

Application

FOR ADMISSION



Grade Guidelines for Application/Registration

Thank you for considering Coral Springs Christian Academy. Please follow these guidelines in the admission process.

STEP 1

NEW STUDENT QUALIFICATIONS

- ☐ Grade point average of 2.0 or above (grades 6-12)
- ☐ Achievement test scores in average to above average range
- ☐ Students should not have been suspended, dismissed, or expelled from his/her former school.
- ☐ Children entering kindergarten must be 5 years of age by September 1st.

STEP 2

APPLICATION (please submit to the Admissions Director)

- ☐ Completed application form
- ☐ Registration fee of \$100 per student - application processing and testing (non-refundable)

STEP 3

SUPPORTING MATERIALS AND TESTING

- ☐ A copy of the student's latest report card
- ☐ A copy of the latest results of standardized testing - SAT/FCAT
- ☐ A copy of any special reports, i.e., individualized educational plan
- ☐ CSCA Student Questionnaire (grades 6-12)
- ☐ The Admissions Director will schedule admission screening. Screening is done to determine entrance into the school, as well as proper placement in a class. The student will be screened in the areas of reading vocabulary and comprehension and math problem solving and procedures.

STEP 4

REFERENCES/INTERVIEW

- ☐ School Reference Form completed
- ☐ Pastoral/Community Leader Reference Form completed
- ☐ Statement of Agreement signed
- ☐ First Year Student Probation signed (grades 6-12)
- ☐ Family interview with the high school or middle school principal will be scheduled.

STEP 5

ACCEPTANCE

- ☐ The applicant will be accepted on the basis of application information, admissions screening, achievement test scores, report cards, recommendations, student questionnaire, and family interview. If the applicant is accepted, but an opening is not available, the student will be placed in a waiting pool status and the family notified.

STEP 6

RECORDS

- ☐ Florida Department of Health Immunization form*
- ☐ Florida Department of Health Physical form*
- ☐ Copy of the student's birth certificate
- ☐ Copy of the student's social security card
- ☐ Copy of parent(s) driver's license(s)

*Students will not be permitted to begin school until up-to-date health records have been received.

2251 Riverside Drive • Coral Springs, Florida 33065 • Phone 954-752-2870 • FAX 954-840-1101 • www.ccsca.us

Application Date _____ Application for Admission to Grade _____ In Academic Year _____

Student's Name _____

Preferred Name _____ LAST _____ FIRST _____ MIDDLE _____
Male: Female: Social Security # _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Phone _____
MONTH DAY YEAR

FAMILY INFORMATION

FATHER: Mr. Dr. Pastor

MOTHER: Mrs. Dr. Ms..

Name Called _____

Name Called _____

Father's Occupation _____

Mother's Occupation _____

Workplace _____

Workplace _____

Position _____

Position _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

Cell _____

Cell _____

Fax _____

Fax _____

Home E-mail _____

Home E-mail _____

Student lives with (check all that apply):

Father Mother Stepfather Stepmother Other

Please check any that apply: Father deceased Mother deceased Parents divorced Parents separated

Name of Stepparent Mr. Mrs. Ms. Dr. Pastor

Address if different from that of student _____

Is either parent forbidden by court order from having equal access to the child or the school records? Yes No

(Attach a copy of court documents)

ACADEMIC/SCHOOL HISTORY

Student's present school: _____ Grade _____

Address _____

City _____ State _____ Zip _____

List all previous schools attended and dates of attendance:

School _____ Dates _____ Grades _____

School _____ Dates _____ Grades _____

School _____ Dates _____ Grades _____

Has a previous application to CSCA been submitted for this student? Yes No

If yes, what grade? _____ Date applied _____

Has your child ever repeated a grade? Yes No If so, what grade and date: _____

Has your child ever been suspended, expelled or asked to withdraw from school? Yes No

If yes, what school and why? _____

Has your child, to your knowledge, been involved with alcohol, drugs, tobacco products, or sexual immorality? Yes No

Why is your child withdrawing from his/her present school? _____

Is your child eligible to return to his/her present school? Yes No

Extra-curricular activities, awards, talents, interests: _____

Has your child ever been evaluated for academic, behavioral, emotional, or attention difficulties? Yes No

Please explain. Include a copy of the evaluation report, IEP, or any other special reports. _____

Does your child take prescription medications daily? Yes No

Please explain. _____

OTHER INFORMATION

Student's brothers and sisters: _____ CSCA applicant

NAME M/F AGE SCHOOL ATTENDING GRADE ___ YES ___ NO

NAME M/F AGE SCHOOL ATTENDING GRADE ___ YES ___ NO

Child's Physician _____ Phone _____

Insurance _____ Policy _____

EMERGENCY CONTACT:

NAME RELATIONSHIP HOME # WORK #

NAME RELATIONSHIP HOME # WORK #

PLEASE READ CAREFULLY: A \$100.00 application fee (non-refundable) must accompany each application.

Date of Application _____ Parent's Signature _____

Permission and Cooperation Agreement

My signature on the contract of enrollment signifies my full support to Coral Springs Christian Academy. I agree to the following:

Support – the standards of CSCA in every area of its philosophy and policies including academic, behavioral, spiritual, dress, moral, disciplinary, and maintain the basic principles of Biblical morality in my home. I agree to support the school to the best of my ability through prayer, time, and participation in the various school activities.

Cooperation – I agree to cooperate fully with the teachers and the administration of Coral Springs Christian Academy. I understand that CSCA has the right to dismiss a student who is found to be out of harmony with the goals and ideals of the work and life of CSCA.

Criticism – I will promptly address any criticism I have of the administration, staff, or policies of CSCA directly to the teacher, principal, administrator, or board member, in that order, rather than in front of my child or among other parents in public and commit to following the Matthew 18 principles for Biblical resolution of any problems.

Responsibility – I agree to assume the responsibility for my child's education by supervising homework, being an encourager, and keeping in regular contact with my child's teachers. I recognize my responsibility to maintain close communication with my child's teacher by attending called conferences, by following through with any homework, assignments or slips to be signed and by seeking the teacher's opinion when there is any question about my child's progress or behavior at school.

Attendance – I will support the educational program at CSCA by seeing that my child attends school regularly, arriving on time and being picked up promptly, by sending written excuses for tardiness and absence.

Pictures – I understand that some students appear in school promotional pictures and videos. I give permission for my child to participate if selected.

Field Trips – My child may participate in all CSCA authorized functions and field trips.

Consent and Authorization – In the event my child becomes ill or injured while under school supervision, I give my consent for the school authorities to take the following steps:

1. Contact a parent of the child and follow the instructions given.
2. Contact the child's physician and/or emergency medical personnel and follow instructions given.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the Headmaster or his designee, to furnish on my behalf such written or oral authorization as may be required. Further, I release the Headmaster, or his designee, Coral Springs Christian Academy and First Presbyterian Church of Coral Springs/Margate from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

Transportation – I give my permission for my child to use authorized CSCA transportation including approved parental drivers for travel to and from sponsored activities.

Hold Harmless – In further consideration for the enrollment of my child, I, individually, and on behalf of my child, hereby release, indemnify and hold harmless Coral Springs Christian Academy and First Presbyterian Church, its agents and employees, from any and all actions and claims for personal injury or damages of any kind resulting from the transportation of Coral Springs Christian Academy students by myself or in vehicles owned or leased by me, or from the transportation of my own child to school events and functions in vehicles neither owned nor leased by Coral Springs Christian Academy or First Presbyterian Church, whether caused in whole or in part by the negligence of the operator of any such vehicle.

Arbitration – In further consideration for the enrollment of my child, I, individually, and on behalf of my child, hereby agree to submit the rules to be used and procedure that will be followed and to binding Christian arbitration any matters which cannot otherwise be resolved; and expressly waive any and all rights in law and equity to bringing any civil disagreement before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

Fees – I understand application and enrollment fees are non-refundable. I agree to pay all fees as contracted for services rendered and in accordance with the policies and schedules set prior to admission acceptance. All costs and fees incurred by CSCA to collect delinquent fees will be added to my account and are my responsibility. I understand that once the enrollment contract has been signed and the enrollment fee paid, I am responsible to pay in full all of the semester in which my child was enrolled. I am responsible to pay in full any outstanding balance even if I voluntarily withdraw my child or if my child is dismissed from the school. Records will not be forwarded to another school until all financial obligations have been satisfied. Any costs associated with the collection of tuition and fees will be paid by the responsible party.

Changes – I accept responsibility to notify CSCA of changes of residences, employment, or phone numbers.

Damage – Campus property or personal property destroyed, damaged or lost by the student will be repaired or replaced immediately by the student's family.

Effective – This statement is in effect until updated or for as long as my child attends CSCA.

STATEMENT OF FAITH

Coral Springs Christian Academy is dedicated to and operated within the doctrine of this statement of faith. My signature on the contract of enrollment signifies my full support to Coral Springs Christian Academy.

Our statement of faith is as follows:

God We believe that God is one being- infinitely just, wise, good, loving and holy, and existing eternally in three persons, Father, Son and Holy Spirit. He is the sovereign Creator of the universe and by His providence sustains and rules all that He has made.

Jesus Christ We believe that Jesus Christ, Son of God, is fully divine and fully human, and that He saves his people from their sin by His life, death, and resurrection, and is now ruling over His Church and the world through His Word and Spirit.

The Holy Spirit We believe that the Holy Spirit regenerates sinners, indwells believers, and enables them to live a Godly life and to use the spiritual gifts He has given them.

Scripture We believe that the Scriptures of the Old and New Testaments are the inspired, infallible, and inerrant Word of God, our final authority in matters of doctrine and practice.

Salvation We believe that sinners are justified by grace through faith on the basis of the finished work of Christ (His death and resurrection) and live this life by the power of God.

The Church We believe that God is calling people from the whole human race to believe in His Son, Jesus Christ, and to become members of His Body, the Church. Those who believe in Jesus as Lord and Savior enjoy the blessings of God and fellowship with each other in communities of faith until Jesus returns.

Humanity We believe that man, male and female, were created in the image of God, but fell into sin through the disobedience of Adam and Eve. As a result of the fall, all people are born sinful and in need of salvation.

The Future We believe that Jesus Christ, the Son of God, will return to renew the whole creation and to judge the living and the dead.

STANDARDS FOR EXCELLENCE

All students are encouraged to make every effort to meet and whenever possible exceed these Standards of Excellence. Students are expected to maintain high Christian principals on and off campus. We ask our students to be dedicated to:

1. *Strive for a Christ-centered attitude and behavior.*
Colossians 3:12-17
2. *Honor and obey my parents. Exodus 20:12,*
Ephesians 6:1-3
3. *Strive for excellence as a student.*
Philippians 1:10, Proverbs 18:9, Galatians 5:22-23, Ephesians 2:10
4. *Operate respectfully and obey willingly those in authority.*
Hebrews 13:17, Romans 13:1-5
5. *Abstain from immoral actions, profanity, sexual immorality, and witchcraft.*
Ephesians 5:3-5, I Thessalonians 4:3-7
6. *Refrain from television, movies, music, and other media that emphasize ungodliness, impurity, immorality, the drug culture, or rebellion against authority.*
Philippians 4:8, Ephesians 5:15-17
7. *Avoid even the appearance of evil both on and off campus, which would bring dishonor to Jesus Christ, my parents, or Coral Springs Christian Academy.*
I Thessalonians 5:22, I Timothy 6:11, II Timothy 2:22
8. *Follow the dress code that has been established by CSCA and to wear modest apparel.*
I Timothy 2:9, Deuteronomy 22:5, Proverbs 7:10
9. *Refrain from dissension, gossip, arguing, and complaining.*
Philippians 2:14-15, Romans 13:1-5.
10. *Submit to the discipline of Coral Springs Christian Academy.*
Hebrews 13:17, Romans 13:1-5

PARENT SIGNATURES

My signature verifies that I have read and accept all terms of this contract of enrollment at Coral Springs Christian Academy.

Date _____ Father's Signature _____

Date _____ Mother's Signature _____

Coral Springs Christian Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, admission, scholarship, or any other programs administered by the school.

First Year Student Terms of Enrollment for Grades 6-12

ONE WEEK ADJUSTMENT PERIOD:

- New students entering Coral Springs Christian Academy are given a one-week adjustment period in order to become accustomed to the rules of the school and the layout of the classrooms and campus. This includes the reading and understanding of the parent/student handbook.

AFTER THREE WEEKS:

- The student must show acceptable academic progress in all academic subjects.

AFTER FOUR WEEKS:

- An administrator will review the status of the student and if necessary, may contact the parent.

AFTER SIX WEEKS:

- The student must have an overall core curriculum average of at least a 2.0.

DURING THE SCHOOL YEAR:

- The student must be on time to each class every day from the start, and must adhere to the school uniform requirement daily.
- Homework must be turned in on time daily in each class. Any communication or notes sent home must be signed by a parent/guardian on the following day (if a signature is required).
- The student must demonstrate a positive attitude towards the school, all teacher policies, and any correction.
- If the academic or discipline level of the student is, in the opinion of the administration, deemed unacceptable, at any time during the course of the first year, the student may be unable to continue the following quarter by ruling of the administration.
- A progress report will be sent home on a regular basis, which if necessary is to be signed by a parent/guardian and returned to the homeroom teacher on the following school day.

I understand that a student on probation may be unable to continue at Coral Springs Christian Academy should he/she not be able to adjust satisfactorily to the rules or academic work required.

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

Secondary Student Questionnaire (ENTERING 6-12TH GRADE)

Students please answer truthfully and without help from others.

Name _____ Applying for Grade _____ Date _____

SCHOOL/ACADEMIC INVENTORY

1. On your last report card, in what subjects did you earn lower than a "B"? _____

2. What subject most interests you and why? _____

3. What subject least interests you and why? _____

4. Have you attended summer school in the past three years? Yes No

5. If you have attended summer school, explain why you attended and include the subjects you took. _____

6. Is doing well in school important to you? Why or why not? _____

7. On the average, how much time do you spend each night in homework or school-related studies?

- none about 15 minutes about 30 minute
 about an hour about one and a half hours two or more hours

8. Is there a subject that you find particularly difficult? _____

9. What do you think is the reason you find this subject difficult? _____

(Continued on next page)

10. How often were you tardy to class last year? _____

11. How often were you absent from school last year? _____

12. Without giving his/her name, tell us what you liked about your favorite teacher. _____

13. Without giving his/her name, tell us what you did not like about your favorite teacher. _____

14. How many detentions did you receive last year? _____
15. Have you ever been suspended from school? Yes No
16. If you were ever suspended, please explain the circumstances for each time you were suspended. _____

17. Why are you leaving your current school? _____

SPIRITUAL INVENTORY

18. Do you consider yourself to be a Christian? Yes No
19. If you do consider yourself to be a Christian, please tell us why you think you are a Christian. _____

20. Are you actively involved in a church? Yes No
21. Please tell us how you are involved in a church. _____

(Continued on next page)

SOCIAL/PERSONAL INVENTORY

- 24. List any creative activities in which you have been involved (music, literature, drama, art, etc.). _____

- 25. List any hobbies or interests you have outside of school. _____

- 26. List any past athletic activities in which you have been involved. _____

- 27. List in detail any special recognition or honors you have received (church leadership position, team captain, class officer, honor roll, attendance award, etc.). _____

- 28. Tell us about jobs or chores you are responsible for at home. _____

- 29. What was the last movie that you saw? _____
- 30. What musician, music group or band is your favorite? _____
- 31. Without giving a name, tell us why your best friend is your best friend. _____

- 32. Do you have an outside job? Yes No
- 33. If yes, how many a week do you work during the school year? _____
- 34. What words would you use to describe your personality? _____

CSCA INVENTORY

- 35. If you became a student at CSCA, how would your presence make it a better school? _____

- 36. Using the space below, tell us why you want to be a student at Coral Springs Christian Academy. _____

I certify that the answers I have given on this questionnaire are accurate and I have been truthful in all my responses.

Student Signature _____

Pastoral Reference

2251 Riverside Drive, Coral Springs, FL 33065
Phone: (954) 752-2870 | Fax: (954) 346-1112 | www.cspa.us

Student's Name _____ Date _____

Parent's Name _____

Dear Pastor,

Our mission at Coral Springs Christian Academy is to minister to students in a Christ-centered learning community, which instills the vision and practice of excellence in academics, character, and service to others for God's glory. The above named student is a candidate for admission to Coral Springs Christian Academy. Our desire is to partner with the home and the church to provide a Christ-centered education for every student. We would appreciate your insight. In order to ensure that we receive the most accurate assessment of the above student, please complete this reference form and return it to the above address or fax it to (954) 840-1101.

PLEASE ANSWER THE FOLLOWING:

- 1. **CHRISTIAN COMMITMENT:**
 - ___ very evident
 - ___ somewhat evident
 - ___ no evidence

- 2. **CHURCH ATTENDANCE:**
 - ___ faithful and regular
 - ___ occasional
 - ___ infrequent
 - ___ never

- 3. **CHURCH RELATIONSHIP:**
 - ___ members in good standing
 - ___ not members, but exhibit commitment
 - ___ not supportive

PLEASE COMMENT BRIEFLY ON THE FOLLOWING:

Have any members of the family held a leadership position in the church? Please describe:

Has the family contributed any special talents to the church body? Please describe:

Is the applicant active in Sunday School and/or youth program of the church?

Do you consider the applicant to be open to spiritual instruction?

Do you recommend this applicant for admission to Coral Springs Christian Academy?

_____ Are you related to the applicant? _____

How long have you known the applicant and his/her family? _____

Name _____

Signature _____

Church _____

Title _____

Address _____

Phone _____ Date _____

Elementary School Reference for Grades 1-5

2251 Riverside Drive, Coral Springs, FL 33065
Phone: (954) 840-1148 | Fax: (954) 840-1101 | www.czca.us

The student named below is a candidate for admission to Coral Springs Christian Academy. Your honest assessment of this student will be held in complete confidence and will only be used for the purposes of admission and placement. It will not be available to the applicant or parents. Please complete both sides of this form and return it to the Admissions Office of Coral Springs Christian Academy. We appreciate your insight. In order to ensure that we receive the most accurate assessment of the above student, please complete this reference form and return it to the Office of Admissions at the above address or fax it to (954) 840-1101.

Student's Name _____ Date _____

School _____

Address _____ City _____ State _____ Zip _____

Number of years the student has been enrolled in this school _____ Number of years you have known the applicant _____

Form completed by _____ Position _____ Phone (____) _____

	Superior	Good	Average	Below Average	Poor
ACADEMIC PERFORMANCE					
Reading Skills	___	___	___	___	___
Writing Skills	___	___	___	___	___
Mathematics Skills	___	___	___	___	___
Prediction of success	___	___	___	___	___
Has outside help been recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has outside help been given?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, by whom?	_____				
If yes, please comment on improvement needed:	_____				

STUDY HABITS

Works independently	___	___	___	___	___
Works well with others	___	___	___	___	___
Completes work on time	___	___	___	___	___
Attention span	___	___	___	___	___
Organization	___	___	___	___	___
Care of materials	___	___	___	___	___
Work ethic	___	___	___	___	___

Comments: _____

PERSONAL CHARACTERISTICS

Peer relations	___	___	___	___	___
Attitude towards faculty/staff	___	___	___	___	___
Citizenship/conduct	___	___	___	___	___

Comments: _____

PLEASE COMMENT BRIEFLY ON THE FOLLOWING:

1. Applicant's qualities of mind (keenness, originality, imagination):

2. Applicant's social and/or emotional development as compared with his/her peers:

3. Greatest strengths:

4. Limitations, disabilities or special needs (including the amount of teacher time required):

5. Parental expectations, support and attitude toward child:

6. Parental expectations and support of school:

7. Participation in school-related extracurricular activities:

8. Other comments:

Secondary School Reference for Grades 6-12

2251 Riverside Drive, Coral Springs, FL 33065
Phone: (954) 840-1148 | Fax: (954) 840-1101 | www.cscsca.us

The student named below is a candidate for admission to Coral Springs Christian Academy. Your honest assessment of this student will be held in complete confidence and will only be used for the purposes of admission and placement. It will not be available to the applicant or parents. Please complete both sides of this form and return it to the Admissions Office of Coral Springs Christian Academy. We appreciate your insight. In order to ensure that we receive the most accurate assessment of the above student, please complete this reference form and return it to the Office of Admissions at the above address or fax it to (954) 840-1101.

Student's Name _____ Date _____

School _____

Address _____ City _____ State _____ Zip _____

Number of years the student has been enrolled in this school _____ Number of years you have known the applicant _____

Form completed by _____ Position _____ Phone (____) _____

PLEASE COMMENT ON THE FOLLOWING:

	Superior	Good	Average	Below Average	Poor
ACADEMIC PERFORMANCE	___	___	___	___	___
MOTIVATION	___	___	___	___	___
INITIATIVE	___	___	___	___	___
INFLUENCE	___	___	___	___	___
LEADERSHIP	___	___	___	___	___
CONCERN FOR OTHERS	___	___	___	___	___
RESPONSIBILITY	___	___	___	___	___
INTEGRITY	___	___	___	___	___
EMOTIONAL STABILITY	___	___	___	___	___
RESPONSE TO AUTHORITY	___	___	___	___	___
PARENTS OF APPLICANT	___	___	___	___	___

PLEASE COMMENT BRIEFLY ON THE FOLLOWING:

1. Is the student eligible to re-enter your school? Yes No

Comment: _____

2. Has the student been involved in:

a. Alcohol Yes No

b. Drugs Yes No

c. Unsatisfactory social adjustment Yes No

d. Disruptive behavior Yes No

e. Dishonesty Yes No

Please explain "yes" answers:

3. Please note any significant strengths or weaknesses:

4. Estimate of applicant's future school success:

superior above average

average little success

may encounter some difficulty

5. Other comments:

Authorization of Release for Educational Records

2251 Riverside Drive, Coral Springs, FL 33065
Phone: (954) 752-2870 | Fax: (954) 840-1101 | www.cscsca.us

Student's Name _____

SS# _____ Date of Birth _____ Applying for grade _____

Present or last school attended _____

Address _____

City _____ State _____ Zip _____

Phone _____

I hereby authorize the release of the cumulative record file including student's transcript and latest grades, standardized test scores, all disciplinary records, any specialized testing results or placement in special programs including a psychological evaluation and/or IEP if applicable, all health records and certification of immunization for the above named student.

Parent/guardian name _____

Signature _____

Date _____

Thank you for your assistance. We would appreciate your promptly sending these records. Please mail them to:

**CORAL SPRINGS CHRISTIAN ACADEMY
Admissions Office
2251 Riverside Drive
Coral Springs, Florida 33065**

Release From Liability

2251 Riverside Drive, Coral Springs, FL 33065
Phone: (954) 752-2870 | Fax: (954) 840-1101 | www.csca.us

SCHOOL YEAR _____

I, the undersigned, hereby grant my child (student's name) _____ permission to participate in any Coral Springs Christian Academy sponsored field trips, athletic teams, sporting events, and other school related activities during the school year for which I have personally granted permission by signing a permission form for that particular event.

By my signature to this statement of permission, I hereby release and hold harmless the above named school and the First Continuing Presbyterian Church of Coral Springs/Margate, Inc., and the individual sponsors, including teachers, administrators, and parents from liability, mishap or injury to the student named herein from the time of departure to the time of return. I do not hold them responsible for the loss of personal items.

In the event my child becomes ill or injured while under school supervision, I give permission for the school authorities to seek medical or surgical services for my child. It is understood that the best possible care will be given my child.

Child's name _____ Grade _____

Child's date of birth _____ Child's Social Security # _____

Child's address _____

Phone number where you can be reached _____

Medical information _____

Health Insurance Carrier _____ Policy # _____

(PLEASE ATTACH A COPY OF YOUR CHILD'S INSURANCE CARD TO THIS FORM)

Parent/Guardian Signature _____ Date _____

STATE OF FLORIDA _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

by _____

Notary Public, State of Florida

My Commission expires

Personally known _____ or produced identification

Type of identification _____

Annual Authorization To Dispense Medication

2251 Riverside Drive, Coral Springs, FL 33065
Phone: (954) 752-2870 | Fax: (954) 346-1112 | www.csca.us

SCHOOL YEAR _____

Per chapter 464, Florida Statutes governing the practice of nursing and HRS Manual 150-25a regulating the dispensing of medication in Florida schools, no medication may be dispensed by the medical assistant from the school clinic without permission granted by a licensed physician. Furthermore, such dispensing of medication may not be by general permission only, but the specific medication must also be authorized.

In order for Coral Springs Christian Academy to dispense any medication, including over-the-counter medication, both you and your child's physician must sign this form.

Name of Student _____ Date of Birth: _____

Teacher and Grade _____ Date: _____

OVER-THE-COUNTER MEDICATION AND PRESCRIPTION MEDICATION

Over-the-counter medication: Doctor, please check which medication(s) may be administered to your patient during school hours:

Tylenol _____

Benadryl _____

Antacid _____

Cough Drops/Throat Lozenges _____

Other _____

Please give dosage, times, and directions for each medication marked.

Please list any possible side effects and/or special instructions.

Prescription medication that is to be administered daily or for an extended period of time:

Diagnosis: _____

Medication(s): _____

Please give dosage, times, and directions on reverse side for each medication.

Please list any possible side effects/and or special instructions on reverse side.

NOTE: Medication must be supplied in the original prescription container. Ask pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.

Printed Name or Stamp of Physician

Physician's Signature

Physician's Phone Number

Physician's Fax Number

PARENTAL PERMISSION (Must be completed by Parent or Guardian)

I grant the principal or his/her designee the permission to assist in the administration of all prescriptions, over-the-counter medication, and special procedures to be provided during the school day, including when the above named student is away from school property or on official school business.

Signature of Parent/Guardian: _____ Date: _____

NOTE TO PHYSICIAN: Please complete the treatment plan for the student named on the reverse side who requires any special health procedures during school hours: i.e., inhaler, nebulizer treatment, glucose testing, etc.

Treatment Plan: _____

Special Procedures (List special procedures in which student has been trained: i.e., insulin administration, use of Epi-pen, nebulizer, testing glucose levels, etc.): _____

Please list any limitations/precautionary measures that should be considered, i.e., physical education, outdoor activities, special devices/equipment: _____

Please state any emergency precautions/health emergencies that should be anticipated for this student, i.e., allergy triggers, diabetic reactions, etc.: _____

What is the care plan for these identified emergencies? _____

Physician's Signature _____ Date _____