



# UHC 2024-2025 High School Enrollment Packet

**You must print the contents of this packet, complete the forms, and bring with you to your on-site enrollment day appointment. You are only required to complete the medical form and allergy form if relevant to your student. Other forms are required for all students.**

**To help yourself on enrollment day, fill out the following information and bring this with you.**

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## **UHC Online Profile Login:**

Username: \_\_\_\_\_

Password: \_\_\_\_\_

## **Car Information for Parking Permit:**

\*you may purchase multiple permits; have information ready for each vehicle you will register

Make:

Model:

Color:

License Plate #:



# 2024-2025 High School Class Enrollment Form

<input type="checkbox"/> GREENVILLE (40-hr PA)	<input type="checkbox"/> SPARTANBURG (65-hr PA)	<b>Student Fees</b>
Student Name: _____ Birthdate: _____ Student's Grade for Yearbook: _____		<input type="checkbox"/> Student Enrollment Fee (\$140 yearly fee) <input type="checkbox"/> <a href="#">Learning Differences Program</a> (\$200 yearly fee) <input type="checkbox"/> Graduating Fee (\$110 graduation ceremony fee)

**Indicate full year or 1st semester classes in the top box for each hour.  
Use the 2nd semester box only as needed.**

*High School Class Costs: College prep classes \$425 yearly tuition plus fees. Honors classes \$465 yearly tuition plus fees.*

	1st Choice	CP/H CPO	2nd Choice	CP/H CPO
<b>Early hour</b>				
	2nd Sem		2nd Sem	
<b>1st hour</b>				
	2nd Sem		2nd Sem	
<b>2nd hour</b>				
	2nd Sem		2nd Sem	
<b>3rd hour</b>				
	2nd Sem		2nd Sem	
<b>4th hour</b>				
	2nd Sem		2nd Sem	
<b>After hour</b>				
	2nd Sem		2nd Sem	

I certify that I have completed the online pre-registration, I have read through the [Enrollment Instructions](#) as well as the [High School Course Description\(s\)](#) for my student. I understand that I must bring a copy of this completed registration form with me to on-site enrollment day.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature (indicating interview has been completed): \_\_\_\_\_



## Waiver of Liability Agreement for Off Campus Events And Photo Release

**Event: All off campus events sponsored by UHC for students in grades K3-12: including but not limited to Field Trips, Beta Club, Senior Trip, Student Government, High School Breakouts, and Middle School Socials for the 2024-2025 school year.**

In consideration for my child's enrollment at UHC, I hereby **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE** Upstate Homeschool Co-op, its insurers, its Board of Directors (including its Board members), Suzanne Brown, school staff, school teachers, or chaperones (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me or my minor child, or to any property belonging to me or my minor child, **whether caused by the negligence of the Releasees, or otherwise**, while participating in the off campus event, or while in, on or upon the premises where the event is being conducted, while in transit to or from the premises, or in any place or places connected with the off campus event.

I am fully aware that there may be risks and hazards unknown to me connected with the premises and/or participation in off-campus events, and I hereby **ELECT TO VOLUNTARILY PARTICIPATE IN THESE TRIPS**, to enter upon these premises and to engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY** for any risks of loss, property damage or personal injury, including death, that may be sustained by me or my minor child, or any loss or damage to property owned by me, as a result of my being a participant in an off-campus event, whether caused by the negligence of Releasees or otherwise.

As a UHC member, I further hereby agree **TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the Releasees and each of them from any loss, liability, damage or costs I may incur due to my participation in the off campus event, whether caused by the negligence of any or all of the Releasees, or otherwise.

Image/Likeness/Identifying Information Permission Release

As a UHC member, I further give permission for my or my child's image or likeness to be used for any lawful purpose on UHC's website, social media pages, or in any other official UHC printed or electronic publication without further consideration. I also consent to my child's image or likeness and name or other identifying information (including grade level, class, etc.) being included in the UHC yearbook and other UHC-produced printed media. I understand that should photographs or videos of me or my child be used on UHC owned or operated websites or webpages, they may be available for download.

I hereby agree to **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE** UHC and any of its agents from any and all liability, claims, demands, actions and causes of action that may arise from the use or dissemination of photographs or videos of me or my child, whether digitally or in print.

It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE** the above named Releasees.

In signing this Release, I acknowledge and represent that:

- A. I agree with the image/likeness/identifying information permission described in this Release.
- B. I have read the foregoing Release, understand it, and sign it voluntarily as my own free act and deed.
- C. No oral representations, statements or inducements, apart from the foregoing written agreement have been made.
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Please list all children enrolled at UHC:

Student Name (Printed): \_\_\_\_\_  
\_\_\_\_\_ Rising Grade

Student Name (Printed): \_\_\_\_\_  
\_\_\_\_\_ Rising Grade

Student Name (Printed): \_\_\_\_\_  
\_\_\_\_\_ Rising Grade

Student Name (Printed): \_\_\_\_\_  
\_\_\_\_\_ Rising Grade

Student Name (Printed): \_\_\_\_\_  
\_\_\_\_\_ Rising Grade

Student Name (Printed): \_\_\_\_\_  
\_\_\_\_\_ Rising Grade

Parent Name (Printed): \_\_\_\_\_  
\_\_\_\_\_ Parent cell phone #

Parent Signature \_\_\_\_\_  
\_\_\_\_\_ Date



# UHC Medical Condition Form

**Student Grade:** \_\_\_\_\_

**UHC Campus Attending (circle one):**      Greenville      |      Spartanburg

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

**Parent Name:** \_\_\_\_\_

**Parent Phone Number:** \_\_\_\_\_

**Name of Medical Condition (example: Cancer, Diabetes, etc):**

\_\_\_\_\_

Please write a brief description of the medical condition and how it may affect the student while at UHC. We will use the information you provide to better help, serve, and care for your student. Also include any instructions about when you would like to be called if certain symptoms occur while your student is at UHC:

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**Parent Signature:** \_\_\_\_\_

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



**FARE**  
Food Allergy Research & Education

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  **Yes (higher risk for a severe reaction)**  **No**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**








**Extremely reactive to the following allergens:** \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





## SEVERE SYMPTOMS

 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<p><b>OR A COMBINATION</b> of symptoms from different body areas.</p>

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

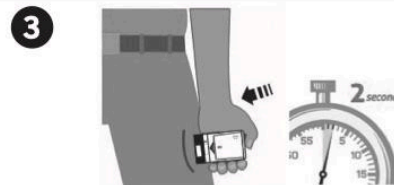




# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

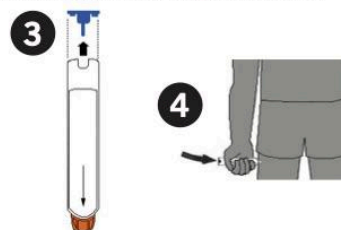
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



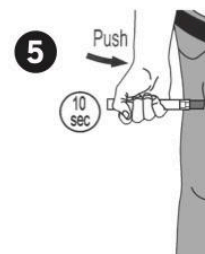
## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_