

Blackwater Community School
Akimel O'Otham Pee Posh Charter School's, Inc.
"Quality Education Begins Here"
New Student Pre-Enrollment & Enrollment Checklist
2018 - 2019

Name: _____ DOB: _____

Grade Level Child will be in:

(Circle One) PS (3-4) PS (4-5) FACE BIE K K 1ST 2ND 3RD 4TH 5TH

The Parent/Guardian is to provide a copy of the following documents:

NOTE: Student must have Required Documents to start school.

<u>Form/Document</u>	<u>Date Received</u>	<u>Initial</u>
1. Birth Certificate or any other reliable document to show proof of age (such as a passport, a baptismal certificate)	_____	_____
2. Immunization Record (Required)	_____	_____
3. Certificate of Degree of Indian Blood (if Applicable)	_____	_____
4. Power of Attorney of Minor Child (if applicable)	_____	_____
5. Legal Custody Papers (if applicable)	_____	_____

The following Documents are provided by the School and must be filled out completely by the parent/guardian and returned to the School:

1. Blackwater Enrollment Form	_____	_____
2. Permission to Release Child	_____	_____
3. Request for Transcripts	_____	_____
4. PHLOTE Survey & Title VII 506 Form	_____	_____
5. AZ Proof of Residency	_____	_____
6. ISEP Language Form & Student Services Questionnaire	_____	_____
7. Technology & Uniform Agreements	_____	_____
8. Handbook Policy Form	_____	_____
9. Free/Reduced Lunch Form	_____	_____
10. Medical/Health Forms	_____	_____

Official Use Only

Entered: SM _____ NASIS _____ CEC _____

Class Assignment: _____ SPED: _____

Additional Tips

- Treat all family members who have lice at the same time. Use the 14-day treatment process. Rinse combs and brushes in very hot water after each use, and between people.
- Only ordinary house cleaning, vacuuming, and washing bedding and clothes in hot water are needed. No special effort or sprays are needed to clean your home. Only dead or dying lice are found on clothing, bedding, or furniture.
- Use of oils, mayonnaise, lotions, creams, and vinegar has not proven effective; kerosene, gasoline and similar products do not work and are dangerous.



Image of real lice

What about school?

- There is no need for children to be sent home or to miss school, though treatment should be started before returning to school the next day
- School officials should ask parents to check their children's hair at least weekly.



What if treatment does not work?

Reasons:

- 1) **Wrong diagnosis** - dandruff, hair products, dust, and other objects can seem like nits (the white eggs) and other insects can look like lice
- 2) **New lice** - child got head lice again from playmate or family member
- 3) **Timing** - the lice may take a few days to die; nits alone do not mean the child still has lice, look for crawling lice
- 4) **Poor treatment** - directions on the treatment product were not correctly followed
- 5) **Resistance to treatment** - some lice are not killed by the chemicals in the over-the-counter treatments (permethrin and pyrethrin)

After the 14 day treatment, if crawling lice are still present, contact your healthcare provider who may recommend a prescription treatment for lice.

If you would like any more information, please contact your primary care provider, public health nurse, pharmacy or child's school nurse.



Gila River
HEALTH CARE

Information received from:

www.idph.state.ia.us/rapid/common/pdf/depl_manual/lice.pdf
www.cdc.gov/lice/head

Getting Rid of

HEAD LICE



Simple 14-Day
Treatment Schedule

and

Information on Head Lice



Gila River
HEALTH CARE

FACTS ABOUT

HEAD LICE

• **What does head lice look like?** Since adult lice are the size of a sesame seed (2-3mm), head lice can be seen by the human eye. They live in human hair, draw blood from the skin, and lay eggs (called nits) on the hair shaft. Live nits are found less than 1/2 inch from the scalp and most often on hair at the back of the head in the neck region. Some children with lice complain of itchiness but many have no symptoms.

• **Is your child at risk?** Yes. Head lice will spread as long as children play together. They spread almost completely through human hair to hair contact, and pets do not spread lice. Anyone can get head lice. Children in child care, preschools, elementary or middle schools are at risk. Head lice are NOT a sign of being dirty. Head lice are not dangerous and DO NOT spread diseases.

• **What can you do?** Parents are the key to looking for and treating head lice! The Iowa Department of Public Health advises parents to spend 15 minutes each week on each child carefully looking for head lice or nits. Persons with nits within 1/4 inch of the scalp OR live lice should be treated. Careful use of a nit comb can potentially remove all lice. Each child should have his or her own comb or brush. Teach your child NOT to share hats, scarves, brushes, combs, and hair fasteners.

Treatment: The Iowa Department of Public Health recommends a 14-day treatment process. You may use over-the-counter products. They are safe and not costly. Mark your calendar to help you keep track of treatment.



Lice at various stages of their life cycle

14 Day Treatment Guidelines

- ✓ The treatment days are scheduled to interrupt the lifecycle of the insect. A **nit comb** should be used to comb the hair and can be bought at most pharmacies.
- ✓ **Day 1:** Use an over-the-counter medicated head-lice shampoo containing pyrethrin or permethrin. Read and follow all directions on the shampoo.
- ✓ **Day 2:** COMB hair carefully for 15 minutes from the scalp to the end of the hair. Do not wash hair today.
- ✓ **Days 3-9:** Wash the hair using your regular shampoo. Rinse. Apply hair conditioner to make the hair slippery. COMB the hair the entire length from the scalp to end of hair. Wipe the comb between each stroke with a paper towel, which removes any lice or nits. Keep hair wet while combing. COMB all hair for at least 15 minutes.
- ✓ **Day 10:** Use an over-the-counter medicated head-lice shampoo. (to kill any lice that hatched since the previous medication use) Read and follow all directions on the shampoo.
- ✓ **Day 11:** COMB hair carefully for at least 15 minutes from the scalp to the end of the hair. Do not wash hair today.
- ✓ **Days 12-14:** Wash the hair using regular shampoo. Rinse. Apply hair conditioner to make the hair slippery. COMB the hair the entire length from the scalp to the end of hair. Wipe the comb between each stroke with a paper towel, which removes any lice or nits. Keep hair wet while combing. COMB all hair for at least 15 minutes.

Treatment Calendar

<input type="checkbox"/> Day 1 Medicated shampoo	<input type="checkbox"/> Day 8 Shampoo, condition and COMB
<input type="checkbox"/> Day 2 COMB only DO NOT WASH	<input type="checkbox"/> Day 9 Shampoo, condition and COMB
<input type="checkbox"/> Day 3 Shampoo, condition and COMB	<input type="checkbox"/> Day 10 Medicated shampoo
<input type="checkbox"/> Day 4 Shampoo, condition and COMB	<input type="checkbox"/> Day 11 COMB only DO NOT WASH
<input type="checkbox"/> Day 5 Shampoo, condition and COMB	<input type="checkbox"/> Day 12 Shampoo, condition and COMB
<input type="checkbox"/> Day 6 Shampoo, condition and COMB	<input type="checkbox"/> Day 13 Shampoo, condition and COMB
<input type="checkbox"/> Day 7 Shampoo, condition and COMB	<input type="checkbox"/> Day 14 Shampoo, condition and COMB

Blackwater Community School

Akimel O'Otham Pee Posh Charter School



2018

2019

"Quality Education Begins Here"

SPECIAL DATES

All Teacher In-Service
All Staff Return
First Day of School
GRIC In-service (No School)
40th Day of School
Community Luncheon
100th Day of School
Last Day of School
Summer School

July 12-17
July 18
July 20
August 10
September 17
November 21
January 11
May 24
May 28-June 20

JULY				
M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

AUGUST				
M	T	W	TH	F
		1^	2	3
6	7	8^	9	10
13	14	15^	16	17
20	21	22^	23	24
27	28	29^	30	31

JANUARY				
M	T	W	TH	F
	1	2	3	4
7	8	9^	10	11
14	15	16^	17	18
21	22	23^	24	25
28	29	30^	31	

FEBRUARY				
M	T	W	TH	F
				1
4	5	6^	7	8
11	12	13^	14	15
18	19	20^	21	22
25	26	27^	28	

SEPTEMBER				
M	T	W	TH	F
3	4	5^	6	7
10	11	12^	13	14
17	18	19^	20	21
24	25	26	27^	28^

OCTOBER				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17^	18	19
22	23	24^	25	26
29	30	31^		

NOVEMBER				
M	T	W	TH	F
			1	2
5	6	7^	8	9
12	13	14^	15	16
19	20	21+	22	23
26	27	28^	29	30

DECEMBER				
M	T	W	TH	F
3	4	5^	6	7
10	11	12^	13	14
17	18	19	20+	21
24	25	26	27	28
31				

HOLIDAYS (observed)

Independence Day
Labor Day
Native American Day
Veterans Day
Thanksgiving Day
GRIC Water Rights Day
Christmas Day
New Year's Day
Martin Luther King Day
Presidents Day
Easter Break
Memorial Day

July 4
September 3
September 21
November 12
November 22-23
December 10
December 25
January 1
January 21
February 18
April 19-22
May 27

Parent-Teacher Conferences

September 27-28

March 14-15

Early Release 1:00 pm & Reports Cards Issued

SCHOOL BREAKS

Fall Break
Winter Break
Spring Break

October 1-10
December 21-January 4
March 18-29

ACADEMIC QUARTERS

1st Quarter (46 days)
2nd Quarter (49 days)
3rd Quarter (46 days)
4th Quarter (40 days)

July 20-September 26
September 27-December 20
January 7-March 13
March 14-May 24

^ EARLY RELEASE AT 1:00 pm

Every Wednesday/P&T Conferences/Last Day of School

Green boxes indicate students return

+ EARLY RELEASE AT 12:00 pm

MARCH				
M	T	W	TH	F
				1
4	5	6^	7	8
11	12	13	14^	15^
18	19	20	21	22
25	26	27	28	29

APRIL				
M	T	W	TH	F
1	2	3^	4	5
8	9	10^	11	12
15	16	17^	18^	19
22	23	24	25	26
29	30			

MAY				
M	T	W	TH	F
		1^	2	3
6	7	8^	9	10
13	14	15^	16	17
20	21	22^	23	24+
27	28	29	30^	31

JUNE				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

**THIS INFORMATION IS FOR THE USE OF THE SCHOOL STAFF ONLY.
ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.**

☐ Gifted Program ☐ Multi-Handicapped ☐ Visually Handicapped
☐ Chronic Illness ☐ Hearing Impaired ☐ Emotionally Handicapped
☐ Physically Handicapped ☐ Learning Disabled ☐ Speech Handicapped
☐ Needs Help In _____ ☐ Other

Family Data					
Name of Parent or Guardian	Last	First	Student lives with	Place of Employment	Phone Number
Father					
Mother					
Legal Guardian					

Names of Other Children in Household:

Name: _____ D.O.B.: _____ ☐ Male ☐ Female

Name: _____ D.O.B.: _____ ☐ Male ☐ Female

Name: _____ D.O.B.: _____ ☐ Male ☐ Female

Name: _____ D.O.B.: _____ ☐ Male ☐ Female

Name: _____ D.O.B.: _____ ☐ Male ☐ Female

PHLOTE - Primary Home Language Other Than English: (Check One)

What is the primary language used in the home regardless of the language spoken by the student? ☐ English ☐ Spanish ☐ Other _____

What is the language most often spoken by the student? ☐ English ☐ Spanish ☐ Other _____

What is the language that the student first acquired? ☐ English ☐ Spanish ☐ Other _____

By signing this form, I acknowledge that I have provided up to date information to the school. I also understand, that should any of this information change, I will notify the school of these changes.

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

SY 18/19 Entry Date: _____ Withdrawal Date: _____ Re-Entry Date: _____

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> C.D.I.B.	<input type="checkbox"/> Legal Documents
<input type="checkbox"/> Enrollment Form	<input type="checkbox"/> Release of Student Form	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Medical Forms
<input type="checkbox"/> Request for Transcripts	<input type="checkbox"/> PHLOTE Survey	<input type="checkbox"/> Student Services	<input type="checkbox"/> Parent Compact
<input type="checkbox"/> Title VII 506 Form	<input type="checkbox"/> AZ Residency	<input type="checkbox"/> Handbook Agreement Form	<input type="checkbox"/> ISEP Language Form
<input type="checkbox"/> Free/Reduced Lunch	<input type="checkbox"/> Technology Agreement	<input type="checkbox"/> Uniform Agreement	

Bus Route:

☐ East Blackwater ☐ West Blackwater ☐ Sacaton Flats ☐ East Sacaton ☐ Boys & Girls Club

Reviewed By: _____ Date: _____ Administrative Review: _____ Date: _____

Blackwater Community School
Akimel O'Otham Pee Posh Charter Schools, Inc.
"Quality Education Begins Here"

Permission to Release Child/Emergency Contact
2018-2019

Besides the parent/guardian, the following person(s) can be called in case of an emergency. I give Blackwater Community School permission to release my child to the following person(s) on my behalf. Contact and check out person(s) must be 18 years or older.
Please Print legibly.

Name	Phone Number	Relationship

I fully understand when my child is released to the above person(s), Blackwater Community School is relieved of all responsibilities for the care and safety of my child. MY CHILD WILL NOT BE RELEASED TO ANYONE WHOSE NAME IS NOT ENTERED ON THIS SHEET UNLESS THE SCHOOL IS FOUND LEGALLY OBLIGATED TO DO SO. I ALSO UNDERSTAND THAT CHANGES MUST BE IN WRITING TO THE SCHOOL. PICTURE I.D. WILL BE REQUIRED BY THE OFFICE STAFF.

Parent /Guardian Signature: _____ Date: _____

**Blackwater Community School
Akimel O'Otham Pee Posh Charter School
"Quality Education Begins Here"
3652 E. Blackwater School Rd., Coolidge AZ, 85128
Phone: (520) 215-5859 Fax: (520) 215-5862**



Request for Student Records
SY 2018/2019

Students Name: _____

Date of Birth: _____

Arizona SAIS#: _____

Enrolled in Grade: _____

Last School Attended: _____

School Address: _____

Parent/ Guardian Signature: _____

Please Include:

- 1. Date of Withdrawal**
- 2. Medical and Immunization Records**
- 3. All Assessment Results**
- 4. Psychological Reports**
- 5. Academic Progress Reports**
- 6. Any Discipline/Behavioral Documentation**
- 7. Other pertinent information regarding the health, welfare and educational progress of the student.**

Student Records
Blackwater Community School

1st Request

2nd Request



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.
In SAIS, please indicate the student's home or primary language.

U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) _____ OR
B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.



**Arizona Department of Education
Arizona Residency Guidelines
9/22/11**

INTRODUCTION

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education ("Department") is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823(J), a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils. The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable. The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency status may be required to repay the state aid received for that student.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent/legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

1. Parent(s) or legal guardian(s) that maintains his or her own residence: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid United States passport
- Property deed

- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

2. Parent(s) or legal guardian(s) that does not maintain his or her own residence: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit bearing the name and address of the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list above bearing the name and address of the person who maintains the residence. A model affidavit is available for schools at: <http://www.azed.gov/finance/files/2011/10/arizona-residency-guidelines.pdf>.

USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indicia of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing.



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____

School Blackwater Community School

School District or Charter Holder: Akimel O'Otham Pee Posh Charter School

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Valid U.S. passport
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date



**State of Arizona
Affidavit of Shared Residence**

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

Location of my residence:

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Valid U.S. passport
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____,

By _____.

Notary Public

My Commission Expires:

**Blackwater Community School
Akimel O'Otham Pee Posh Charter School
"Quality Education Begins Here"**



***Language Development: Restoration & Enhancement Program
Parental Notification and Consent Form
SY2018/2019***

As defined and regulated under the Indian School Equalization Program (ISEP), Blackwater Community School's Language Development Program supports the reintroduction of the Akimel O'odam language and culture throughout the school. All students in grades preschool through fifth grade are eligible for services. The Culture Language Program is integrated into all classes as a weekly special.

I, _____, parent/guardian of _____,
grant Blackwater Community School permission to include my child in the
Language Development Program.

Parent/Guardian Signature

Date

Teacher's Signature

Date

Blackwater Community School

"Quality Education Begins Here"

STUDENT SERVICES QUESTIONNAIRE

Student Name: _____ Grade: _____

1. Did your child receive any special help at his/her last school?

- | | |
|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Help to improve attendance |
| <input type="checkbox"/> Help to improve behavior | <input type="checkbox"/> 504 Accommodations |
| <input type="checkbox"/> ELL Services | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Other: _____ | |

2. Has your child ever been retained (held back)?

☐ Yes ☐ No If yes, what grade? _____

3. Has your child ever been expelled?

☐ Yes ☐ No If yes, for what reason? _____

What School? _____

Is the expulsion cleared? ☐ Yes ☐ No

4. Do you and your student live in a fixed, regular, adequate nighttime residence?

☐ Yes ☐ No

(If you circled "Yes", stop here. If you circled "NO", please continue with this form.)

5. Where is your child/family currently living? (Check one box only.)

This information will be used to determine if your child qualifies for any additional assistance under the McKinney-Vento Act.

- ☐ In a single family residence
- ☐ With more than one family in a house or apartment due to economic hardship
- ☐ In a shelter or transitional housing program
- ☐ In a motel, car or campsite
- ☐ In a foster care placement
- ☐ Other: _____

Parent/Guardian Signature

Date

Thank you for taking the time to fill out this form. We look forward to working with you to help your child be successful in school!

BLACKWATER COMMUNITY SCHOOL DRESS CODE

Blackwater Community School ("BWCS") recognizes the critical importance of its educational mission to promote academic achievement and a safe and secure environment. To assist in creating a positive educational environment, a standardized dress code that includes uniform styles and colors has been adopted for BWCS students. BWCS believes the dress code is in the best interests of the BWCS's students for at least the following reasons:

1. **Climate for learning.** Standardized dress helps students focus on learning. They help set the tone of the proper work attitude in the classroom, reducing behavior problems and improving performance.
2. **Campus safety and security.** Standardized dress will help make the campus safer and more secure by eliminating the wearing of gang clothing, which can also be used to intimidate or to conceal contraband. Moreover, outsiders or nonstudents can be easily recognized on campus. Students will be identifiable on field trips and other off-campus activities.
3. **School unity and pride.** Attractive student dress promotes school spirit, good self-image, and school unity. Just as an athletic team's uniforms promote unity and spirit, so can school standardized dress.
4. **Label competition.** Standardized dress eliminates "label competition" and the peer pressure to wear expensive clothing. They allow the students' attention to be directed to learning.
5. **Economy and simplicity.** Standardized dress styles and colors are economical. Comparisons show that Standardized dress styles and colors cost significantly less than what most parents pay for unregulated school clothing. Durability, reusability, and the year-to-year consistency cut costs. Student dress options are simplified, thus reducing the tug-of-war between students and parents over what to wear.
6. **Upholding of modesty standards.** Uniform clothing meets widely accepted standards of modesty, thus eliminating the conflicting interpretations of dress codes and the embarrassment that often is associated with "violations" of dress codes.

No student will be denied an education for inability to afford standardized clothes. In situations of economic need, the District will work with parents and students to resolve any family's financial inability to purchase standardized clothes.

For parents/guardians, students who wish to opt out of the dress code, the student may attend another school. Parents/guardians are responsible to provide transportation.

Internet Policy

This information can also be found in the Student Handbook (Pages 25-27)



Internet Guidelines for User Accounts

Blackwater Community School (BWCS) offers students access to the Internet via the district computer network. The Internet is an extremely valuable educational tool which allows students access to material from millions of databases and libraries from all corners of the world. At Blackwater Community School, our intent is to use this access to achieve educational objectives for your student. Parents, however, should be aware some sites may include illegal, defamatory, inaccurate, or potentially offensive material. In accordance with federal law, appropriate measures, including the use of Internet filters and the monitoring of students' online activities, will be taken in an effort to block language and visual depictions that are obscene, offensive, lewd or pornographic.

BWCS believes that Internet access brings benefits to the educational program that exceed any disadvantage. Ultimately, parents and guardians are responsible for setting and conveying the standards that their children should follow when using any media and information sources, including the Internet. Blackwater Community School respects each family's right to decide whether to permit a student to apply for Internet access. To gain Internet access, all users must sign an Acceptable Use Agreement indicating their understanding of and agreement to abide by Board policy. Students under the age of 18 must also obtain parental permission. Agreements shall be returned to the student's teacher.

Guidelines and Responsibilities

- Internet access is available to BWCS students and staff for educational purposes.
- Users are responsible for good behavior on school computer networks just as they are in any other school-sponsored activity. Use of these resources in violation of Board policy may result in loss of access, disciplinary action and/or criminal charges.
- Access to the Internet is a privilege – not a right. This privilege entails responsibility on the part of the users.
- Users accept the responsibility for all material received and/or stored in their user accounts.
- Users should not expect that files stored on school system servers and workstations will be private. The school system may monitor access to equipment, networking structures and systems, and all data stored or transmitted on school computers in order to ensure the security and performance of its equipment, systems, and networks and to enforce applicable laws and policies.
- Users will not download or copy copyrighted software, inappropriate text and graphic files, or files dangerous to the integrity of the network. Users will not copy or download any other software or files without permission.
- Users have the responsibility to report inappropriate use of the network and violations of privacy by others to the Network Administrator.
- Users will not publish information/student work to a server outside of the School's Technology Resources.
- Users will not utilize the network for commercial or financial gain, political lobbying, or fraud.
- Users will not use a computer account, ID, or password other than their own.

Guidelines and Responsibilities (CONT.)

- Users will not use electronic mail to harass, threaten, or attack others including, but not limited to, the use of vulgar or offensive language, images, and terms.
- Users will not send chain letters over the network or "broadcast" messages to lists or individuals which would cause congestion of the network or otherwise interfere with the work of others.
- Users will not intentionally access, produce, post, send, display, and/or retrieve sexually explicit, vulgar, obscene, offensive, or otherwise inappropriate materials.
- Users will not damage or alter computers, computer systems, or computing networks.
- Users will not access chat rooms, e-mail, list-servs or other electronic communication methods without permission to do so as part of a class activity or assignment.
- Users will not disclose, use, or disseminate personally identifiable information without permission to do so as part of a class activity or assignment.
- Users will not attempt to gain unauthorized access (i.e., hacking) into any network, system, program, account, etc.
- Students must receive permission from the Network Administrator before connecting any personal devices such as (but not limited to) laptops, notebook computer, desktop computer, or any personal mobile device(s) to School's network. Each device must be thoroughly checked and tested by the network administrator to ensure it is virus/worm free, clean and safe to connect. The School does not assume any responsibility for the loss of data or any other files on personal devices during testing the device(s).

Student's Agreement:

I agree to use the Internet at school for school work. I understand and agree that Internet use in Blackwater Community School is a privilege and if I break any of the guidelines and responsibilities on the following page, my Internet privileges will be taken away, and/or legal and/or school disciplinary action may be taken against me. I also understand everything I do

and save on Blackwater Community School's computer and network may be seen at any time. I have read and understand the Blackwater Community School guidelines for use of the Internet and Electronic Mail, and I agree to abide by them.

***Please sign for this agreement on the Handbook Policy Form and the office will keep on file.**

Parent's Agreement:

I have read and understand the Blackwater Community School Internet Guidelines for User Accounts. I understand that Internet access is designed for educational purposes only. In addition, I have discussed appropriate and inappropriate use of the computer network with my son/daughter. I understand that there are text and graphic files available on the Internet which are inappropriate for minors and that the network administrators cannot monitor all use. While the schools will monitor students' usage of the network, my son/daughter is ultimately responsible for his/her actions, and the school will not be held responsible for materials which my son/daughter might access.

Blackwater Community School

SY 2018- 2019

Uniform Agreement

Student Name _____ Grade _____

COMPLIANCE PROCEDURES:

First Offense: There will be a teacher/student conference as to why the student is not in uniform. A letter of notification on non-compliance will be sent home. The letter must be signed and returned to the classroom teacher.

Second Offense: A mandatory parent meeting will be scheduled to develop a written plan to resolve the non-compliance to the uniform policy.

Third Offense: The issue will be handled according to the school discipline policy.

By signing this you are stating that you have read the Dress Code in the Handbook (Pages 16-18) and are agreeing to the Dress Code Policy and Consequences. If you have any questions please feel free to contact the school.

Parent Signature _____

Student Signature _____

Teacher Signature _____

Office Use:

☐ **First Offense** Date: _____

☐ **Second Offense** Date: _____

☐ **Third Offense** Date: _____

Blackwater Community School

SY 2018- 2019

INSTRUCTIONAL COMPUTING SERVICES EQUIPMENT CHECK-OUT AGREEMENT

Blackwater Community School's Instructional Computing Services Equipment (Laptop, iPad & other mobile computing devices) Loaner program is designed to provide access to technology tools for educational purposes only. The loaner laptop (or any other such computing device) is to be used for school related purposes only and will be returned by the end of the agreed-upon check-out period. The duration of such check-out may vary from an hour to a full instructional day. Students

1. The attached form must be signed by the student and parent/guardian of minor students before a laptop will be issued.
2. The recipient shall immediately report theft or damage of any kind to the loaner laptop to his/her teacher.
3. The computer and its settings are not to be changed or altered. The borrower shall be responsible for damage determined by the school to have been caused by abnormal wear and tear of the equipment caused by the borrower through overt action and/or negligence. Charges will be made to the borrower for repair and restoration of the equipment at the prevailing rates for such damage. Maintenance is not to be performed by the Borrower at any time.
4. Borrower agrees that the loaned equipment will remain with the borrower and will not be loaned, assigned, transferred, sold, or otherwise disposed of during the period of this agreement.
5. The usage of this device is strictly for educational purposes only and the equipment must stay within the assigned classroom of the student.

Student Name: _____

Grade Level: _____

By signing the form below, the student and/or the parent/guardian agree to:

- (a) Having read and understood the conditions of the Student Laptop Checkout Agreement
- (b) Receive, authorize, and take full responsibility for the use of the laptop by the student
- (c) Verify the Serial/Barcode Number on the equipment provided (Student/parent/guardian will receive a copy of this form when the laptop is issued to the student)
- (d) Pay the cost to repair and restoration of the equipment in case it is damaged/altered.

Student Signature

Date

Parent/Guardian Signature (Parent/Guardian Printed Name)

Date

.....
Device Brand & Model #: _____ Asset Tag#: _____ Serial #: _____

Issue Date: _____ Return Date: _____ : Received by: _____



School Health Services

17487 S. Health Care Drive Laveen, Arizona 85339

School Year 2018-2019

Lice Information for Parents/Guardian

Gila River Indian Schools

- I understand it is my responsibility to keep my child's hair free of head lice. I understand I need to have my child's hair cleaned in a timely manner to reduce school absence.
- I will follow the school's lice policy/guidelines in student's school handbook for nits, lice, or head sores related to lice infestation.
- The school nurse or school staff will contact me either by phone or letter if my child is found to have nits, lice, or head sores related to lice infestation. Information will be sent home with me regarding lice treatment options.
- The School Nurse will send a pharmacy referral for lice shampoo.
- The school nurse may give the parent/guardian lice shampoo, if a signed Over the Counter Medication Consent is completed. I understand the parent/guardian must pick up the lice shampoo from the school nurse office in person. The lice shampoo will only be given for my affected child.
- The school nurse will send home a 14 day-Lice educational flyer on lice prevention regarding how to treat and prevent lice infestation.
- The Gila River Healthcare Public Health Nursing Department can make a home visit and assist the family with head lice removal at the request of the family.



School Health Services

17487 S. Health Care Drive Laveen, Arizona 85339

Parents/Guardians,

In order to provide the best care for your child during the 2018-2019 school year, you need to complete the enclosed forms in the enrollment packet. Forms to be completed include the following:

SCHOOL HEALTH SERVICES ENROLLMENT PACKET

1. School Health Services-Health Information and Consent to Treat Form. This form is required each year for all students attending GRIC schools. This form is necessary for your child to receive health services at the school. It also serves as your child's health information and contact information in case of an emergency.
2. Over The Counter Medication Form-required if you would like your student to receive over the counter medication from the school nurse.
3. School Lice Information Sheet: Please review for new processes.

❖ OPTIONAL COORDINATING WITH GILA RIVER HEALTH CARE DEPARTMENTS CONSENTS FOR THEIR SERVICES

1. Vision Program (Optional) - Your signature is required for Eye Clinic Services during schools hours.
2. Dental Program On-Site Dental Clinic (Optional) - Your signature is required for dental services during school hours:
3. Community Outreach Mobile Unit (Optional) - Your signature is required for community outreach services during school hours. If you have questions related to the services provided on the community outreach mobile unit please contact Robin Henry at 520-610-2379.

Gila River Health Care Contact Information:
Hu Hu Kam Memorial Hospital- Telephone: (520)562-3321
Komatke Health Center Telephone: (520) 550-6000

If your student will need medical treatments during the school year (inhalers, nebulizer treatments, daily prescribed medication while at school, blood glucose testing), you will need to visit with the school health nurse. Special arrangements and proper forms must be completed and signed by parent/guardian before treatments/prescribed medication can be given at school.

IMMUNIZATION RECORDS

Please include a current copy of your student's immunization record. It will be required to enroll your student. If your child is missing the required immunizations, they WILL BE EXCLUDED FROM SCHOOL until the needed immunizations are received and documented proof is presented to the school health nurse.

(520) 550-6000 ext 6237

Fax No. (602) 528-7121

"Healthy children make better students, and better students make healthy communities"



School Health Services

17487 S. Health Care Drive Laveen, Arizona 85339

School Year 2018-2019

Lice Information for Parents/Guardian

Gila River Indian Schools

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- I will follow the school's lice policy/guidelines in student's school handbook for nits, lice, or head sores related to lice infestation.
- The school nurse or school staff will contact me either by phone or letter if my child is found to have nits, lice, or head sores related to lice infestation. Information will be sent home with me regarding lice treatment options.
- The School Nurse will send a pharmacy referral for lice shampoo.
- The school nurse may give the parent/guardian lice shampoo, if a signed Over the Counter Medication Consent is completed. I understand the parent/guardian must pick up the lice shampoo from the school nurse office in person. The lice shampoo will only be given for my affected child.
- The school nurse will send home a 14 day-Lice educational flyer on lice prevention regarding how to treat and prevent lice infestation.
- The Gila River Healthcare Public Health Nursing Department can make a home visit and assist the family with head lice removal at the request of the family.

School Health Services School Year 2018-2019

Name of School _____ Teacher: _____ Grade: _____

SHS Initials: IZ: _____ MIDAS: _____ NextGEN: _____ ASIIS: _____

STUDENT HEALTH INFORMATION SHEET for SCHOOL HEALTH SERVICES and the following Gila River Health Care Departments Optometry: Children's Eye Exams at Optometry Clinic Dental: Dental Services-On Site Mobile Dental Clinic COMU: Community Outreach Mobile Unit- Mobile Unit Services

Child's Name: _____ Date of Birth: _____ Medical Record: _____ M / F

Parent/Guardian Name: _____ Lives with: Father / Mother / Care Giver/Guardian Other: _____

Mailing Address: _____ Phone: _____ Work: _____ Cell: _____

CHILD'S HEALTH HISTORY: Please circle all health conditional that apply to the child:

ADD/ADHD	Bleeding Problems	Cold Sores	Hepatitis Type: _____	Seizures
Asthma	Bowel/Toileting Problems	Diabetes / Prediabetes	High Blood Pressure	Sinus Problems Anemia
Bladder/Toileting Problems	Heart Murmur _____	HIV/AIDS	TB (Tuberculosis)	Thyroid Problems
Behavioral Problems	Blood Transfusion	Heart Problems _____	Lung Problems	Rheumatic Fever

★ **No Known Allergy** ☐ (Circle Reaction) (Epi-Pen Needed?)

<input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy _____	Reaction: Rash/Hives or Trouble Breathing	Yes or No
<input type="checkbox"/> Yes <input type="checkbox"/> No Latex Allergy _____	Reaction: Rash/Hives or Trouble Breathing	Yes or No
<input type="checkbox"/> Yes <input type="checkbox"/> No Medication Allergy: _____	Reaction: Rash/Hives or Trouble Breathing	Yes or No
<input type="checkbox"/> Yes <input type="checkbox"/> No Other Allergy: _____	Reaction: Rash/Hives or Trouble Breathing	Yes or No

ANSWER ALL QUESTIONS ABOUT YOUR CHILD'S CURRENT HEALTH- If Yes, please list Reason

☐ Yes ☐ No Is your child currently under medical care? _____

☐ Yes ☐ No Has your child ever been hospitalized? _____

☐ Yes ☐ No Past Surgery, please list and date? _____

☐ Yes ☐ No - Activity Restrictions? Please describe: _____

☐ Yes ☐ No - Special Accommodations Needed: _____

☐ Yes ☐ No Is your child taking any medications at HOME? (List) _____

☐ Yes ☐ No - Will your child take doctor prescribed **MEDICATION DAILY AT SCHOOL?** (List) _____

If Yes, see your SCHOOL NURSE, you must fill out MEDICATION CONSENT FORM.

☐ Yes ☐ No Does your child require any pre-medication prior to dental treatment? _____

☐ Yes ☐ No My child is supposed to wear glasses? (circle) Full Time Use /Part Time Use /Reading only

☐ Yes ☐ No My child has seen an eye doctor: **Last Eye Exam Date:** _____ (Glasses Broken/Lost?) circle

I understand and agree that it is my responsibility to notify the school nurse and health providers at GRHC of any changes in the information recorded on this form. I certify that the information I have provided on this School Health Information form is accurate, true and correct.

X

Print Name of Parent/Guardian _____

X

Signature _____

X

Date _____

School Health Services School Year 2018-2019

Name of School _____ Teacher: _____ Grade: _____
 SHS Initials: IZ: _____ MIDAS: _____ NextGEN: _____ ASIIS: _____

School Health Services Consent to Treat for School Year 2018-2019 (Required for all student attending GRIC Schools)

Child's Name: _____ Date of Birth: _____ Medical Record: _____ M / F

EMERGENCY CONTACTS FOR THE SCHOOL HEALTH NURSE OFFICE: If I cannot be reached, school authorities have my permission to contact and release my child to the following 3 individuals if my child becomes ill or is injured:

<u>NAME</u>	<u>Relationship</u>	<u>Phone: Home and Cell</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

School Health Services Program includes, but is not limited to health education, annual health screenings, emergency care, vision services, and monitoring for acute & chronic health conditions. School Health Services Health Educators will provide Health Education classes include, but are not limited to: The Human Body, Hygiene, Emotional and Personal Health, Nutrition, Wellness, Lice Prevention and Safety. The School Health Services Nurses will also provide Health Education to Parent/Guardian and students when needed. School Health Services also include the administration of as needed, routine and emergency medications. All department protocols are approved by the medical director annually.

- I understand that in order for my student to receive prescription medication at school, I must sign a Medication Administration Consent form. All medications must be brought to school by an adult and must be in the original prescription bottle with the child's prescription label on it.
- I understand the school nurse and/or trained school staff may administer epinephrine intramuscularly based on evidence based practice to my child in case of a life threatening emergency.

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the adults listed above. In the event the adults listed above cannot be reached, the school may make whatever arrangements are necessary to provide care and treatment for my child, including call 911. When necessary, and in the event that I, or any adult listed above cannot be reached, school personnel have my permission to request transport of my child to the nearest emergency room. I understand and agree that I will be responsible for any emergency medical services fees.

In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/she is unable to remain at school, I request the school to contact me to arrange transportation for my child. If the school is unable to contact me, I understand that one of the adults listed on the SHS Student Health Information Sheet or one of the adults I have designated on the school enrollment form will be contacted and requested to arrange transportation/care for my child until I can be reached.

- I understand and give permission for my child's health information regarding eye glass wear/vision & hearing health screening results, and or health conditions including, but no limited, to asthma, diabetes, seizures, heart condition or severe allergy, may be shared, only upon an as needed basis with school personnel, for the safety of your child while he/she is at school.
- I certify that the information I have provided on this Gila River Healthcare School Health Services Consent to Treat form is accurate, true and correct. I understand and agree it is my responsibility to notify the school health services of any changes in the information recorded on this form.
- I hereby give consent for my child to receive all Health Services that is explained above to School Health Services. **I understand this SHS Consent to treat is for the current academic year (SY 18-19).**

X _____
 Print Name of Parent/Guardian Signature

X _____
 Date

School Health Services School Year 2018-2019

Name of School _____ Teacher: _____ Grade: _____

SHS Initials: IZ: _____ MIDAS: _____ NextGEN: _____ ASIIS: _____

Parent/Guardian Consent for Over The Counter and Non-Prescription Medication Administration During School Hours for School Health Services

There are certain procedures to be followed should it be necessary for your child to be given over the counter medications during school hours. Please review and sign this document.

ADMINISTRATION OF NON-PRESCRIPTION MEDICATION:

Non-Prescription medications, or over the counter medications (such as Tylenol, bacitracin etc.) may be administered to students who have written permission from parents/guardians. Homeopathic and naturopathic medication will not be administered at the school. Homeopathic and naturopathic remedies are not FDA approved for use and are therefore not considered for us as over the counter medications.

A signed Parent/Guardian Consent for Permission to Administer Over the Counter Medications must be signed and on file with the School Health Services Nurse/Office. Non-prescription medication will be given in a dosage consistent with the child's weight and/or age as indicated on the medication package.

OVER-THE-COUNTER MEDICATIONS:

I give the School Nurse RN permission to administer the following Over The Counter Medications:

Acetaminophen Tablets and or Chewable Tablet also known as Tylenol , Bacitracin Ointment, Diphenhydramine Capsule and Suspension also known as Benadryl, Hydrocortisone Cream 1%, Refresh Plus-Eye Lubricant (Carboxymethylcellulose sodium 0.5%), Sterile Isotonic Buffered Solution also known as eye wash.

OPTION OUT OF: Receiving Over The Counter Medication at School 2018-2019 SY:

☐ NO, I do NOT want my child to be given any of the above Over The Counter Medications.

LICE SHAMPOO: I give the School Nurse RN permission to dispense Nix Lice Shampoo also known as Permethrin for my affected child within the doctor recommended time-frame. I understand as the parent/guardian, I will need to pick up the lice shampoo kit from the nurse office in person from the school nurse.

OPTION OUT OF: Receiving Nix also known as Permethrin Shampoo from the School Nurse:

☐ NO, I do NOT want my child to be given any Over The Counter Lice Shampoo Medication

I have read and understand and give consent to the above and I request that the School Nurse with Gila River Healthcare School Health Services assist my child _____ by administering to him or her the over the counter medication (listed above) when he or she is being seen by the School Nurse for illness or injury for school year 2018-2019. I would like to receive Nix Lice shampoo for my child if needed.


Print Name of Parent/Guardian


Signature


Date



Gila River
HEALTH CARE

School Health Services School Year 2018-2019

Name of School _____ Teacher: _____ Grade: _____

SHS Initials: IZ: _____ MIDAS: _____ NextGEN: _____ ASIIS: _____

CONSENT to TREAT for Additional Health Services (Optional) for following Gila River Health Care (GRHC) Departments Optometry, Dental and Community Outreach Mobile Unit (COMU)

Child's Name: _____ Date of Birth: _____ Medical Record: _____ M / F

Home Phone: _____ Cell Phone: _____ Work: _____

- I understand this consent is in effect for the following GRHC departments: Optometry, Dental and COMU the current academic school year 2018-19. **Parents/Guardians Initial:** _____
- I understand and agree that my child's information may be shared with GRHC health care staff and school personnel as needed. **Parents/Guardians Initial:** _____

GRHC-OPTOMETRY: Consent for Children's Eye Exams at Optometry Clinic

OPTION OUT OF OPTOMETRY ☐ **NO, I do NOT** want my child to participate with any Optometry Services.

Treatment/Procedure: Complete Eye Exam with possibility of dilation drops to both eyes, 1 hour duration, with the effect of the drops (mild blur and dilated pupils) lasting several hours which is normal. Not all children will be dilated each year.

I authorize school personnel to provide transportation to the Gila River Health Care Optometry Clinic for an eye examination appointment for my child. I understand that my child may have his/her eyes dilated at this appointment. *I also give permission for GRHC Optical staff, school or school health staff to assist with the selection of frames.*

GRHC-DENTAL: Consent for Dental Services-On Site Mobile Dental Clinic

OPTION OUT OF DENTAL ☐ **NO, I do NOT** want my child to participate with any Dental Services on the Mobile Unit.

I GIVE MY CONSENT TO THE FOLOWING DENTAL SERVICES:

- ☐ Yes ☐ No – Education Program- Education about tooth decay (cavities), gum disease and it's prevention.
- ☐ Yes ☐ No – Dental Exam- X-Rays and examination to identify and dental problems requiring treatment.
- ☐ Yes ☐ No – Topical Fluoride application to teeth.
- ☐ Yes ☐ No – Dental Cleaning and Sealants- Cleaning and plastic coatings to seal teeth and keep bacteria out to prevent cavities.
- ☐ Yes ☐ No – Root canals, fillings, crowns, removal of baby teeth, use of local anesthesia (numbing)
- ☐ Yes ☐ No – Does your child require any pre-medication prior to dental treatment? _____

All dental services are being provided through Gila River Health Care. All treatment supervised by licensed/credentialed. Dentist and dental specialist. The school is not responsible or liable for any care rendered on the mobile unit. All services are optional and require written consent as outlined above. A new consent may be submitted at any time if you change your mind regarding level of services to be rendered. If you have any questions, please direct them to Director of Dental Services Gila River Health Care (602)528-1209.

GRHC-COMU: Community Outreach Mobile Unit- Consent for Mobile Unit Services

OPTION OUT OF COMU ☐ **NO, I do NOT** want my child to participate with any COMU Services.

Well Child Exams (2-18y.o) accompanied by parent, Immunizations, Sports Physicals (4-18y.o) accompanied by parent, Sick Visits, Health Screenings, Laboratory, Health Education and Disease follow-up.

- I hereby give consent for my child to receive medical care by the Gila River Health Care Pediatric Mobile Unit Family Nurse Practitioner.
- I understand that the medical treatment plan will be discussed with me and/or sent home with the patient. I also understand that I may be able to reach the Family Nurse Practitioner by her work cell phone at (520) 610-2379 for any questions.

My signature indicates I give permission for my child to receive services from **GRHC Optometry, Dental and COMU. I understand if I select OPTION OUT my child will not be seen for services.**

X

Print Name of Parent/Guardian _____

X

Signature _____

X

Date _____

GRHC-HIMS Committee Approved:3.27.2018