

FUTURE LEADERS  
PROGRAM



PRESENTED BY THE  
BREWER  
FOUNDATION

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## 2017-2018 School Enrollment Form

Student's Name: \_\_\_\_\_  
(Please Print)

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

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

NAME OF SCHOOL:

\_\_\_\_\_

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Please notify **Val Curry** if the above information changes at **214-653-4826** or [vpc@brewerfoundation.com](mailto:vpc@brewerfoundation.com) as soon as possible, so we can update our records. Thank you.



## 2017-2018 Bus Registration Form

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

Student's School: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student will be picked up from: \_\_\_\_\_

Student will be returned to: \_\_\_\_\_

### Please circle a school:

- George Peabody Elementary School (3101 Raydell Place)
- Barack Obama Male Leadership Academy (4730 S. Lancaster Rd.)
- Billy Earl Dade Middle School (2727 Al Lipscomb Way)

**NOTE:** As always, your child's safety is our number one priority. **As a reminder, we WILL NOT allow parents to change pick up or drop off locations at random times.**

If you have any questions regarding your student's bus transportation arrangements, please contact Rosie De La Garza via email at [rrd@brewerfoundation.com](mailto:rrd@brewerfoundation.com) or via telephone at (214) 653-4881.

# Medical Authorization and Release Form

FUTURE LEADERS  
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## FLP Medical Authorization and Release Form

FLP Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_

DISD School: \_\_\_\_\_ Student ID: \_\_\_\_\_

### I. Authorization to consent to medical treatment.

Allergies or special medical needs: \_\_\_\_\_

I certify that, to my knowledge, my student has not been exposed to any contagious diseases within the past 60 days. In the event that my student has a medical/dental emergency during any Brewer Foundation Future Leaders Program sponsored activity, I hereby give consent to the Brewer Foundation Future Leaders Program, its officers, agents, and employees (including Dallas Independent School District /private school staff, infirmiry nurses, or any designated school representative) to oversee/manage: (1) the administration of any medical treatment deemed necessary by a licensed physician or dentist and (2) the transfer of my student to any reasonably accessible hospital. I understand that this authorization is intended to empower the Brewer Foundation Future Leaders Program, its officers, agents, and employees to give specific consent to any diagnosis, treatment, or hospital care which, in the judgment of a licensed physician or dentist, is deemed advisable. I understand that the Brewer Foundation Future Leaders Program is not financially responsible for the expense of medical treatment, emergency care, or transportation.

**NOTE: If your child, at any point in time was/is exposed to a contagious disease, please call Rosie De La Garza, Director of Programs at 214-653-4881 (office) or 214-232-5221 (cell) before you send your child to any FLP class, program, event or activity.**

Please list all prescribed medications that your student is currently taking and indicate if your child will be taking them during FLP program hours. ALL medications (prescription and non-prescription) MUST be administered by Brewer Foundation Future Leaders Program staff, infirmiry nurses, or any designated school representative. **FLP STUDENTS ARE NOT ALLOWED TO SELF-MEDICATE.**

Due to the numerous liabilities that accompany an FLP student's/family's decision to blatantly disregard the FLP's "NO SELF MEDICATION" protocol, any Future Leader who violates this protocol is in jeopardy of being dismissed from the Future Leaders Program.

Prescribed Medication	Dosage	Reason for taking medication	Please check if your child will be taking during FLP program hours

All medications that are to be administered during FLP program hours must be in the original container, clearly marked with the student's name, prescribed dosage, and instructions for administering, and placed in a clear, Zip-Loc bag. The Zip-Loc bag should be clearly labeled with the student's name and grade level. Additionally, parents must complete the FLP's Parent/Physician Request for Administration of Medication form (attached), fold it, and place it in the Zip-Loc bag as well. Each medication must be in a separate bag. Parents (NOT STUDENTS) need to hand the bag(s) of medication(s) to the FLP Bus Liaison and/or staff member. All medications will be returned to the Parent.

**II. Authorization to administer medication.** I hereby give my consent for the above-named student to be administered the following non-prescription medication(s) by the Brewer Foundation Future Leaders Program staff, infirmiry nurses, or any designated school representative as needed (Please circle):

# Medical Authorization and Release Form

Acetaminophen (e.g. Tylenol, etc.)	<b>YES</b>	<b>NO</b>
Diphenhydramine HCl (e.g. Benadryl, etc.)	<b>YES</b>	<b>NO</b>
Cough drops (e.g. Halls, etc.)	<b>YES</b>	<b>NO</b>
Ibuprofen (e.g. Advil, etc.)	<b>YES</b>	<b>NO</b>
Pseudoephedrine HCl (e.g. Sudafed, etc.)	<b>YES</b>	<b>NO</b>
Loperamide hydrochloride (e.g. Imodium, etc.)	<b>YES</b>	<b>NO</b>
Bismuth subsalicylate (e.g. Pepto Bismol, etc.)	<b>YES</b>	<b>NO</b>

I understand that the Brewer Foundation Future Leaders Program and/or its approved agents will **NOT** administer medications not previously listed, nor will they administer dosages of the above medications in amounts which exceed the recommended dosages for my student's age and/or weight without written parental permission. I will contact the FLP administrative staff if I need to make any special "medical" requests that are not covered in this document. (NOTE: If the FLP cannot meet/perform "special medication requests," the student will not be allowed to participate in the activity/event. I will contact the Brewer Foundation Future Leaders Program office for more information.

### III. Authorization to participate in sports.

I hereby give my consent for my student to participate in sports and athletics approved by the Brewer Foundation Future Leaders Program.

### IV. Authorization to participate in field trips.

I hereby give my consent for the above-named student to attend any field trips approved by the Brewer Foundation Future Leaders Program.

### V. Authorization to transport.

I hereby give my consent for the Brewer Foundation Future Leaders Program to transport my student to and from any and all Brewer Foundation Future Leaders Program activities and events.

### VI. Media release.

I understand and will allow photos and videos of my student to be taken while at any Brewer Foundation Future Leaders Program-sponsored activity to be used in any Brewer Foundation publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/Worldwide Web and that after publication, Brewer Foundation will be unable to prevent persons from gaining access to the Internet/Worldwide Web, copying my child's photographs and video from there, and subsequently using, altering, or republishing them without my or the Foundation's consent. I waive any claim for damages against Brewer Foundation/ and the Future Leaders Program, resulting from the non-consensual use, alteration, or re-publication of my student's photograph(s) and video(s) by third parties accessing the Internet/Worldwide Web.

### VII. Release and indemnity agreement.

In consideration of the above-named student being enrolled in the Brewer Foundation Future Leaders Program and being permitted to attend all FLP events and activities, and to the full extent allowed by the law, I HEREBY AGREE TO WAIVE AND RELEASE THE BREWER FOUNDATION, EPISCOPAL SCHOOL OF DALLAS, GREENHILL SCHOOL, THE HOCKADAY SCHOOL, ST. MARK'S SCHOOL OF TEXAS, and the DALLAS INDEPENDENT SCHOOL DISTRICT, their administrators, agents, employees, volunteers and invitees, together with all persons assisting with any phase of such Program FROM ANY AND ALL CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION OR OTHER LIABILITIES by reason of any accident or injury suffered by the above-named student, which may arise in connection with FLP activities, and any of the authorizations described above. I further release all of these parties from liability by reason of any accident or injury that might occur while participating in such activities.

I acknowledge that I have received and read the Brewer Foundation Future Leaders Program Standards of Care (included in this packet). I acknowledge that the Brewer Foundation Future Leaders Program is not licensed by the State of Texas and shall not be advertised as a child-care facility.

# Medical Authorization and Release Form

I hereby give the following persons permission to pick-up my child from FLP events and accept that I am responsible for informing them of the FLP's identity verification policy, as previously described.

**Emergency Designee #1**

<b>Emergency Release Designee (PRINT ONLY):</b>	
<b>Designee's Driver's License (Number/State):</b>	<b>Other Picture Identification:</b>
<b>Designee's Street Address:</b>	<b>City/State:</b>
<b>Designee's Relationship to FLP Student:</b>	<b>Secondary Phone:</b>
<b>Designee's Make/Model/Year of Car:</b>	

**Emergency Designee #2**

<b>Emergency Release Designee (PRINT ONLY):</b>	
<b>Designee's Driver's License (Number/State):</b>	<b>Other Picture Identification:</b>
<b>Designee's Street Address:</b>	<b>City/State:</b>
<b>Designee's Relationship to FLP Student:</b>	<b>Secondary Phone:</b>
<b>Designee's Make/Model/Year of Car:</b>	

**Emergency Designee #3**

<b>Emergency Release Designee (PRINT ONLY):</b>	
<b>Designee's Driver's License (Number/State):</b>	<b>Other Picture Identification:</b>
<b>Designee's Street Address:</b>	<b>City/State:</b>
<b>Designee's Relationship to FLP Student:</b>	<b>Secondary Phone:</b>
<b>Designee's Make/Model/Year of Car:</b>	

# Medical Authorization and Release Form

PLEASE COMPLETE, SIGN and RETURN THIS ENTIRE DOCUMENT TO THE FLP.

*As the parent and/or legal guardian, who has responsibility for the above-named FLP student, I have read and understand the FLP Medical Authorization and Release Form and agree to abide by its conditions.*

FLP Student's Name (PRINT ONLY):	Grade:
Name of Parent/Guardian (PRINT ONLY):	Today's Date:
Parent/Guardian's Signature:	
Relationship to Student:	Cell Phone:
Work Phone:	Home Phone:

Should you have questions, please contact:

**Rosie De La Garza, FLP Director of Programs  
Brewer Foundation**

Office: 214-653-4881  
Cell: 214-232-5221  
Email: [rrd@brewerfoundation.com](mailto:rrd@brewerfoundation.com)  
Fax: 214-653-1015 (attn. FLP c/o Rosie De La Garza)



## PARENT/PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION

**NOTE: Each medication must have its own form, so please make additional copies as needed.**

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Requests for the administration of medications by FLP personnel may be made as follows:

1. A separate request form is to be completed for each medication for each child.
2. Medication must be in the original, properly labeled container accompanied by this completed form.
3. All medication is administered by an FLP staff member.
4. All unused medication will be returned to the parent at the conclusion of the FLP event.

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### General Information

Date of Request \_\_\_\_\_

Student's Name \_\_\_\_\_ Class \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Condition for which this medication is required \_\_\_\_\_

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### Medication Information

Medication Name \_\_\_\_\_

Dosage Instructions \_\_\_\_\_

Time to be Administered \_\_\_\_\_

Precautions/Side Effects for my \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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### Parental/Physician Authorization (must have authorization from the parent and/or the student's physician.)

I, the undersigned, parent/guardian of (student's name) \_\_\_\_\_  
request that the above medication be administered to my child, according to the instructions noted on the medical  
container.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

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

***(optional)***

### Signature of Physician

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

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



## SCHOOL RECORDS RELEASE FORM

**PARENT(S)/GUARDIAN(S):** Please complete the records release form so we may verify your child's eligibility to participate in the FLP.

**I HEREBY AUTHORIZE:**

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

**TO RELEASE THE ACADEMIC AND/OR CONFIDENTIAL RECORDS/INFORMATION OF:**

FLP Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID: # \_\_\_\_\_ Grade: \_\_\_\_\_

**TO:** The Future Leaders Program regarding the above-named student. The Future Leaders Program may request school report cards, transcripts, standardized test scores, etc. This information will be used solely for the purpose of student evaluation and academic planning in conjunction with the Future Leaders Program, an after-school program that provides educational and leadership opportunities to selected young people from the Dallas Independent School District.

I understand that my consent is voluntary and may be revoked at any time. I also understand that exercising this right may jeopardize my child's participation in the Future Leaders Program.

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

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

**FOR DISD SCHOOL:**

**Please send complete school records, including the following:**

- Current year-to-date grades
- Standardized test scores
- School attendance reports
- Previous and current teacher report forms (if any)

**To:** Brittany Brady, Executive Director  
Brewer Foundation  
1717 Main Street, Suite 5900  
Dallas, TX 75201  
Phone: 214.653.4847  
Fax: 214.653.1015  
E-Mail: [bbrady@brewerfoundation.com](mailto:bbrady@brewerfoundation.com)



COMPLETE ONLY IF STUDENT/PARENT INFORMATION (e.g. phone numbers, mailing address, email address, emergency contact, etc.) HAS CHANGED OR IF YOU ARE NOT RECEIVING FLP CORRESPONDENCE, CALL-OUTS AND/OR E-MAIL.

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## Student/Parent Information Update

### Student

Name	
Grade	
DISD School (2017-18 School Year)	
DISD Student ID	
Street Address	
City	
State	
Zip Code	
Phone	
Email	

### Parent/Guardian A

Name	
Relationship to Student	
Street Address (if different from student's)	
City	
State	
Zip Code	
Phone	
Email	

Parent/Guardian B

Name	
Relationship to Student	
Street Address (if different from student's)	
City	
State	
Zip Code	
Phone	
Email	

Emergency Contact

Name	
Relationship to Student	
Street Address	
City	
State	
Zip Code	
Cell Phone	

\_\_\_\_\_  
Name of Parent (please print)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date