



MERCYHURST Preparatory School

A Sponsored Ministry of the Sisters of Mercy

PRE-ARRIVAL DOCUMENTS

SECTION ONE

PARENTAL REGISTRATION STATEMENT

Student Name _____ Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Zip Code _____

Telephone Number _____ Email _____

Please complete the following:

I hereby swear or affirm that my child was **OR** was not previously suspended or expelled from any public or private school for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property, or for any other reason. The facts contained herein are true and correct to the best of my knowledge, information and belief.

Name of School from which student was suspended or expelled, reason for suspension and/or expulsion, and date of suspension or expulsion:

School _____

Reason _____

Date of Suspension or
Expulsion _____

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

(Signature of Parent or Guardian)

(Date)

PARENTAL AUTHORIZATION FORM

Student _____ Date of Birth _____
Name: _____ (month/day/year): _____
 Family/Last First Middle
Gender: Male Female Grade Attending: 9th 10th 11th 12th

Home Address City State/Province

Country Zip/Postal Code Passport Number OR Social Security Number

Pennsylvania International Academy (PIA) strives to protect and promote the health of all students. Teachers, administrators and parents work closely to maximize each child's potential to learn and grow. Parents should share information and concerns regarding the student's health to ensure receiving quality care. Parents and/or student are required to cover the cost of any medical treatment, medication or testing not covered by the student's insurance.

PIA administers medication, such as prescribed antibiotics and over the counter items. Parents/students are responsible for refilling, maintaining and providing necessary medication and medical supplies. Medication containers must be properly labeled with the student's name, medication name, dose and time to be given. Please complete the information below relating to your child's medications, allergies and health conditions:

(1) CURRENT ALLERGIES, HEALTH CONDITIONS AND MEDICATIONS

ALLERGIES (an abnormal reaction of the body to a previously encountered allergen introduced by inhalation, ingestion, injection, or skin contact, often manifested by itchy eyes, runny nose, wheezing, skin rash, or diarrhea) Please list allergies along with reactions and treatment below:

1. _____
2. _____

HEALTH CONDITIONS (list health condition(s) of which an Emergency Physician should be aware):

1. _____
2. _____

PRESCRIBED MEDICATION (medication prescribed by a Physician to treat or maintain your child's health.)

Name of Medication(s): _____
Reason for Medication: _____
Required Dose: _____ Time(s) to Be Administered: _____
Prescribing Physician: _____ Physician Phone Number: _____

OVER THE COUNTER (OTC) MEDICATION (medication NOT prescribed by a Physician)

Name of OTC Medication(s): _____

Reason for OTC Medication: _____

Required Dose: _____ Time(s) to be Administered: _____

Tylenol, aspirin and similar over-the-counter medications will not be dispensed unless written authorization is submitted. **CHECK-MARK ONE.**

My child is allowed to receive Tylenol, aspirin and similar over-the-counter medications.

My child is **NOT** allowed to receive Tylenol, aspirin and similar over-the-counter medications.

(2) EMERGENCY MEDICAL AUTHORIZATION AND TREATMENT

In case of need for routine or emergency medical and surgical care, treatment, physicals or immunizations, I hereby grant Pennsylvania International Academy, LLC (PIA) authorization, for the duration of my child's/ward's participation in the program, to:

- 1) Authorize and sign for routine appointments, school required physicals, emergency medical treatment, surgical care, and treatment of immunizations for my child/ward and to make all decisions concerning such matters when a parent or guardian is not immediately available.
 - PIA complies with State regulations governing immunization requirements. Students who do not have proof of student's required immunizations will not be allowed to attend school. Any required immunizations not obtained prior to your student/child's arrival will be administered after your student/child arrives, and any fees for obtaining them will be billed to you by the provider.
- 2) Exchange pertinent medical/surgical/immunization information concerning my child/ward with Mercyhurst Preparatory School (MPS) staff, including the school nurse, the school physician, and any other medical personnel involved in the care and treatment of my child/ward.
- 3) Obtain copies of medical records concerning my child/ward from a hospital, outpatient department or doctor's office when they are pertinent to the continuing care of my child/ward.

(3) EMERGENCY DATA FORM

In case of serious accident, illness, operation or disaster warning while attending classes Mercyhurst Preparatory School will contact Pennsylvania International Academy LLC at 8155 Oliver Road, Erie, PA 16509, 814-969-3356.

<i>Mother's contact information:</i>	<i>Father's contact information:</i>	<i>Alternative contact information in the event neither parent can be reached. Emergency contact must be able to communicate verbally and in writing in the English language.</i>
Last Name _____ First Name _____	Last Name _____ First Name _____	Last Name _____ First Name _____
Home Phone Number including country code _____	Home Phone Number including country code _____	Home Phone Number including country code _____
Cell Phone Number including country code _____	Cell Phone Number including country code _____	Cell Phone Number including country code _____
Occupation/Company Name _____	Occupation/Company Name _____	Relationship to Student _____
Work Phone Number including country code _____	Work Phone Number including country code _____	E-Mail Address _____
E-Mail Address _____	E-Mail Address _____	

Please report any changes to the above information to the Admissions Department in a timely manner.

Mercyhurst Preparatory School 538 E Grandview Blvd, • Erie, PA 16504 • 814. 824.2313 • fax 814.824.3638 • www.mpslakers.com
Boarding Services provided by Pennsylvania International Academy • 8155 Oliver Road • Erie, PA 16509 • 814.746.9489 • fax 814.866.6845 • www.piacademy.org

(4) DRUG AND ALCOHOL AGREEMENT

We hereby consent to allow our son/daughter listed above to undergo urinalysis testing and/or breathalyzer testing for the presence of alcohol, illicit drugs or banned substances in accordance with the Pennsylvania International Academy, LLC Student Drug and Alcohol Abuse Policy. We understand that at any time, Pennsylvania International Academy, LLC or a qualified vendor is able to test my child for drug or alcohol usage throughout the academic year. We understand that any samples may be sent to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

We hereby give our consent to the medical vendor selected by the Pennsylvania International Academy LLC, their designated laboratory, doctors, employees, or agents, together with any clinic, hospital or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Pennsylvania International Academy LLC, its doctors, employees, or agents to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. By our signature below, we understand these results will be forwarded to the principal, school nurse and will also be made available to Pennsylvania International Academy, LLC.

Parents and/or student are required to cover the cost of the drug and/or alcohol test. Please understand the drug and/or alcohol tests would not be covered by student insurance. Failure to pay for the test, comply with staff during drug and/or alcohol testing, or failing drug & alcohol test may result in disciplinary action up to and including expulsion.

(5) RELEASE OF LIABILITY FOR OFF CAMPUS ACTIVITIES

I/we hereby grant permission for my/our child to participate in following off campus activities:

- Unsupervised off-campus activity.
- Leave the Residence Hall campus, ride in a car, and/or remain overnight with the parents or guardians of other students for activities including but not limited to: overnight stays, concerts, movies, shopping, dinner, weekend trips, etc.
- Leave the Residence Hall campus, ride in a car, and/or remain overnight for school breaks, holidays or other functions with parents or guardians of other students, staff members of Pennsylvania International Academy LLC (PIA) or Mercyhurst Preparatory School (MPS), or members of the community.

Unsupervised public transportation (including but not limited to: taxi/cabs, bus service, airplanes, trains, etc.). Students are responsible to pay for the fee of the unsupervised transportation. Students should notify PIA staff if he/she chooses to travel to another location while using unsupervised public transportation.

I understand that Pennsylvania International Academy LLC (PIA) is not held responsible for those activities in which the students, with their parents' permission, voluntarily engages in activities that could result in injury or death as stated in #10 of the student contract. I understand that the above-described events, programs, or activities will not occur or be held at PIA, and agree that my/our child will comply with all PIA rules/code of conduct while participating in the above-described activities. Based on the information set forth above, and my/our understanding of the risks, circumstances, and activities, I/we agree to release PIA and MPS from all liability and waive any rights to file a claim, pursue legal action against, or seek financial relief or reimbursement from PIA and/or MPS, their board members, employees, and/or volunteers associated with the event, activity, or program, for any and all damages arising out of such event, activity or program.

Please list any limitations or restrictions to your child's off campus activities:

I fully understand that for my child's safety, he/she is required to abide with PIA's transportation, off campus and safety policies and procedures and will help enforce these safety measures. My child's failure to comply with the policies may result in expulsion.

(6) CENSUS INFORMATION

Student resides with: Mr. & Mrs. Mr. Mrs. Ms. Other: _____

Relationship: Mother/Father Mother/Stepfather Father/Stepmother Guardians/Other: _____

Ethnic Background: Caucasian Black American Indian Hispanic Asian Multiracial Specify Other _____

Religious Affiliation: _____ Parish: _____

Mother's email: _____ Father's email: _____

PARENTAL AUTHORIZATION

By my signature below, I hereby state that I have the authorization to grant consent for all of the provisions delineated in the PARENTAL AUTHORIZATION FORM above, which are comprised by Sub-Headings:

- (1) Current Allergies, Health Conditions and Medications
- (2) Emergency Medical Authorization and Treatment
- (3) Emergency Data Form
- (4) Drug and Alcohol Agreement
- (5) Release of Liability for Off Campus Activities
- (6) Census Information:

Print Parent, Guardian or Authorized Individual's Name

Signature **Date**

Print Applicant Name (If 18 years old or over)

Signature of Applicant **Date**