



## **ENROLLMENT PACKET**

Complete all forms and return to:

**MADISON ACADEMY**

|  |  |
|--|--|
| <p><b>Elementary Campus</b><br/>6170 Torrey Rd.<br/>Flint, MI 48507<br/>Office: (810) 655-2949</p> | <p><b>High School Campus</b><br/>3266 S. Genesee Rd.<br/>Burton, MI 48519<br/>Office: (810) 875-9050</p> |
|--|--|

Current or prospective students not returning completed forms may forfeit their place

Dear Parent or Guardian:

Welcome to Madison Academy. I'm pleased to inform you that your child's application is being considered for enrollment. We are excited about the educational opportunities we will be able to offer the students in our community.

To officially enroll your child in Madison Academy for the **2023-2024** school year, a student must be entering any grade from Pre-Kindergarten – 12th and complete the following steps:

- 1 Submit a complete enrollment form for each child attending Madison Academy. (See attached form)
- 2 **Include with the application:**
  - A copy of the applicant's birth certificate
  - A copy of the applicant's most recent report card (grades 1-12)
  - A full transcript (grades 10-12)
  - A copy of the applicant's complete immunization record.
  - **Please Note: If you object to having your child immunized, a waiver must be completed at the Genesee County Health Department. Please call (810) 257-3612, for additional information or to schedule an appointment.**
  - A complete health report, signed by the appropriate medical personnel, must be turned in as soon as possible. (if playing sports)
  - A copy of the applicant's behavior records for the **past 5 years.**
  - A copy of the applicant's most recent IEP (special education only)

Special Note: Enrollment will be considered incomplete unless ALL indicated items are completed and returned.

The above-completed forms may be mailed or returned to:

Elementary Campus  
Madison Academy  
6170 Torrey Rd  
Flint, MI 48507

High School Campus  
Madison Academy  
3266 S. Genesee Rd  
Burton, MI 48519

If you have any questions, please feel free to call the school at: 810-655-2949 (Elementary) or 810-875-9050 (High School).

**Sincerely,**  
**Tricia Osborne**  
**Principal; Pre-K-8**

**Christel Drew**  
**Principal, High School**

## Enrollment Form

Please print or type all information

**2023-2024 School Year**

**Enrollment Information:**            **Grade in 2023-2024** \_\_\_\_\_

Student Name (as it appears on birth certificate):

Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name your child goes by: \_\_\_\_\_ Gender: Male / Female

School District in which student lives: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

(As it appears on birth certificate)

Ethnicity: AfricanAmerican/Asian/Caucasian/Hispanic/ ative American/Other \_\_\_\_\_

Primary language spoken in the home \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_

Does your child have an IEP?    Yes \_\_\_\_\_    No \_\_\_\_\_

Is your child in a special education program?    Yes \_\_\_\_\_    No \_\_\_\_\_

### Parent/Legal Guardian Information:

Parent/Legal Guardian Name (1): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

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

Work Place: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Parent/Legal Guardian Name (2): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Optional)

Work Place: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

**Sibling Information:**

| Names of other children living at home | Age | Relationship to student | Grade applying for 2023-2024 | Grade in 2022-2023 |
|--|-----|-------------------------|------------------------------|--------------------|
|  |     |                         |                              |                    |
|  |     |                         |                              |                    |
|  |     |                         |                              |                    |
|  |     |                         |                              |                    |

**Previous School Information:**

The last school student attended was:

Non-Public in district

Public in County

Non-Public in State

Public in State

Out of State

Out of USA

No Previous School

Why are you leaving your current school?

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

**Date**

How did you hear about Madison Academy?

Newspaper

Internet

Social Media

High School Night

Radio

Other (Please Specify)

Friends

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\_\_\_Relatives

### Madison Academy Emergency Pick-up Information Form

\_\_\_\_\_  
Name of Student (1)

\_\_\_\_\_  
Students Date of Birth

\_\_\_\_\_  
Name of Student (2)

\_\_\_\_\_  
Students Date of Birth

\_\_\_\_\_  
Name of Student (3)

\_\_\_\_\_  
Students Date of Birth

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

Student (s) Resides with:

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

- Both Parents
- Mother
- Father
- Guardian

\*\*\*\*\*

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Address (if not child's address)

\_\_\_\_\_  
Address (if not child's address)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

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

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

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

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

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

\*\*\*\*\*

#### Name(s) of Person other than Parent/Guardian to whom the child/children may be released to:

\_\_\_\_\_  
Name / Relationship to Student

\_\_\_\_\_  
Name / Relationship to Student

\_\_\_\_\_  
Name / Relationship to Student

\_\_\_\_\_  
Name / Relationship to Student

Name /Relationship to Student

Name /Relationship to Student

### Madison Academy Emergency/Pick-up Information Sheet

\_\_\_\_\_  
Name of Student (s) Physician

\_\_\_\_\_  
Physician's Telephone Number

\_\_\_\_\_  
Name of Student (s) Dentist

\_\_\_\_\_  
Dentist's Telephone Number

\_\_\_\_\_  
Hospital Preferred for Emergency Treatment

\_\_\_\_\_  
Name of Student (1)

\_\_\_\_\_  
Allergies, if any

\_\_\_\_\_  
Name of Student (2)

\_\_\_\_\_  
Allergies, if any

\_\_\_\_\_  
Name of Student (3)

\_\_\_\_\_  
Allergies, if any

.....

#### MADISON ACADEMY Emergency Policy

**In the event of serious illness or injury occurring within the jurisdiction of Madison Academy, the Academy will first attempt to reach you and /or your physician. If you/she/he is unavailable, a school official will make arrangements with a physician, hospital or emergency resource of immediate care.**

**I give my permission to MADISON ACADEMY to act on my behalf to take whatever emergency measures (such as first aid, disaster and evacuation) as are judged necessary for the care and protection of my child while under the supervision of the Academy.**

**I give permission to MADISON ACADEMY personnel to administer syrup of ipecac to induce vomiting in case of accidental poisoning.**

**I further agree to indemnify and hold harmless MADISON ACADEMY and its agents, and entities with which it has contracts, from all claims as a result of any and all acts performed under this authority.**

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

\_\_\_\_\_  
Date:

**MEDICAL CONDITION(S)**

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

\_\_\_\_\_ YES, My child **has** a medical condition / and or allergies.

\_\_\_\_\_ NO, My child **does not** have a medical condition / and or allergies.

List Medical Condition / and or allergies in detail:

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

- Please attach any relative information regarding the medical condition.

**MEDICAL RELEASE**

I, \_\_\_\_\_, do not hold Madison Academy  
(Parent's name)

responsible for unintentionally forgetting to administer medication to my child,

\_\_\_\_\_  
(child's name)

I understand that staff members can forget and I take this risk by asking

\_\_\_\_\_ to give the medication.  
(Office staff member name)

If I want to ensure that my child receives the medication, I have the right to come into the school and administer this medication to my child.

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**Parent Signature**

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**Date**

**Services for Students with Disabilities**

**Consent Form for Accommodations Request**

**Student Information**

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

School: \_\_\_\_\_

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

**Student and Parent/Guardian Signature**

I wish to apply for testing accommodation(s) on College Board tests (SAT, SAT Subject Tests, PSAT 10, PSAT/NMSQT, and/or Advanced Placement Exams) due to disability. I authorize my school: to release to the College Board copies of my records that document the existence of my disability and need for testing accommodations; to release any other information in the school's custody that the College Board requests for the purpose of determining my eligibility for testing accommodations on College Board tests; and to discuss my disability and accommodation needs with the College Board. I also grant the College Board permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals.

Student Signature: Date: \_\_\_\_\_

Parent/Guardian Signature: Date: \_\_\_\_\_

(Parent/guardian signature is required if Student is under 18.)

**Instructions to the School**

This form should be used when a request for accommodation(s) is submitted electronically (via SSD Online). The form should be maintained by the school with the student's records. It does not need to be sent to the College Board. You will be asked to verify that a signed Consent Form is on file at the school prior to submitting a request for accommodations



## HOUSEHOLD INFORMATION SURVEY

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to Madison Academy High School.

**Part A: SIZE OF FAMILY** – Enter the total number of individuals living in your household, including all adults and children: \_\_\_\_\_

**Part B: CURRENT BENEFITS** – Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits, Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

**Part C: STUDENT INFORMATION** – Complete for each student Pre-K through 12th Grade

| Last Name | First Name | Birth Date | School | Identify<br>H-homeless<br>M-migrant<br>R-runaway<br>F-foster |
|-----------|------------|------------|--------|--|
|           |            |            |        |  |
|           |            |            |        |  |
|           |            |            |        |  |
|           |            |            |        |  |
|           |            |            |        |  |
|           |            |            |        |  |
|           |            |            |        |  |

If you need additional lines, attach a second sheet to this survey – mark as page 2.

**Part D: TOTAL HOUSEHOLD MONTHLY INCOME.** Include all income of all household members excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date the form.

| Type of Income   | Income | Circle if no income |
|--|--------|---------------------|
| Gross Monthly Earnings: Wages, Salary, Commissions           | \$     | None                |
| Monthly Welfare Payments, Child Support, Alimony             | \$     | None                |
| Monthly Payments from Pensions, Retirement, Social Security  | \$     | None                |
| Monthly Dividends or Interest on Savings                     | \$     | None                |
| Monthly Worker's Compensation, Unemployment, Strike Benefits | \$     | None                |
| Other Monthly Income (SSI, VA, Disability, Farm, Other)      | \$     | None                |
| <b>TOTAL MONTHLY HOUSEHOLD INCOME</b>                        | \$     |                     |

**PART E: SIGNATURE** – If the income section is completed, the adult signing the form must also list the last four (4) digits of his/her Social Security Number or check the "I do not have a Social Security Number box below.

I certify that all information on the application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of Social Security Number: XXX-XX-\_\_\_\_\_ I do not have a Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## McKinney-Vento Residency Form

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

**Date of Birth:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines “homeless” as “individuals who lack a fixed, regular, and adequate nighttime residence.” This includes children who “are temporarily sharing the housing of other persons due to the loss of housing or economic hardship.” † Does not apply; student is not homeless Please check one of the following statements if your family is experiencing temporary homelessness:

† Living in a shelter, including transitional housing shelters (i.e. The Rise, Stepping Stones); awaiting foster care, etc.– Please provide name of shelter: \_\_\_\_\_ and address: \_\_\_\_\_ †

Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation--Please provide information regarding area in which student is living:

\_\_\_\_\_ †

Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel:

\_\_\_\_\_ Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living:

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

Please answer the following if you checked one of the four boxes above: How long do you expect to be at this address?

\_\_\_\_\_

Are you seeking permanent housing? \_\_\_\_\_ Date student moved to this address: \_\_\_\_\_ Is a parent living in the home with the student? \_\_\_\_\_ If no, with whom is student living? \_\_\_\_\_ Relationship:

\_\_\_\_\_ The School Social Worker may be in contact with you if clarification or bus transportation is needed. We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act:

\_\_\_\_\_

**Signature of Parent/Guardian/Unaccompanied Youth Date:** \_\_\_\_\_

Office Use Only: \_\_\_\_\_ Does Qualify under McKinney-Vento Act

Does NOT Qualify \_\_\_\_\_



Dear Parent or Guardian:

We are pleased to inform you that Madison Academy will be participating in a new option available to schools as part of the National School Lunch and School Breakfast Program called the Community Eligibility Provision (CEP) for the School Year 2020-2021.

The **GREAT NEWS** is that **ALL** students enrolled at our school are eligible to receive a **healthy breakfast and lunch at school at NO CHARGE** to your household each day of the 2020-21 school year.

We are asking that you **fill out and sign the Household Information Survey**, which is needed for administrative purposes, not to determine eligibility. This survey allows our school to benefit from various State and Federal supplemental programs like Title I A, At Risk (31a), Title II A, E- Rate, etc. This survey is critical in determining the amount of money the school receives from a variety of supplemental programs. We are asking that you please complete and submit it as soon as possible.

All information on the survey submitted is confidential. Without your assistance, the school cannot maximize utilization of available State and Federal funds.

If we can be of any further assistance, please contact us at *Food Services (810) 875-9050*.

Sincerely,  
SC Madison Academy

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)



**Parent's Pledge**

- I will:
- Send my student to school everyday
  - Keep in contact with school once a month
  - Support the school dress and discipline codes
  - Let the teacher(s) know if my child has any problems with learning

I AGREE TO FOLLOW ALL POLICIES AND PROCEDURES IN THE MADISON ACADEMY PARENT/STUDENT HANDBOOK.

I have shared this with my student.

Parent/Guardian: \_\_\_\_\_

**Student's Pledge**

- I will:
- Complete my class work
  - Come to school prepared to learn
  - Respect adults, myself and other students
  - Obey school rules
  - Let my teacher and family know if I need help
  - Write down assignments, do my homework every day, and turn it in when it's due

I AGREE TO FOLLOW ALL POLICIES AND PROCEDURES IN THE MADISON ACADEMY PARENT/STUDENT HANDBOOK.

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

**Madison Academy High School Staff**

- We will:
- Have high expectations for all students
  - Develop a classroom climate that is comfortable for all students
  - Enforce rules fairly and consistently
  - Provide necessary supplies for education
  - Create a partnership with every family in my class
  - Monitor student progress I reading and math and update parents
  - Make sure all students get help as soon as it is needed
  - Explain my approach to teaching, expectations and grading system to students and their families
  - Assign work that is relevant and interesting
  - Make sure students understand the assignment and what they'll learn from it and grade it promptly

Principal: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS`**

Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

**School Releasing Information:**

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

**RECORDS REQUESTED:**

\_\_\_\_\_ Current Report Card

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Transcript

\_\_\_\_\_ IEP

\_\_\_\_\_ CA60

\_\_\_\_\_ Behavior Report

\_\_\_\_\_ Other

**PLEASE FORWARD THE FOLLOWING INFORMATION CHECKED ABOVE IMMEDIATELY TO MADISON ACADEMY HIGH SCHOOL VIA FAX (810) 877-6255 OR EMAIL [kgormley@madison-academy.org](mailto:kgormley@madison-academy.org)**

Parental permission is no longer required when records are requested by a school district and authorized school personnel. (Family Education and Privacy Act 06/17/76)

Is the Student currently under suspension \_\_\_\_\_yes \_\_\_\_\_no

For what reason? \_\_\_\_\_

This release also confirms that this student has not been expelled by a former school due to a "Weapons in schools" infraction or "physical or verbal assault" infraction.

\_\_\_\_\_  
Signature of Parent/Guardian confirming release information and no "Weapons in School" or "physical or verbal assault" infraction

Please send CA60 to:  
Madison Academy High School  
3266 S. Genesee Rd  
Burton, MI 48519

Phone: 810-875-9050  
Fax:: 810-877-6255





## HOME LANGUAGE SURVEY

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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

In order to determine those students who are potentially eligible for special instruction in English as a Second Language, we are requesting the following information.

1. Is English the first language that the student learned to speak? \_\_\_Yes \_\_\_No
2. Is English regularly (most of the time) spoken in the home \_\_\_Yes \_\_\_No
3. If No, what is the language spoken at home? \_\_\_\_\_

If the response to either or both of the above questions is NO, please answer the following questions.

How many years has the student gone to school in the United States? \_\_\_\_\_

Please assess the student's English language proficiency (in your opinion)

\_\_\_\_\_ Speaks no English      \_\_\_\_\_ Speaks limited English      \_\_\_\_\_ Speaks English well

\_\_\_\_\_ Writes no English      \_\_\_\_\_ Writes English Well      \_\_\_\_\_ Writes limited English

\_\_\_\_\_ Reads no English      \_\_\_\_\_ Reads limited English      \_\_\_\_\_ Reads English well

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

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

House Address

City

Zip Code





# Madison Academy Schools Parent Authorization for Technology Use

Students Name: \_\_\_\_\_ School: \_\_\_\_\_

## Part 1: Acceptable Use of Technology Resources: Required for Technology Usage

I have read and accept the terms of the Acceptable Use Practices for Technology-Resources, Student Guidelines for K-12, found at [www.Madison-academy.org](http://www.Madison-academy.org). I release the District and its Board Members, agent, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify the District and its board members, agents and employees, including its internet Service Provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse, of the District's Technology Resources.

Student's Signature: \_\_\_\_\_

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

Parent/Guardian Name (Please Print): \_\_\_\_\_

## Part 2: 1:1 Chromebook Take Home Parent Consent: Required for 1:1 Device Usage

I understand that this agreement is a condition for my child's home use of the Chromebook device and other resources for the Madison Academy Schools 1:1 program. If this form is not filled out and signed, a take home Chromebook will not be assigned to the student.

I understand I am responsible for all damage (accidental, intentional, and loss) to the device.

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

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

## Part 3: Virtual Class

I give permission for my student to take virtual classes through Madison Academy. I understand that this agreement will last for my child's entire education career at Madison Academy.

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

Parent/Guardian Name (please Print): \_\_\_\_\_





## Parent/Guardian Agreement Signature Page

Student Permission Slip for Student Acceptable Use Policy School

### MADISON ACADEMY HIGH SCHOOL

Student Name: \_\_\_\_\_  
(Print First and Last)

I give my student permission to use the internet in the classroom for educational curriculum. I understand all internet activities are teacher directed. I have discussed "Internet Safety" rules with my student and agree to adhere to the policy.

Parent/Guardian Name: \_\_\_\_\_  
(Print First and Last)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Publishing Student Work

At certain times, a teacher might want to share students' names, photos and work on web pages, school grounds and other sites. Please place your initials next to the statements you agree to.

\_\_\_\_\_ I give permission for my student's name to appear on the school/classroom web page, school grounds and functions and other sites

\_\_\_\_\_ I give permission for my student's photo to appear on the school/classroom web page, school grounds and functions and other sites.

\_\_\_\_\_ I give permission for my student's work to appear on the school/classroom web page, school grounds and functions and other sites.





# Concussion

## INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

### What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

### How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

### How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

#### Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

#### Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)

## CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

▶ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



#### Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

Revised January 2019





# MADISON TRANSPORTATION REQUEST

Student Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone No. \_\_\_\_\_ Alt. Phone No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ No. \_\_\_\_\_

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

## Transportation Use Only

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AM BUS # \_\_\_\_\_ PM BUS # \_\_\_\_\_ LOCATION OF BUS STOP \_\_\_\_\_

PICK -UP TIME \_\_\_\_\_ DROP-OFF TIME \_\_\_\_\_