

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- **A physical examination** by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).
- **Evidence of immunizations.** A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf
- **Evidence of Blood-Lead Testing for children living in designated at risk areas.** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at: <http://apps.fcps.org/dept/health/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>

EXEMPTIONS

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at

http://www.marylandpublicschools.org/NR/rdonlyres/B0050A99-6B3C-4396-A996-CC9405971A42/30754/1216_MedAuth_r120511.pdf

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____ **Birth date:** _____ **Sex** M F
 Last First Middle Mo / Day / Yr

Address: _____
 Number Street Apt# City State Zip

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		W: _____	C: _____	H: _____
		W: _____	C: _____	H: _____

Where do you usually take your child for routine medical care? Name: _____
Address: _____ **Phone Number:** _____

When was the last time your child had a physical exam? Month: _____ **Year:** _____

Where do you usually take your child for dental care? Name: _____
Address: _____ **Phone Number:** _____

ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.

	Yes	No	Comments (required for any Yes answer)
Allergies (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
Bowels	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>	
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Does your child take medication (prescription or non-prescription) at any time?
 No Yes, name(s) of medication(s): _____

Does your child receive any special treatments? (nebulizer, epi-pen, etc.)
 No Yes, type of treatment: _____

Does your child require any special procedures? (catheterization, G-Tube, etc.)
 No Yes, what procedure(s): _____

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.

I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Parent/Guardian _____ Date _____

PART II - CHILD HEALTH ASSESSMENT
To be completed ONLY by Physician/Nurse Practitioner

Child's Name: Last First Middle			Birth Date: Month / Day / Year			Sex M <input type="checkbox"/> F <input type="checkbox"/>	
1. Does the child named above have a diagnosed medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:							
2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card. <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:							
3. PE Findings							
Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS: (Please explain any abnormal findings.)							
4. RECORD OF IMMUNIZATIONS – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider <u>or</u> a computer generated immunization record must be provided. (This form may be obtained from: http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf)							
RELIGIOUS OBJECTION: I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease. Parent/Guardian Signature: _____ Date: _____							
5. Is the child on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate medication and diagnosis: (OCC 1216 Medication Authorization Form must be completed to administer medication in child care).							
6. Should there be any restriction of physical activity in child care? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction:							
7. Test/Measurement		Results			Date Taken		
Tuberculin Test							
Blood Pressure							
Height							
Weight							
BMI %tile							
Lead Test Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No							

(Child's Name) **has had a complete physical examination and any concerns have been noted above.**

Additional Comments:

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:
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CHILDREN WHO ARE REQUIRED TO RECEIVE LEAD TESTING

Under Maryland law, children who reside, or have ever resided, in any of the at-risk zip codes listed below must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age.

If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.

The child's health care provider should record the test dates on page 3 of this form and certify them by signing and stamping the signature section of the form. All forms should be kept on file at the facility with the child's health records.

AT RISK AREAS BY ZIP CODE

Allegany ALL	Baltimore (cont) 21220 21221	Cecil 21913	Garrett ALL	Montgomery 20783 20787	Prince George's (cont) 20782 20783	St. Mary's 20606 20626
Anne Arundel 20711 20714 20764 20779 21060 21061 21225 21226 21402	21222 21224 21227 21228 21229 21234 21236 21237 21239 21244 21250	Charles 20640 20658 20662	Harford 21001 21010 21034 21040 21078 21082 21085 21130 21111 21160 21161	20812 20815 20816 20818 20838 20842 20868 20877 20901 20910 20912 20913	20784 20785 20787 20788 20790 20791 20792 20799 20912 20913	20628 20674 20687
Baltimore 21027 21052 21071 21082 21085 21093 21111 21133 21155 21161 21204 21206 21207 21208 21209 21210 21212 21215 21219	Baltimore City ALL Calvert 20615 20714 Caroline ALL Carroll 21155 21757 21776 21787 21791	Dorchester ALL Frederick 20842 21701 21703 21704 21716 21718 21719 21727 21757 21758 21762 21769 21776 21778 21780 21783 21787 21791 21798	Howard 20763 Kent 21610 21620 21645 21650 21651 21661 21667	Prince George's 20703 20710 20712 20722 20731 20737 20738 20740 20741 20742 20743 20746 20748 20752 20770 20781	Queen Anne's 21607 21617 21620 21623 21628 21640 21644 21649 21651 21657 21668 21670 Somerset ALL	Talbot 21612 21654 21657 21665 21671 21673 21676 Washington ALL Wicomico ALL Worcester ALL

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt.# City State Zip Code

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		Place of Employment: _____	C: _____	H: _____
		W: _____		
		Place of Employment: _____	C: _____	H: _____
		W: _____		

Name of Person Authorized to Pick Up Child (*daily*) _____
Last First Relationship to Child

Address _____
Street/Apt.# City State Zip Code

Any Changes/Additional Information _____

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number

Student Name _____ Date of Birth _____

PERMISSION FOR MEDICAL TREATMENT

In the event that Glenwood Academy is unable to reach my child's parent/guardian or emergency contact, I authorize a Glenwood Academy representative to seek and secure any emergency medical or surgical care for my child.

I agree to be personally responsible for the payment of such medical expenses incurred. I authorize any charges to be billed to my insurance company. I further authorize the facility at which surgical or medical care is rendered to release all necessary information to my insurance company for purpose of reimbursement.

Subscriber _____ Relationship to Child _____

Medical Insurance Name _____ Policy/Group Number _____

Parent/Guardian Signature _____ Date _____

PERMISSION TO TRANSPORT

I authorize Glenwood Academy to transport my child to/from Glenwood Community Center and the Howard County Library/Glenwood Branch for Physical Education and Media classes. My child will be transported by Glenwood Academy van.

_____ Yes _____ No

Parent Guardian Signature _____ Date _____

PUBLICITY RELEASE

I authorize Glenwood Academy to take photographs and/or videos of my child for use in publicity and fundraising material.

I understand that my child will not be identified by name in any publication material that Glenwood Academy uses for publicity and/or fundraising purposes.

_____ Yes _____ No

Parent/Guardian Signature _____ Date _____

GLENWOOD ACADEMY TECHNOLOGY ACCEPTABLE USE POLICY

1. I will model the Glenwood Academy Value Code while using technology
2. I will demonstrate respectful behavior when using technology at school.
3. I will treat all technology equipment with care and be responsible when using it.
4. I understand that school technology equipment is for educational use. Using technology for any other purpose is not permitted (this includes accessing non-school email or any other personal internet account).
5. When using school technology, I will:
 - a. Not look at anyone else's work without permission.
 - b. Not access anyone else's folder on the student drive.
 - c. Not access anyone else's accounts – including Discovery Education accounts and Google apps for education accounts.
6. Not open, delete, move, copy, or modify another student's work.
7. All internet searches that I conduct will be appropriate for school. I will not search for inappropriate content or access inappropriate sites. I will report to the teacher any inappropriate sites that I observe being accessed by another student or any inappropriate sites that I browse to accidentally.
8. I will not perform unsupervised internet searches. I will only use designated search engines.
9. I understand that speech that is inappropriate for school is also inappropriate for electronic communications
10. I will use Discovery Education, YouTube or other streaming applications only with teacher permission and for educational activities.
11. I will act safely when using the internet. I will not give out personal information such as my full name, email address, phone number or street address. Additionally, I will not give out personal information about someone else.
12. I will keep my passwords private and not share passwords with anyone else.
13. I will not attempt to download/install software or apps while using school technology equipment.
14. I will consider the environment when I use technology. I will print the fewest pages possible, and only when necessary.
15. I will use information ethically. I will not plagiarize. I will cite my sources.

I understand that the use of school technology is a privilege, not a right. Inappropriate use of technology may result in suspension or cancellation of those rights and other disciplinary measures.

Student Name _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Glenwood Academy Discipline Policy

The purpose of this policy is to be able to work as a team to provide the best care for the children and a safe place for everyone. A consistent, proactive discipline policy is the best for everyone. Parent involvement at Glenwood Academy is essential for a successful "Discipline Policy". Trust in the teacher's judgment is essential.

Children learn by example. Adults will serve as positive role models. Adults will develop positive relationships with children by expressing interest in each child and the activities. Children will then wish to model adult behaviors.

The Staff will "catch the children being good"; encouragement and praise will be the basis of our discipline policy. Teachers will ignore behavior that can be tolerated. Please note that tolerance will be based on age as well as behavior. For example, when a three year old's choice to throw a toy or grab a toy from a friend is different than an older child's decision to make the same choice. The older child has more knowledge, experience, and ability to retain information than the young child regarding appropriate behavior.

When a child misbehaves, the teacher will talk quietly with the child to explain why the behavior was inappropriate. The teacher will give an example of the appropriate behavior. Limits will be consistent but firm. The rules will not change from day to day.

If a child continues to display an inappropriate behavior judged unsafe by the teacher, the child will be separated from the group. The teacher will explain to the child that he or she needs some time to "think about" why he or she had to be removed. The teacher will write a report of the incident and put it in the parent's folder.

If a third serious incident occurs, it will again be reported and a conference will be held with the child. In addition, a conference is then held with the parents. This time the Director will prepare a written warning to the child and parents.

If a fourth incident occurs, a suspension is needed. The decision to exclude a student temporarily or permanently from school is made by the Director, usually in consultation with one or more staff members who have worked with the student.

The school reserves the unconditional right to suspend or expel at any time any student for behavioral or attitudinal reasons. It is recognized that specific circumstances may warrant some variation from the steps above.

I agree with Glenwood Academy School Discipline Policy

Parent Signature

Date

Standards for Behavior

Students are expected to:

1. Show respect for themselves and others
2. Set a good behavioral example and encourage others to do the same
3. Be attentive and involved in the class activity
4. Work without disturbing others
5. Try to work out problems through discussion and, if that fails, seek adults help.
6. Not chew gum at school
7. Always tell the truth
8. Obey school rules or regulations set forth by their teacher and Director of the School
9. Take care of school belongings like they were their own.
10. Always speak to others using “kind” words
11. Achieve to the best of their ability

Parents are expected to:

1. Reinforce the above rules with their child and be supportive with the staff at Glenwood Academy.
2. Keep open communication with the staff and be a cooperative member of our school community.
3. Send a note to the teacher/Director and put it in a hanging file folder rather than talking directly to them during the school day. A teacher’s primary focus is the children.
4. Take a situation that causes concern at the level at which the situation arose. Therefore, the parent should first contact the teacher involved and then, if necessary, contact the director.
5. **DO NOT INTERRUPT TEACHERS EITHER BEFORE SCHOOL OR DURING CLASS HOURS. TEACHERS SHOULD BE SEEN BY APPOINTMENT ONLY.**
6. Make sure their child’s homework was completed and signed that you checked it.
7. Volunteer during the school year.
8. Make sure their child is to school on time.
9. Show respect for all teachers and the Director
10. Show your support by participating in fundraising activities to aid the school.
11. Support the School’s philosophy and procedures-including discipline policies, evaluation methods, and curriculum decisions-by respecting staff, honoring school rules, and making education a priority in family life.

I will abide by the standards for behavior written above.

Student’s Signature and Date

Parent’s signature and Date

HANDBOOK ADMISSION ACKNOWLEDGEMENT

Please sign and return this acknowledgement to the school by Friday,
September 7, 2018

I/We have read the Glenwood Academy 2018-2019 Parent-Student Handbook which can be found on the Glenwood Academy School website www.glenwoodacademy.com.

I/We have carefully read and understand the policies, procedures and regulations of this school, including tuition charges, parent responsibilities, dress and disciplinary regulations, and accept them as conditions for the enrollment of our child/children in this school.

Glenwood Academy reserves the right to amend the Parent-Student Handbook and the parent/legal guardian will be notified in writing through an e-mail or school newsletter if any changes are made. This Parent-Student Handbook is an informative booklet for parents and students setting forth the rules and policies of the school and is not intended as an expressed or implied contract.

In cases where the parent/legal guardian views and philosophical positions result in repeated non-compliance in regard to school policies, the administration reserves the right to request that parent/legal guardian's child/children withdraw from the school.

In order for the Handbook Admission Acknowledgement to be complete **both** Parent/Legal Guardian signatures and student name information is required.

I hereby express acknowledgement of these policies, procedures, and regulations, and I understand that I will be accountable for adhering to them.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Student(s) Name(s) (print): _____