



PO Box 1743
Aberdeen, WA 98520
564-212-9245
Info@VeritasGraysHarbor.com

Medical Information Form

Please complete one Medical Information Form **for each student enrolled**. Veritas Classical Academy will take reasonable care to see that the following information is held in confidence. Please update us if information changes.

Student's Name: _____ **Birth Date:** _____

Pediatrician/Primary Care Provider

Name: _____ Phone Number: _____
Office Address: _____

List any known allergies. (medication/dietary/environmental): _____

List medical diagnoses that would impact school life. (Please explain if applicable): _____

List any behavioral diagnoses that would impact school life. (Please explain if applicable): _____

List current challenges (behavioral, emotional, physical, social) **that might impact school life:**

List prescribed medications (including inhalers and epi-pens). _____

Which medications will need to be administered during the school day or kept onsite?

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ **Date:** _____



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Medical Release Form

Please complete one Medical Release Form for each student enrolled. .

By signing below, I certify that I am the parent or legal guardian of enrolled student _____, and hereby release Veritas Classical Academy, including their respective teachers, board members and volunteers, from responsibility and liability for any injury or illness the student may sustain while on school/church property or during school-sanctioned field trips or events. In the event that the student is injured during school activities and requires medical attention, I give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

This document **has no expiration date**. Please update us if information changes.

Emergency Contact Information

In the event my child requires emergency or medical care, every attempt will be made to contact me/us, the parent(s)/guardian. In the event of an emergency and you (the school) are unable to reach me (the parent/guardian) at the numbers on record, please contact:

Name: _____ Relationship _____

Phone: cell only _____ Work: _____ Home: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Health Insurance Provider: _____

Policy/Group number: _____ Date: _____



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Student Medication Administration Form

Please complete one Student Medication Release Form for each enrolled student if applicable.
Please update us if information changes.

Please note: All prescribed medications must be stored in their original container with complete written directions including student's name, medication name, dosage, route, frequency, and prescriber's name as prescribed by student's primary care provider and/or pediatrician. This medication will be secured in a locked container in the school office and administered to only the student by the appointed staff member or volunteer.

By signing below, I certify that I am the parent or legal guardian of enrolled student _____ and hereby authorize an appointed staff member or volunteer of Veritas Classical Academy to administer the following medications to stated student as prescribed by student's primary care provider and/or pediatrician when needed. I acknowledge that it is my full responsibility to assure needed medications are onsite and replenished as required.

| Medication Name | Prescribed Dose | Prescribed Route | Time/Frequency |
|-----------------|-----------------|------------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



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Field Trip Permission Form

Veritas Classical Academy requires written permission by the student's parent or legal guardian in order for the student to attend field trips. This permission slip must be completed and signed in order for your child(ren) to participate. This document **has no expiration date and will be in force until we receive in writing from you a request to cancel permission.**

Parents and legal guardians will be notified of field trip details at least two weeks prior to a scheduled field trip.

**Note to Parents: If your student is unable to participate in a field trip for any reason, we ask that you make child care arrangements outside of Veritas Classical Academy in advance and notify the teacher of the student's non-participation at that time.*

| Student(s) Name(s): |
|---------------------|
| 1. |
| 2. |
| 3. |
| 4. |

Parent/Legal Guardian's Name: _____

Phone: Cell: _____ Home: _____ Work: _____

E-mail: _____

By signing below, I grant permission for my child(ren) (listed above) to participate in school-sponsored events. I certify that I am the parent or guardian of the above named student(s). I grant Veritas Classical Academy my full permission to allow my child(ren) to attend field trips. I agree to hold harmless Veritas Classical Academy, its staff, board members, volunteers, and others associated with the event, from any and all actions, claims, and damages in connection with my child(ren) attending the event.

Parent/Legal Guardian Signature: _____

Date: _____



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Volunteer Service Application

Veritas Classical Academy requires all volunteers to be professing Christians. Volunteers must exhibit fruit consistent with Biblical standards as evidence of their Christian commitment. All volunteers must also read and agree with Veritas Classical Academy's Statement of Faith. Your signature below attests to your agreement with the academy's Statement of Faith.

"Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms." – 1 Peter 4:10

Full Legal Name _____
 Current Address: _____
 City/State/Zip: _____
 Cell Phone: _____, Other Phone: _____
 Email: _____
 Church Faith community Attended _____ Pastor's Name _____

- Briefly share your testimony or walk with Christ and how it relates to wanting to volunteer here: It will feed my soul and support me in my belief with the walk of Christ, this would be a great opportunity and experience to work with children who brought their body to christ. _____

- If you desire, you may list specific qualifications, skills, experiences, or areas of interests for volunteering:

- Please mark your possible availability. You may mark several:

| | MON | TUES | WED | THURS | FRI |
|---------------|-----|------|-----|-------|-----|
| 7:45 - 10:15 | | | | | |
| 10:00 - 12:30 | | | | | |
| 12:15 - 3:30 | | | | | n/a |

Applicant Signature: _____ Date: _____



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CONSENTS and AUTHORIZATIONS:

RELEASE OF REFERENCE INFORMATION and PERFORM BACKGROUND CHECK

I have applied as a volunteer with Veritas Classical Academy.

I authorize Veritas Classical Academy to inquire into work and personal history and to verify all data given to Veritas (written and oral) during the course of my application for volunteering. This may include but may not be limited to investigating my background, references, character, past employment, consumer reports, education, and criminal history record information that comes from any files public or private for the purpose of confirming information provided. A paper or electronic copy of this consent shall be considered as valid as the original consent.

I release any person, organization or company from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I further certify that I have carefully read and do understand the above statements. I have read, understand, and fully agree to support the Statement of Faith.

Volunteer Applicant's Full Legal Name (Print) _____ Date _____

Volunteer Applicant Signature _____

Address: _____

SSN _____ Date of Birth _____

Drivers License _____ State of Issue _____

Email: _____

Have you ever been convicted of a crime related to sexual or child abuse? Yes No

REFERENCES for us to CONTACT:

Reference #1 _____ Phone or Email _____

Reference #2 _____ Phone or Email _____

Reference #3 _____ Phone or Email _____



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CONTACT INFORMATION

SCHOOL:

Name: *Veritas Classical Academy*
Mailing Address: *PO Box 1743, Aberdeen WA 98520*
Phone: *564-212-9245*
School email: *info@veritasgraysharbor.com*
Website: *VeritasGraysHarbor.com*
Campus Address: *729 Eklund, Hoquiam, WA 98550*
Sponsoring Church: *First Baptist Church of Hoquiam*
Pastor Marcus McDaniel 425-977-3600

TEACHERS:

| | | |
|---------------------|--|----------------|
| Mrs. Ashton Burgess | A.Burgess@veritasgraysharbor.com | Grades Pre-K/K |
| Ms. Erin Vagari | E.Vigari@veritasgraysharbor.com | Grades 1/2 |
| Mrs. Erica Hollen | E.Hollen@veritasgraysharbor.com | Grades 3/4 |
| Mr. Jordan Hamblen | J.Hamblen@veritasgraysharbor.com | Grades 5/6/7 |

BOARD MEMBERS: All can be contacted at info@veritasgraysharbor.com

| | |
|-------------------------------|---------------------------|
| Sean Hollen, President | Erica Hollen, Member |
| John O'Brien - Vice President | Ashton Burgess, Treasurer |
| Mindy Spirlin - Secretary | |

***** BE A BOARD MEMBER *****

Veritas Classical Academy is looking for more board members. It can be anybody: parent, staff member, other teachers, relative, neighbor, church friend, pastor, retirees, whoever is living a Christian walk and has a heart for the Vision, Mission, and Statement of Faith of Veritas.

It is a volunteer position that currently requires about 10 hours a month. This includes attending board meetings monthly, for about two hours per meeting, and accomplishing tasks assigned at those meetings. Occasionally, extra meetings are warranted.

All talents are needed. A background check is required. One voting member per household may serve, but others in the household may serve as ex-officio members (non-voting advisors).



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Send an email of interest to: info@veritasgraysharbor.com or call 564-212-9245 for more info.

MINOR CHILD PHOTO RELEASE FORM

I, _____, either
_____ grant or
_____ do NOT grant

Veritas Classical Academy my permission to use photographs, video clips, and other such images of my child(ren) for any legal use including, but not limited to: publicity, copyright purposes, illustration, advertising, school events and identification, and web content. **No names of children will be used with photos posted online.**

By signing below, I attest that I am the parent or legal guardian of the below-named student(s).

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

This document **has no expiration date and will be in force until we receive in writing from you a change in permission.**

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Name: _____

Child(ren) Name(s): _____