

**FUTURE LEADERS**  
PROGRAM



**2019-2020**

**FLP RE-ENROLLMENT FORM**

**(COMMITTED to EXCELLENT Character, Conduct, & Conversation)**

**(PLEASE WRITE LEGIBLY THANK YOU!)**

Date \_\_\_\_\_

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

Student ID/Current Grade: \_\_\_\_\_

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

Student Cell Phone: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Parent/Guardian/Cell Phone: \_\_\_\_\_

Parent/Guardian E-Mail: \_\_\_\_\_

## MEDICAL INFORMATION

*Allergies/special medical needs/special dietary needs (including vegetarian/vegan, lactose or gluten intolerant, etc.):* \_\_\_\_\_

Please list all prescribed medications that your student is currently taking and indicate if your student 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.**

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, instructions for administering, and placed in a clear, Zip-Loc bag. Additionally, the 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, staff member, trip chaperone, as the students depart for the FLP activity. All medications will be returned to the Parent at the end of each event.

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.**

**In case of medical emergency contact:**

	Name	Phone No.	Relationship to Student
Contact #1			
Contact #2			
Contact #3			

**AUTHORIZATION TO ADMINISTER MEDICATION**

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

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

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.

**CONSENT**

I hereby give my consent for the above-named Student to: (1) participate in sports and athletics approved by the Brewer Foundation Future Leaders Program; (2) attend any field trips approved by the Brewer Foundation Future Leaders Program; and (3) be transported by the Brewer Foundation Future Leaders Program to and from any activities and events trips approved by the Brewer Foundation Future Leaders Program.

**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 republication of my student's photograph(s) and video(s) by third parties accessing the Internet/Worldwide Web.

## 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, including but not limited to field trips, sports, and other learning experiences, 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 field trips, sports and activities, and any of the authorizations described above. I further release each of the above-referenced parties from liability by reason of any accident or injury that might occur while participating in such activities.

Parent/Guardian Signature:

Printed Name of Parent/Guardian

---

---



## 2019-2020 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 (3030 Stag 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.



## 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:** Rosie De La Garza, Director of Programs  
Brewer Foundation  
1717 Main Street, Suite 5900  
Dallas, TX 75201  
Phone: 214.653.4881  
Fax: 214.653.1015  
E-Mail: rrd@brewerfoundation.com