EpiPen/EpiPen Jr. **IMMEDIATELY!!**  
Then call:
2. 911
3. Mom: \_\_\_\_\_  
Dad: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

**IF EPINEPRINE IS ADMINISTERED, YOU MUST CALL 911!!**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

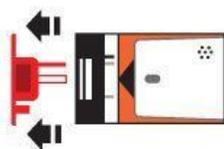
EMERGENCY CONTACTS:	TRAINED STAFF MEMBERS:
1. Name/Relationship:	1. Name:
Phone Number:	Room #: Clinic- 156
2. Name/Relationship:	2. Name:
Phone Number:	Room #:
3. Name/Relationship:	3. Name:
Phone Number:	Room #:

Epi-Pen Autoinjector



Auvi Q Autoinjector (follow voice prompts)

1) Pull Off RED safety guard



2) Place BLACK end AGAINST OUTER THIGH, then PRESS FIRMLY and hold for 5 seconds





## Seizure Emergency Action Plan 2021/2022

Student's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Physician: \_\_\_\_\_ Ph: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

Type of Seizure: \_\_\_\_\_

Seizure Triggers/Warning Signs: \_\_\_\_\_

Basic Seizure First Aid:	For Tonic-Clonic Seizure
<ul style="list-style-type: none"> <li>Stay Calm</li> <li>Track Time</li> <li>Do not restrain</li> <li>Do not place anything in mouth</li> <li>Clear area around student</li> <li>Stay with student until fully conscious</li> </ul>	<ul style="list-style-type: none"> <li>Protect Head</li> <li>Keep airway open/watch breathing</li> <li>Turn student on side</li> </ul>

A seizure is generally considered an emergency when:

- Tonic-clonic (convulsive) seizure lasts >5min.
- Student has repeated seizures without regaining consciousness
- Student is injured
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in the water

### ✦ EMERGENCY RESPONSE FOR SEIZURE ✦

1. Perform Basic Seizure First Aid as described above.
2. Call Parent/Guardian or Emergency Contact (see pg. 2).
3. Administer Emergency medication(s) as indicated below.
4. Call 911 if any of the emergent symptoms listed above are observed AND medication has not stopped seizure.

Seizure Medication for Emergency Response to Seizure		
Medication	Dosage, Route, Frequency	Special Instructions
1.		
2.		
3.		

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>EMERGENCY CONTACTS:</b>	<b>TRAINED STAFF MEMBERS:</b>
1. Name/Relationship:	1. Name: Keri Faust, RN
Phone Number:	Room #: Clinic- 156
2. Name/Relationship:	2. Name:
Phone Number:	Room #:
3. Name/Relationship:	3. Name:
Phone Number:	Room #:

Dear Parent/Guardian,

Please fill in the name of your son/daughter (Name of Pupil) and sign your name (Signature of Pupil or Parent) at the bottom of this form. This will enable your child to use the state funded school textbooks that were purchased through our auxiliary funds program for the 2021-22 school year. Your child's academic schedule will be attached upon receipt of this form. If you have any questions, please feel free to contact Lynne Willis in the school office @ 390-3777.

Division of School Finance  
Ohio Department of Education  
PUPIL OR PARENT LOAN REQUEST FORM

DESCRIPTION PUBLISHER OR BOOK OR TITLE	AUTHOR	MANUFACTURER

Name of Pupil \_\_\_\_\_ Grade Level \_\_\_\_\_

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

Signature of Pupil or Parent \_\_\_\_\_

Note: This form will be maintained on file at a location selected by the above nonpublic school.

Contact the Area Coordinator's Office for consultative service.

## Change of Information

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Please complete only the information below that has changed. Thank you.

Address change \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

School District and Building \_\_\_\_\_

Telephone number change Home Work \_\_\_\_\_  
(please circle)

Telephone number add (cell/pager) \_\_\_\_\_

Emergency Contact Change \_\_\_\_\_  
(Name - add or delete) (Phone)

\_\_\_ Front office \_\_\_ Business Manager \_\_\_ Clinic \_\_\_ Homeroom teacher(s) \_\_\_ Counselor (Grades 7-12) \_\_\_ Marketing



## 2021/2022 Face Mask Exemption Form

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

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

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

### **To be filled out by physician:**

It is advised that \_\_\_\_\_ should **not** wear a face mask at any time during the school day or after school.

Alternative recommendation (if any): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician Name (printed): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

---

### **To be filled out by parent/guardian:**

Reason for medical face mask exemption: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that my child is medically exempt from wearing a face mask while at school.

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_