

Beth Haven Baptist Academy

12400 S. Western Ave, OKC, OK 73170 405-691-6990

Re-enrollment Forms Checklist for (student name):

 Online Registration Form Online Student's Standard of Conduct Form
Form 7 - Consent to Treatment of Minors
 Form 12 - Medical Release Form
 Student Commitment Form
Parent Commitment Form

Immunization Book

Oklahoma's Immunization Act (10.2k.pdf) was passed by the state legislature in 1970. It requires all students to meet immunization requirements before they enter or attend any public or private school in the state. The law states that the Oklahoma State Board of Health will establish the regulations specifying which vaccines and how many doses of each vaccine are required (unless they obtain an exemption).

Health Examination

For Office Use Only

Date Completed:

Checked By:

Form 7 - Consent to Treatment of Minors

I/We the undersigned parents/legal guardians of _______ do hereby authorize the staff of Beth Haven Baptist Academy to act as agents for the undersigned to receive any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment, or hospital care which is deemed advisable, and is to be rendered under the general or special supervision of any physician and/or surgeon under the provisions of the Medical Practice Act of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

It is understood that a valid and conscientious effort will be made to notify me/us before such action is taken if possible and prudent.

Please specify specific allergies to food, medicine, etc.

Please comment on physical problems or special instructions:

My student may be given Tylenol, ibuprofen, cough syrup or Pepto-Bismol? YES _____

_____NO, I do want the staff of Beth Haven Baptist Academy to give my child any pain relief medicine.

Father's Signature or legal guardian	Mother	's Signature	
Date	Date		
Record of treatments given:			
Treatment	Date	Amount	Staff Initials
Treatment	Date	Amount	Staff Initials
Treatment	Date	Amount	Staff Initials
Treatment	Date	Amount	Staff Initials
Treatment	Date	Amount	Staff Initials
Treatment	Date	Amount	Staff Initials
Treatment	Date	Amount	Staff Initials
Treatment	Date	Amount	Staff Initials
Treatment	Date	Amount	Staff Initials
Treatment	Date	Amount	Staff Initials

Form 12 - Medical Release Form/Notary Public

I hereby give my consent for the below named student to accompany Beth Haven Baptist Academy, as a member, to other schools and activities. I also give consent authorize the school, or its representatives, to obtain, through a physician of its choice, such medical attention as is reasonable and necessary for the welfare of my child, if he/she is injured or ill while in the course of school activities.

Name: (first)	_ (middle)	(last)	
Medications student is allergic to:			
Insurance Carrier			
Medical Plan Number			
Father's Signature	or legal guardian	Mother's Signature	
Date		Date	
Address:			
STATE OF OKLAHOMA County of			
Before me, the undersigned, a nota	ry public, in and t	for the said county and state on this	day of
,	Given ur	nder my hand and seal the day and year w	ritten above.
NOTARY PUBLIC			

My commission expires My commission # is

"Student Commitment Form"

I UNDERSTAND that my signature below testifies to the fact that I have read (or have had read to me) all information within the Beth Haven Baptist Academy handbook and I hereby agree to cheerfully abide by its policies and procedures to the best of my ability.

I UNDERSTAND that for me to add my signature to this statement having NOT read the entire handbook is dishonest, deceiving, and hypocritical.

Name: Date:

*This page is a copy to keep in school office
**One copy of this form will be placed in each student's file (signed & dated).
If additional names are to be signed please sign below.

<u>"Parent Commitment Form"</u>

As the parent of one or more children enrolled at Beth Haven Baptist Academy, I agree to cheerfully support the decisions of the BHBA Staff,

Administrator, and Pastor as well as the information contained within this handbook and to direct any questions/concerns I may have to the <u>Administrator.</u>

I UNDERSTAND that my signature below testifies to the fact that I have read all the information contained within this handbook.

I UNDERSTAND that for me to add my signature to this statement having NOT read the entire handbook is dishonest, deceptive and hypocritical.

FATHER:

MOTHER: _____

Date: _____

*This page is a copy to keep in school office

**One copy of this form will be placed in your child's file (signed & dated)