



Enriching The Minds  
of Tomorrows Leaders

# ACKNOWLEDGEMENT, AGREEMENT, & RELEASE FORM

STUDENT'S FULL NAME

DATE OF BIRTH

PARENT/LEGAL GUARDIAN NAME

TODAY'S DATE

## TRANSPORTATION

I grant authorization to Believers Academy to transport my minor child in a company bus, van, privately owned and insured vehicle, or to utilize public transportation. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver, staff, and/or volunteer.

I have read, understand, and discussed with my child:

- 1) My child will travel in a motor vehicle driven by an authorized licensed adult and my child is to wear their safety belt during travel;
- 2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during transportation/events;
- 3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- 4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

### ***Initial Each Statement:***

\_\_\_\_\_ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

\_\_\_\_\_ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Believers Academy, and their agents, officers, employees, and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands, or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

\_\_\_\_\_ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

## PHOTO / VIDEO / AUDIO

**Adult**, I hereby authorize and consent to the use of images or videos of me, with or without my name, by Believers Academy of Cleveland, OH for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources.

**Youth**, I, the legal parent/guardian of said minor, hereby authorize and consent to the use of images or videos of my child listed above, with or without their name(s), by Believers Academy of Cleveland, OH for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources.

I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release Believers Academy, its officers, trustees, employees, volunteers, and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.

PARENT OR GUARDIAN SIGNATURE

TODAY'S DATE



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## ELECTRONICS/PERSONAL BELONGINGS POLICY

Students are prohibited from bringing any personal items to the academy. Prohibited items include, but are not limited to, cell phones, iPods, iPads, Tablets, Kindles, Laptops, gaming systems, money, or toys.

All personal items brought to the academy by a student will be confiscated and kept until the end of the summer program sessions unless reclaimed by the students Parent/Guardian.

Game/Music devices are ONLY permitted during transportation to and from the program, unless authorized by Believers staff and Parent/Guardian for other purposes. Believers Academy is not responsible and will not be held accountable for any lost, stolen, or damaged personal items.

At their sole discretion, Believers Academy reserves the right to change the terms and conditions of this policy, with or without notice, at any time.

If you have any questions, please contact James Ringfield, Program Director

I have read the Electronics/Personal Belongs policy and reviewed it with my child. We understand that all personal items taken to summer camp will be confiscated and kept until the end of the summer program.

_____	_____
STUDENT'S NAME	DOB
_____	_____
STUDENT'S SIGNATURE	TODAY'S DATE
_____	_____
PARENT/LEGAL GUARDIAN'S SIGNATURE	TODAY'S DATE



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# PROHIBITED WEAPONS & CRISIS INTERVENTION

## PROHIBITED WEAPONS

Students are prohibited from carrying or having in their possession any weapon/dangerous instruments while attending Believers Academy that can be used to cause harm. Staff will immediately confiscate any weapon /dangerous instrument. Please be aware any weapon/dangerous instrument deemed illegal by the **Ohio Revised Code** might require police involvement. Any attempt or use of a weapon/dangerous instrument will result in a filing in juvenile court.

I, the legal parent/guardian of said minor, understand the policy on weapon/dangerous instruments. I also understand to secure the safety of students and staff; Believers Academy will search my son/daughter on a daily basis upon entering the program. Believer Academy staff will utilize a hand held metal detector to wand the student for weapons. Believers will conduct daily searches but not limited to book bags, totes, and purses. Believer's staff will conduct a pat down search that consist only of the students outer clothing and pockets. Any items found that are against program polices or the **Ohio Revised Code** will be confiscated or turned over to the proper authorities, and parent /Guardian will be notified by staff.

## CRISIS INTERVENTION

**Believers Academy** specializes in providing an academic environment for behaviorally and emotionally troubled children and adolescents. In order for the program to function effectively, Believer's staff members maintain a facility that is safe for all who may enter its doors that includes, but is not limited to, students, parents, staff, volunteers, and outside members of the community.

On occasion, a student may become unsafe to him/herself and/or others around him/her at some point during the school day. Believer's staff members have been specially trained to intervene in such situations, ensuring that the surrounding environment remains safe for all people present in the facility at that moment. Sometimes, the use of what is called **Physical Restraint** must be utilized in order to maintain the high level of safety necessary to keep the Believers Program effective in its mission. **ORC 3319.41(C)** states, "*within the scope of their employment, use and apply such amount of force and restraint as is reasonable and necessary to quell a disturbance threatening physical injury to others, to obtain possession of weapons or other dangerous objects upon the person or within the control of the pupil, for the purpose of self-defense, or for the protection of persons or property.*"

**Physical Restraints** are physical techniques facilitated by trained staff members that prevent a student, who is presently being physically unsafe towards him/herself or others, from becoming further dangerous/unsafe. Such techniques are highly effective in physically placing a student in a position where he/she can safely recover from being unsafe with no further potential of danger. Such techniques are only used when a student is deemed as unsafe by Believer's staff and after all other therapeutic attempts to deescalate the student verbally have been fully exhausted.

All of Believers staff members have been trained in Therapeutic Crisis Intervention (TCI) and Handle With Care – methods specifically designed to minimize the possibility of injury to anyone, and maximize the maintenance of a safe environment of everyone.

I, certify that I have received and reviewed the Prohibited Weapons and Crisis Intervention policy. I have been given the opportunity to discuss and ask questions I may have with a Representative. By signing this statement, as required, I am indicating that I understand its contents and consent to Believers Academy staff members utilizing intervention methods, aforementioned in this policy, for the duration of the student's enrollment in the Academy.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
SCHOOL REPRESENTATIVE

\_\_\_\_\_  
TODAY'S DATE



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# EMERGENCY MEDICAL AUTHORIZATION

STUDENT'S FULL NAME		DOB	MALE / FEMALE
HOME ADDRESS	CITY	STATE	ZIP CODE

**PURPOSE – To enable parent(s)/guardian(s) to authorize emergency treatment for student whom become ill or injured while under school authority, when parent(s) /guardian(s) cannot be reached. PART I or PART II MUST BE COMPLETED**

## PART I – AUTHORIZATION FOR EMERGENCY TREATMENT

In the event of an emergency please contact:

	Parent/Guardian No. 1	Parent/Guardian No. 2
Full Name:		
Relationship to child:		
Cell Phone:		
Home Phone:		
Work Phone:		

If all reasonable attempts to reach the parent(s) /guardian failed. Please contact the following:

	Relative No. 1	Relative No. 2	Relative No. 3
Full Name:			
Relationship to child:			
Cell Phone:			
Home Phone:			
Work Phone:			

In the case of an emergency, I hereby consent for the following medical care providers and local hospital to be called:

Doctor:	_____	Phone:	_____
Dentist:	_____	Phone:	_____
Local Hospital:	_____	Phone:	_____

This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists concurring in the necessity for such surgery are obtained before surgery is undertaken.

Please list any information concerning your child's medical history, including allergies, current medication(s), and/or any physical impairment(s) about which should be alerted.

## 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 request that the school authorities do the following:

PARENT/LEGAL GUARDIAN'S SIGNATURE	TODAY'S DATE
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# ADMINISTRATION OF MEDICAL FORM

Parent/Legal Guardian authorization for administration of medication by designated Believers Academy employees.

My Child, \_\_\_\_\_, has been prescribed to take the following:

\_\_\_\_\_ at \_\_\_\_\_  
MEDICATION(S) TIME(S) OF DAY

As directed by: \_\_\_\_\_  
PHYSICIAN'S NAME

I formally request and authorize Believers Academy designated employees to administer the above listed medication(s) to my child at the prescribed time(s).

I will notify the Believers Academy Program if the above listed medication or physician are changed or replaced. Furthermore, I agree to adhere to any and all guidelines established in accordance with the Program and the **Ohio Revised Code**.

I release the Believers Academy Program and all of its agents and employees of any and all relevant liabilities that may emerge, directly or indirectly, during the course of the administration of medication to my child.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
TODAY'S DATE

## HEALTH / MEDICAL HISTORY

1. Describe student's disability and how it affects student's behavior \_\_\_\_\_
2. Describe any long term medical problem(s): \_\_\_\_\_
3. Describe any hospitalization in the last 3 years: \_\_\_\_\_
4. Does student have allergies? If yes, brief details:  Y  N \_\_\_\_\_
5. How would you rate student's general health  Excellent  Good  Fair  Poor \_\_\_\_\_
6. Does student have asthma? If yes, describe severity:  Y  N \_\_\_\_\_
7. Does child have any back problems? If yes, brief details:  Y  N \_\_\_\_\_
8. Has child ever attempted suicide? If yes, provide details (include dates, number of times, and treatment):  Y  N \_\_\_\_\_
9. Has child ever been in counseling of therapy? If yes, when?  Y  N \_\_\_\_\_
10. Is child involved in counseling or therapy currently? If yes, provide name of therapist  Y  N \_\_\_\_\_
11. Does child have any problems hearing? If yes, is child required to wear hearing aids?  Y  N \_\_\_\_\_
12. Does child wear glasses?  Y  N \_\_\_\_\_
13. Has child ever had a seizure? If yes, provide last occurrence and how often  Y  N \_\_\_\_\_



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## HISTORY & ALLERGY INFORMATION

To help staff and your child's needs, please check and best describe details for all that apply

Conditions	Allergies	Diseases	Shots	Swimming Skills
<input type="checkbox"/> No Conditions	<input type="checkbox"/> No known Allergies	<input type="checkbox"/> No infectious diseases	<input type="checkbox"/> (DTaP) Diphtheria, Tetanus, & Acellular	<input type="checkbox"/> Beginner
<input type="checkbox"/> Ear infections	<input type="checkbox"/> Hey fever	<input type="checkbox"/> Chicken pox	<input type="checkbox"/> (Hib) Haemophilus influenza	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Heart defect	<input type="checkbox"/> Positon ivy/oak	<input type="checkbox"/> Mumps	<input type="checkbox"/> (PCV13) Pneumococcal	<input type="checkbox"/> Advanced
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Insect sting	<input type="checkbox"/> Measles	<input type="checkbox"/> (HepA) Hepatitis A	
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Penicillin	<input type="checkbox"/>	<input type="checkbox"/> (HepB) Hepatitis B	
<input type="checkbox"/> Clothing disorders	<input type="checkbox"/> Adhesives Bandage	<input type="checkbox"/>	<input type="checkbox"/> (RV) Rotavirus	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Food(s)	<input type="checkbox"/>	<input type="checkbox"/> (IPV) Poliovirus	
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (IIV or LAIV) Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (VAR) Varicella [Chicken Pox]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (MMR) Measles, Mumps, Rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (MenB) Meningococcal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Tdap) Tetanus, Diphtheria & Acellular Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Any additional information you want to share that would be beneficial to staff and/or your child's wellbeing?



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## WAIVER & RELEASE OF LIABILITY

I HEREBY WAIVE ALL CLAIMS AGAINST Believers Achieve Dreams Inc., its employees, volunteers, and sponsors; or any person for any injury or loss my child might suffer by participating in or as a result of attending Believers Academy Program. I understand that any claim for coverage of medical bills will be submitted to my own insurance company.

Each copy of this executed authorization will be valid as an original, even though the copy does not contain an original writing of my signature. I have read and fully understand the content of this authorization and execute it freely and voluntarily.

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PRINT PARENT OR GUARDIAN FULL NAME

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RELATIONSHIP

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PARENT OR GUARDIAN SIGNATURE

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TODAY'S DATE