

Dear Excel Academy Charter High School Families,

As we wind down the 2020-21 school year, I write with an update about what you can expect in the 2021-22 school year.

**School Model:**

- Families should plan for all students to attend school in-person next year.\*
- Hours: Our school hours will be:
  - High School:
    - Mon-Wed: 8:30 AM-3:45 PM (Doors open at 7:00 AM). Optional after school programming from 3:45 PM to 5:00 PM (Evening sports can end later)
    - Thursday: 8:30 AM-2:15 PM (Doors open at 7:00 AM). Optional after school programming from 2:15 PM to 5:00 PM (Evening sports can end later)
    - Friday: 8:30 AM - 1:50 PM (Doors open at 7:00 AM)
  - Middle School hours will be slightly different; families with children in the middle school should look out for separate communication.
- Calendar: While the calendar is being finalized, please note the first and last days of school:

	<b>First Day of School</b>	<b>Last Day of School</b>
<b>Middle Schools</b>	New Students: August 30, 2021 Returning students: Sept. 1, 2021	June 29, 2022**
<b>High School</b>	Grade 9: August 31, 2021 Grade 10-12: September 3, 2021	June 30, 2022**

**COVID Protocols:** The Department of Elementary and Secondary Education has relaxed its COVID requirements for next school year. While we await additional guidance, we do anticipate having the following COVID-related protocols.

- Masks: We are awaiting Department of Public Health guidelines.
- Student spacing: There will be no minimum spacing requirement for students or staff.
- Screening Form: We will no longer require a COVID symptom screening form, but will encourage students and staff to stay home when sick.
- Testing: We are currently in the Green Zone in both East Boston and Chelsea and will discontinue testing at this time. We will resume testing IF case rates rise and local communities return to the Yellow Zone.
- Vaccinations: Excel will continue to encourage and support students to be vaccinated, but will not require vaccinations of staff or students for the 2021-22 school year.

**New Principal:** Next school year, Nina Keough will be moving into a new role as Chief Schools Office for Excel's 4 schools. In this role, Ms. Keough will still be involved in the high school and supervising its success, and, in addition, she will also supervise the Excel middle schools and our new Rhode Island expansion. Ms. Keough has been the principal at Excel Academy Charter High School since its founding in 2015, and we are so grateful to her for being a tremendous principal for six years. We know many families would want the chance to speak with Ms. Keough about this transition; she will be available at Back to School Night in the fall to meet with high school families specifically.

Our new principal will be Sarah Stuntz, who was a founding member of the Excel Academy Charter High School team and has served as Assistant Head of School for the last three years. Ms. Stuntz has been a teacher or administrator at Excel since 2008, and served as Interim Principal when Ms. Keough went on maternity leave in 2017. Ms. Stuntz is excited to carry on Ms. Keough's legacy of excellence at Excel Academy Charter High School, and looks forward to meeting more families and answering any questions this summer or next year.

We will communicate back out with more specific guidance before the first day of school. If you have specific questions, please reach out to your student's head of school.

Thank you for your continued support as we operate in these unprecedented times. I wish all of you a fun and safe summer.

Thank you,

Owen Stearns

\*We will work with families of students with a particular medical condition that may prevent them from attending school in person to find a suitable alternative.

\*\*The last day of school may be earlier depending on the number of snow days we use.



# EXCEL ACADEMY CHARTER SCHOOL HEALTH HISTORY

This form is required for all students

Student's Last Name      Middle      First Name      Date of Birth      Gender      Grade

Home Address \_\_\_\_\_

Yes / No

#1 Parent/Guardian Name      Legal Guardian

Home #      Cell #      Work #      Email

Yes / No

#2 Parent/Guardian Name      Legal Guardian

Home #      Cell #      Work #      Email

Which Parent to Call First: \_\_\_\_\_

*The following persons reside locally and are authorized to act for parent in the event of illness or injury.*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Primary Care Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance:  No  Yes

Company: \_\_\_\_\_ Subscriber's name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does your child have:

Allergies to Foods:  No  Yes List: \_\_\_\_\_

Allergies to Medication:  No  Yes List: \_\_\_\_\_

Other Allergies  No  Yes List: \_\_\_\_\_

(latex, bees, environmental etc.)

Does your child have an EpiPen/Emergency Epinephrine:  No  Yes Reason: \_\_\_\_\_

If your child has an EpiPen, please ensure to provide an extra EpiPen with the doctor's prescription to the school nurse. Your child's EpiPen must be delivered to Excel in its pharmacy or manufacturer labeled container.

Check all medical conditions that relate to your child:

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> ADD/ADHD        | <input type="checkbox"/> Constipation    | <input type="checkbox"/> Ear Infection         | <input type="checkbox"/> Kidney Condition   | <input type="checkbox"/> Scoliosis                 |
| <input type="checkbox"/> Allergies       | <input type="checkbox"/> Celiac Disease  | <input type="checkbox"/> Eye Glasses/ Contacts | <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Strep Throat (History Of) |
| <input type="checkbox"/> Anxiety         | <input type="checkbox"/> Depression      | <input type="checkbox"/> Gastric Reflux        | <input type="checkbox"/> Migraines          | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> Hearing Loss          | <input type="checkbox"/> Nosebleeds         | <input type="checkbox"/> Emotional Concerns        |
| <input type="checkbox"/> Autism/Asperger | <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Heart Condition       | <input type="checkbox"/> Seizures           | <input type="checkbox"/> Injuries                  |

Previous Concussions?      No/Yes      Date: \_\_\_\_\_

Has your child been hospitalized within the past year?  No  Yes Reason: \_\_\_\_\_



Please comment on any questions to which you have answered “yes” or other health concerns.

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Does your child use an inhaler or nebulizer?  No  Yes *If yes, please send prescribed, pharmacy or manufacturer labeled inhaler to school.*

Please list medications your child takes on-a-daily basis (including those at home and at school). Please provide the names of medications, dosages, and time given.

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Will your child be taking prescribed medication at school?  Yes  No  
*If yes, please complete the **Medications Form** and provide the school nurse with your child’s medication in its pharmacy or manufacturer labeled packaging from the pharmacy and a signed medication order.*

Do you consent to your child self-administering prescription medications?  Yes  No  
*Self-administration of medication requires parental / guardian consent and a determination by the school healthcare professional that your child can safely and appropriately self-administer medications. Excel reserves the right to refuse to allow a student to self-administer medications.*

**Immunization & Physical Examination Records**

All Excel Academy students are required to submit an up-to-date immunization record and physical examination record before the start of the school year. Please submit your child’s immunization and physical examination record to your child’s school campus.

- The physical exam must have taken place within 24 months prior to the first day of school and must be within 12 months for the student to participate in competitive sports activities. Until a student has a current record on file, he/she will not be allowed to participate in competitive sports.

**Please initial and sign:**

I give permission for my child to be treated for illness/injury in the health office including administration of the following over-the-counter medications as deemed necessary by the school’s healthcare professional.

**Check the medication you consent:**  acetaminophen (Tylenol),  ibuprofen (Advil),  calcium carbonate (Tums),  Benadryl

In the case of my child suffering life-threatening or potentially life-threatening injuries while at school or a school-related event, I hereby acknowledge and understand that Excel Academy staff shall notify appropriate emergency responders to treat and take my child to a hospital, doctor, or dentist without my prior consent. I also release Excel Academy Charter School and its employees, trustees, contractors, volunteers, or agents from any and all liability arising from their acts or omissions related to these notifications and treatment.

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

**Parent/Guardian Name:** \_\_\_\_\_

**Please return this completed form, immunization record and physical examination records to your child’s school campus.**

Excel Academy Charter High School 401 Bremen Street Boston, MA 02128 P: 617-326-3574 F: 617-674-3427	Excel Academy East Boston Campus 58 Moore Street Boston, MA 02128 P: 617-874-4080 F: 617-419-1122	Excel Academy Greenway Campus 375 Bremen Street Boston, MA 02128 P: 617-561-1371 F: 617-674-3429	Excel Academy Chelsea Campus 180 2 <sup>nd</sup> Street Chelsea, MA 02150 P: 617-336-9970 F: 617-399-6867
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## HISTORIAL DE SALUD DE EXCEL ACADEMY CHARTER SCHOOL

Este formulario es obligatorio para todos los estudiantes

Apellido del estudiante    Segundo nombre    Nombre    Fecha de nacimiento    Género    Grado

Dirección

Sí / No

Nombre del padre/tutor #1

Tutor legal

# Casa

# Cel.

# Trabajo

Correo electrónico

Sí / No

Nombre del padre/tutor #2

Tutor legal

# Casa

# Cel.

# Trabajo

Correo electrónico

A qué padre llamar primero: \_\_\_\_\_

*Las siguientes personas residen localmente y están autorizadas a actuar en nombre de los padres en caso de enfermedad o lesión.*

3. Nombre: \_\_\_\_\_ Teléfono: \_\_\_\_\_

4. Nombre: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Nombre del médico/clínica de atención primaria: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Seguro de salud:  No  Sí

Compañía: \_\_\_\_\_ Nombre del suscriptor: \_\_\_\_\_ Número de Póliza: \_\_\_\_\_

¿Sufre su hijo(a) de lo siguiente?:

Alergias a los alimentos:  No  Sí Enumere: \_\_\_\_\_

Alergias a medicamentos:  No  Sí Enumere: \_\_\_\_\_

Otras alergias  No  Sí Enumere: \_\_\_\_\_

(látex, abejas, medioambiente, etc.)

¿Tiene su hijo(a) un Epipen/Epinefrina de emergencia?:  No  Sí Razón: \_\_\_\_\_

Si su hijo(a) tiene un Epipen, por favor asegúrese de proporcionar un Epipen adicional con la receta del médico a la enfermera de la escuela. El Epipen de su hijo(a) debe enviarse a Excel en el envase etiquetado de su farmacia o del fabricante.

Verifique todas las condiciones médicas que se relacionen con su hijo(a):

ADD/ADHD     Estreñimiento     Infección en el oído     Condición renal     Escoliosis

Alergias     Enfermedad celíaca     Anteojos/Lentes de Contacto     Intolerancia a la Lactosa     Infección de garganta (Historial)

Ansiedad     Depresión     Reflujo gástrico     Migrañas     Otro: \_\_\_\_\_

Asma     Diabetes tipo 1     Pérdida de la audición     Hemorragias nasales     Preocupaciones emocionales

Autismo/Asperger     Diabetes tipo 2     Condición cardíaca     Convulsiones     Lesiones

¿Conmociones cerebrales anteriores?    No/Sí    Fecha: \_\_\_\_\_

¿Su hijo(a) ha sido hospitalizado durante el último año?  No  Sí Razón: \_\_\_\_\_



Por favor, comente sobre cualquier pregunta a la que haya respondido "sí" u otras inquietudes de salud.

¿Usa su hijo(a) un inhalador o nebulizador?  No  Sí *En caso afirmativo, por favor envíe a la escuela el inhalador recetado y etiquetado por la farmacia o el fabricante.*

Por favor, enumere los medicamentos que su hijo(a) toma a diario (incluidos los que toma en casa y en la escuela). Por favor, proporcione los nombres de los medicamentos, las dosis y la hora indicada.

¿Su hijo(a) tomará medicamentos recetados en la escuela?  Sí  No *En caso afirmativo, por favor complete el **Formulario de Medicamentos** y proporcione a la enfermera de la escuela el medicamento de su hijo(a) con la etiqueta de la farmacia o en el empaque etiquetado del fabricante y un pedido de medicamento firmado.*

¿Acepta usted que su hijo(a) se autoadministre los medicamentos recetados?  Sí  No *La autoadministración de medicamentos requiere el consentimiento de los padres/tutores y la determinación del profesional de la salud de la escuela de que su hijo(a) puede autoadministrarse los medicamentos de manera segura y adecuada. Excel se reserva el derecho a negarse a permitir que un estudiante se autoadministre medicamentos.*

**Registros de vacunas y exámenes físicos**

Antes del inicio del año escolar, se requiere que todos los estudiantes de Excel Academy presenten un registro de vacunas actualizado y un registro de examen físico. Por favor, envíe el registro de vacunación y examen físico de su hijo(a) a la escuela de su hijo(a).

- El examen físico debe haberse realizado dentro de los 24 meses anteriores al primer día de clases y debe realizarse dentro de los 12 meses para que el estudiante participe en actividades deportivas de competencia. Hasta que un estudiante tenga un registro actual en el archivo, no se le permitirá participar en deportes competitivos.

**Por favor, escriba sus iniciales y firme:**

Doy permiso para que mi hijo(a) sea tratado(a) por enfermedad/lesión en la oficina de salud, incluida la administración de los siguientes medicamentos de venta libre según lo considere necesario el profesional de la salud de la escuela.

**Marque el medicamento para el cual da su consentimiento:**  Acetaminofén (Tylenol),  Ibuprofeno (Advil),  Carbonato de calcio (Tums),  Benadryl

En caso de que mi hijo(a) sufra lesiones potencialmente mortales o potencialmente mortales mientras está en la escuela o en un evento relacionado con la escuela, por la presente reconozco y entiendo que el personal de Excel Academy notificará a los servicios de emergencia correspondientes para que traten y lleven a mi hijo(a) a un hospital. , médico o dentista sin mi consentimiento previo. También libero a Excel Academy Charter School y sus empleados, fideicomisarios, contratistas, voluntarios o agentes de cualquier responsabilidad que surja de sus actos u omisiones relacionados con estas notificaciones y tratamientos.

**Firma del padre/tutor:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

**Nombre del padre/tutor:** \_\_\_\_\_

**Por favor, devuelva a la escuela de su hijo(a) este formulario completo, el registro de vacunas y los registros del examen físico.**

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# EXCEL ACADEMY CHARTER SCHOOLS

## High School Academic Year 2021-2022

As of 7/1/2021 - Subject to Change

August 2021						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September 2021						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2021						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2021						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Major Holidays
Aug 18 Ashura
Sept 6-8 Rosh Hashanah
Sept 15 Yom Kippur
Sept 20 Sukkot
Nov 4 Diwali
Dec 25 Christmas
March 2 Ash Wednesday
March 17 Holi
April 2 - May 5 Ramadan
April 15 Passover
April 15 Good Friday
April 17 Easter
May 2 Eid al-Fitr
June 12 Loving Day
June 19 Juneteenth
July 9 Eid al-Adha

\*Latinx Heritage Month (9/15-10/15)

\*Italian Heritage Month

\*Native American Heritage Month

December 2021						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January 2022						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February 2022						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March 2022						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

\*Black History Month

\*Women's History Month

April 2022						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2022						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June 2022						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2022						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

\*Arab American Heritage Month  
\*Asian Pacific Islander Month

\*Mental Health Awareness Month  
\*Jewish American Heritage Month

\*LGBTQ Pride Month

### KEY

	End of Quarter		New Staff Orientation		Staff Summit & PD Days (no school)		Standardized Testing		Summer School		Early dismissal
	Vacations and holidays (no school)		Family Conferences		School-Wide Quarterly Assessments						

### IMPORTANT DATES

August 24	Family Orientation	February 17	PD Day: Early dismissal
August 26	Family Orientation	February 18	PD Day: Early dismissal
Aug 31 - Sept 3	9th Grade Student Orientation	February 21-25	February Recess: No School
September 2	10th Grade Student Orientation	March 17	PD: Early dismissal
September 3	11th & 12th Grade Student Orientation	March 18	PD: Early dismissal
September 6	Labor Day: No School	March 22-23	English MCAS (anticipated)
September 7	First Day of Academic Classes	March 28 - 31	Quarter Assessments for AP students only (all other classes normal)
September 30	Back-to-School Night for Families	April 1	End of Q3
October 1	Fall HS PD Day: No School	April 13	PD: Early dismissal
October 11	Indigenous Peoples' / Columbus Day: No School	April 14	PD: Early dismissal
October 13	PSAT (10th/11th grade): No School (9th & 12th grade)	April 15	Good Friday: No School
October 25 - 28	Quarterly Assessment for AP students only (all other classes normal)	April 18-22	Spring Recess: No School
October 29	End of Quarter 1; Network PD: No School	April 26	SAT School Day (No school for 9th, 10th, and 12th grade)
November 3 - 5	Anticipated English MCAS make-ups	April 28	Quarter 3 Family Conferences: Early Dismissal
November 11	Veterans Day Observed: No School	May 26 - 27	Math MCAS (anticipated)
November 15 - 16	Anticipated Math MCAS make-ups	May 30	Memorial Day: No School
November 18	Quarter 1 Family Conferences; Early dismissal	June 3	HS PD Day: No School
November 23	PD: Early dismissal	June 15 - 22	Final Exams for all students
November 24	Pre-Thanksgiving Holiday; Early dismissal	June 20	Juneteenth Holiday: No School
November 25-26	Thanksgiving Holiday: No School	June 23 - 30	Pre-Summer programming for all students
December 21	PD: Early dismissal	June 30	Last Day of School
December 22	Pre-Winter Recess: Early dismissal		
Dec 23 - Dec 31	Winter Recess: No School		
January 3	First Day Back from Winter Recess		
January 17	Martin Luther King, Jr.'s Day: No School		
January 18-21	Qtr 2 Assessments for AP students only (all other classes normal)		
January 21	End of Quarter 2; Network PD Day: No School		
February 10	Qtr 2 Family Conferences; Early dismissal		

\* Dates for MCAS testing are tentative pending release of state testing windows

## MEDICATIONS FORM

This form is required only if your child takes prescribed medications during the school day

Excel Academy and state regulations require that the following form be on file in your child's health record before we begin to give any medication or make any medication related accommodation at school. *Whenever possible, medications should be scheduled at times other than school hours.*

Medications should be delivered to the school in a pharmacy or manufacturer-labeled container by you (parent/guardian) or a responsible adult whom you designate. Please ask your pharmacy to provide separate bottles for school and home. No more than a (30) thirty-day supply of the medication should be delivered to the school nurse. Families are responsible for picking up any unused medications. All expired and unused medication will be discarded at the end of the school year.

**Return completed form and medications to your child's school nurse.**

**PARENT or GUARDIAN:**

I request that my child \_\_\_\_\_ receive medications as prescribed in the form below.

Do you consent to your child self-administering medication? \_\_\_\_ Yes      \_\_\_\_ No

By: \_\_\_\_\_  
Name of Primary Care Provider      Signature of Parent or Guardian

Parent/ Guardian Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Signed medication order** - This written medication order form should be taken to your child's primary care provider or other health care provider authorized to prescribe medications (e.g., physician, nurse practitioner, etc.) for completion and returned to the school nurse. This form must be renewed and re-submitted with any new medications, changes to the current medications, and at the beginning of each school year.

**PHYSICIAN:** - I request that my patient, \_\_\_\_\_, receive the following medication:

<b>Medication 1</b>	<b>Medication 2</b>
Diagnosis:	Diagnosis:
Name of medication:	Name of medication:
Prescribed dosage:	Prescribed dosage:
Time to be taken during school hours:	Time to be taken during school hours:
Expected duration of treatment:	Expected duration of treatment:
Possible side effects and adverse reactions:	Possible side effects and adverse reactions:
Other recommendations:	Possible side effects and adverse reactions:

\*Please complete another Medications Form for additional medications.

Print Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_



## FORMULARIO DE MEDICAMENTOS

Este formulario es necesario solo si su hijo(a) toma medicamentos recetados durante el día escolar

Excel Academy y las regulaciones estatales requieren que el siguiente formulario esté archivado en el registro de salud de su hijo(a) antes de que comencemos a administrar cualquier medicamento o hacer modificaciones relacionadas con el medicamento en la escuela. *Siempre que sea posible, los medicamentos deben programarse en horarios que no sean el horario escolar.*

Los medicamentos deben ser entregados a la escuela por usted (padre/tutor) o por un adulto responsable que usted designe en un recipiente etiquetado por una farmacia o por el fabricante. Por favor, pídale a su farmacia que le proporcione botellas separadas para la escuela y el hogar. No se debe entregar a la enfermera de la escuela un suministro de medicamento para más de (30) treinta días. Las familias son responsables de recoger los medicamentos no utilizados. Todos los medicamentos vencidos y sin usar se desecharán al final del año escolar.

**Devuelva el formulario completo y los medicamentos a la enfermera de la escuela de su hijo(a).**

**PADRE o TUTOR:**

Solicito que mi hijo(a) \_\_\_\_\_ reciba los medicamentos recetados en el formulario a continuación.

¿Acepta usted que su hijo(a) se autoadministre medicamentos? \_\_\_\_ Sí      \_\_\_\_ No

Por: \_\_\_\_\_

Nombre del proveedor de atención primaria

Firma del padre o tutor

Número de teléfono del padre/tutor: \_\_\_\_\_

Fecha: \_\_\_\_\_

**Pedido de medicamentos firmado:** este formulario de pedido de medicamentos escrito debe llevarse al proveedor de atención primaria de su hijo(a) u otro proveedor de atención médica autorizado para recetar medicamentos (por ejemplo, médico, enfermero practicante, etc.) para ser completado y devuelto a la enfermera de la escuela. Este formulario se debe renovar y volver a enviar con cualquier medicamento nuevo, al haber cambios en los medicamentos actuales y al comienzo de cada año escolar.

**MÉDICO:** Solicito que mi paciente, \_\_\_\_\_, reciba el siguiente medicamento:

Medicamento 1	Medicamento 2
Diagnóstico:	Diagnóstico:
Nombre del medicamento:	Nombre del medicamento:
Dosis prescrita:	Dosis prescrita:
Hora para tomar durante el horario escolar:	Hora para tomar durante el horario escolar:
Duración prevista del tratamiento:	Duración prevista del tratamiento:
Posibles efectos secundarios y reacciones adversas:	Posibles efectos secundarios y reacciones adversas:
Otras recomendaciones:	Posibles efectos secundarios y reacciones adversas:

\*Por favor, complete otro formulario de medicamentos para medicamentos adicionales.

Nombre en letra de molde: \_\_\_\_\_

Clínica: \_\_\_\_\_

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Teléfono #: \_\_\_\_\_

Fax: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_











**EXCEL ACADEMY CHARTER HIGH SCHOOL UNIFORM REMINDERS:**

- Excel Pro Shop: <https://excelacademy.revtrak.net/excel-academy-proshop#/list>
- Elite Embroidery: <https://eahsuniforms.itemorder.com/sale>
- No jeans, crop tops or non-Excel hoodies




- Shirts should always have a pin/logo
- Nothing overly tight, short, or sheer
- If its a T-Shirt, the only color it can be is GRAY

**CORE UNIFORM**

Item	Approved Colors	Guidelines	Sample Links	Examples
Pants	Khaki Black Navy	<ul style="list-style-type: none"> <li>● Cotton blend</li> <li>● Pants may not be extremely worn or faded</li> <li>● Straight leg, jogger, or regular fit only (no low-rise, flare, bell-bottom, cargo, wide-legged, overly tight or baggy)</li> <li>● No logo or pattern other than Excel logo</li> </ul>	<ul style="list-style-type: none"> <li>● Men's: click <a href="#">here</a></li> <li>● Men's: click <a href="#">here</a></li> <li>● Women's: click <a href="#">here</a></li> <li>● Women's: click <a href="#">here</a></li> <li>● More Options: click <a href="#">here</a></li> </ul>	
Skirt	Khaki Black Navy	<ul style="list-style-type: none"> <li>● Solid color</li> <li>● No shorter than 3 inches from the bottom of the knee</li> <li>● Body-con skirts are <b>not</b> permitted</li> </ul>	<ul style="list-style-type: none"> <li>● Example 1: click <a href="#">here</a></li> <li>● Example 2: click <a href="#">here</a></li> <li>● More Options: click <a href="#">here</a></li> </ul>	
Shorts	Khaki Black Navy	<ul style="list-style-type: none"> <li>● Cotton blend (no denim or corduroy)</li> <li>● No more than two side pockets and two back pockets (no cargo shorts)</li> <li>● No logo or pattern other than Excel logo</li> <li>● No shorter than 3 inches from the bottom of the knee</li> </ul>	<ul style="list-style-type: none"> <li>● Men's: click <a href="#">here</a></li> <li>● Women's : click <a href="#">here</a></li> <li>● More Options: click <a href="#">here</a></li> </ul>	
Polo shirt	Royal Blue Gray White Navy	<ul style="list-style-type: none"> <li>● <b>Must be worn with Excel logo or pin</b></li> <li>● Short-sleeve or long-sleeve, with collars</li> <li>● Solid color (no patterns or print)</li> </ul>	<ul style="list-style-type: none"> <li>● Example 1: click <a href="#">here</a></li> <li>● Example 2: click <a href="#">here</a></li> <li>● More Options: click <a href="#">here</a></li> <li>● Embroidered: click <a href="#">here</a></li> </ul>	
T-Shirt	Excel T-Shirts <b>Only</b>	<ul style="list-style-type: none"> <li>● <b>Must</b> be Excel-sponsored</li> <li>● May be purchased from the Excel Academy Pro-Shop</li> <li>● Short-sleeve or long-sleeve</li> </ul>	<ul style="list-style-type: none"> <li>● All options found <a href="#">here</a></li> </ul>	

Sweater/Cardigan/Blazer	Navy Gray	<ul style="list-style-type: none"> <li>● <b>Must be worn with Excel logo or pin</b></li> <li>● Crewneck or V-neck</li> <li>● <b>Solid color</b> (no patterns or print)</li> <li>● No distracting or unusually large logos. NO large NIKE, Adidas, RL Polo logos.</li> </ul>	<ul style="list-style-type: none"> <li>● Embroidered: click <a href="#">here</a></li> <li>● Embroidered: click <a href="#">here</a></li> <li>● Crew neck: click <a href="#">here</a></li> <li>● Quarter zip: click <a href="#">here</a></li> </ul>	
Hoodies	School Approved <b>ONLY</b>	<ul style="list-style-type: none"> <li>● Hoodies created and <b>approved</b> by school clubs or sports teams (i.e. Arab Student Union, Girl's Soccer, etc.)</li> <li>● <b>Excel Hoodie</b> sold by Elite Embroidery</li> </ul>	<ul style="list-style-type: none"> <li>● XLHS hoodie: click <a href="#">here</a></li> </ul>	
Shoes	Black Gray White Navy Yellow Brown	<ul style="list-style-type: none"> <li>● Any combination of the acceptable <b>school colors</b> listed is permitted (for example, white Nike sneakers with a black check)</li> <li>● No offensive visuals or language</li> <li>● <b>Must be closed-toe and heel - <u>No Slides</u>, per health and safety requirements</b></li> </ul>	<ul style="list-style-type: none"> <li>● Women's: click <a href="#">here</a></li> <li>● Women's: click <a href="#">here</a></li> <li>● Men's: click <a href="#">here</a></li> <li>● Men's: click <a href="#">here</a></li> <li>● Unisex: click <a href="#">here</a></li> </ul>	
Socks	Any color	No unprofessional patterns/prints or offensive visuals or language		

### FITNESS UNIFORM

Item	Color	Guidelines		Examples
T-shirt	Gray Excel t-shirt	<ul style="list-style-type: none"> <li>● Cotton blend</li> <li>● No logo other than Excel logo</li> <li>● May be worn with a long or short-sleeved plain undershirt that is white, navy or gray</li> </ul>	<ul style="list-style-type: none"> <li>● T-shirt: click <a href="#">here</a></li> <li>● T-shirt: click <a href="#">here</a></li> <li>● Pins are sold at the High School for \$3</li> </ul>	
Fitness pants	Navy	<ul style="list-style-type: none"> <li>● Must be obtained from Elite Embroidery</li> </ul>	<ul style="list-style-type: none"> <li>● Order <a href="#">here</a></li> </ul>	
Fitness shorts	Navy	<ul style="list-style-type: none"> <li>● No shorter than 3 inches from the bottom of the knee</li> </ul>	<ul style="list-style-type: none"> <li>● Example 1: click <a href="#">here</a></li> <li>● Example 2: click <a href="#">here</a></li> </ul>	
Shoes	Black Gray White Navy Yellow Brown	<ul style="list-style-type: none"> <li>● Any combination of the acceptable <b>school colors</b> listed is permitted (for example, white Nike sneakers with a black check)</li> <li>● No offensive visuals or language</li> <li>● <b>Must be closed-toe and heel - <u>No Slides</u>, per health and safety requirements</b></li> </ul>	<ul style="list-style-type: none"> <li>● Women's: click <a href="#">here</a></li> <li>● Women's: click <a href="#">here</a></li> <li>● Men's: click <a href="#">here</a></li> <li>● Men's: click <a href="#">here</a></li> <li>● Unisex: click <a href="#">here</a></li> </ul>	