

Student Lives With  Both Parents  Mother  Father  Legal Guardian  Foster Parent

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female  
Last First MI

Home/Physical \_\_\_\_\_ District  Peridot  Gilson Wash  7 Mile  Bylas  Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Mother \_\_\_\_\_ Email \_\_\_\_\_ Parent/Father \_\_\_\_\_ Email \_\_\_\_\_

Mother Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Father Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Is Parent/Guardian Active Military  Yes  No Is Parent Active Military  Yes  No

Custodial Alert  Yes  No Temporary Guardianship  Yes  No IF YES, MUST PROVIDE COURT DOCUMENTATION.

PHOTO RELEASE FORM:  I GIVE PERMISSION CHILD TO BE INTERVIEWED/IDENTIFIED/PHOTO FOR PUBLICATION.

I REQUEST THAT YOU DO NOT INTERVIEW OR PHOTOGRAPH MY CHILD.

Siblings Name SCUSD: \_\_\_\_\_ Another School \_\_\_\_\_

Federal Ethnicity: Is the student Hispanic or Latino?  Yes  No (must choose at least one from below)  
Federal Race:  White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian/other Pacific Islander

Tribal Affiliation

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> None                         | <input type="checkbox"/> Gila River Indian Community   | <input type="checkbox"/> Pascua Yaqui Tribe                        | <input type="checkbox"/> Tohono O'odham Nation         |
| <input type="checkbox"/> Ak-Chin Indian Community     | <input type="checkbox"/> Havasupai Tribe               | <input type="checkbox"/> Pueblo of Zuni                            | <input type="checkbox"/> Tonto Apache Tribe            |
| <input type="checkbox"/> Cocopah Indian River         | <input type="checkbox"/> Hopi Tribe                    | <input type="checkbox"/> Quechan Tribe                             | <input type="checkbox"/> White Mountain Apache Tribe   |
| <input type="checkbox"/> Colorado River Indian Tribes | <input type="checkbox"/> Hualapai Tribe                | <input type="checkbox"/> Salt River Pima-Maricopa Indian Community | <input type="checkbox"/> Yavapai-Apache Nation         |
| <input type="checkbox"/> Fort McDowell Yavapai Nation | <input type="checkbox"/> Kaibab Band of Paiute Indians | <input type="checkbox"/> San Carlos Apache Tribe                   | <input type="checkbox"/> Yavapai-Prescott Indian Tribe |
| <input type="checkbox"/> Fort Mojave Indian Tribe     | <input type="checkbox"/> Navajo Nation                 | <input type="checkbox"/> San Juan Southern Paiute                  | <input type="checkbox"/> Other                         |

Last School Attended: \_\_\_\_\_ Address/Phone: parent \_\_\_\_\_

Has student ever received Special Education Services 9i.e. Speech, Self-Contained Services  Yes  No

Is there current IEP for this student?  Yes  No

Has the student received any of the following services?  ELL/SEL  504

EMERGENCY CONTACTS - Please list contacts other than /guardian with working phone number home or cell.  
(This person will be authorized to check-out, or assume responsibility if parents are not available)

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

<p>Transportation information Grades Prek - 8<sup>th</sup></p> <p>My child will ride the bus: Bus route # _____</p> <p>My child will walk home _____</p> <p>I will provide transportation _____</p>	<p>Transportation information Grades 9 - 12</p> <p>My student will ride the bus <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I will provide transportation _____</p>
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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date started classes: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>			
Entry Date _____	Entry Code _____	Entry Date into Powerschool _____	
Date Health Forms : _____	Principal Initial: _____	SIS input & date by: _____	
Principal Admission : _____			

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one): \_\_\_child \_\_\_child's parent \_\_\_child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

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

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

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, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. 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. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number 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.

**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 3W238, Washington, D.C. 20202-6335



## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

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**2. What language does the student speak *most* of the time?**

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**3. What language did the student first speak or understand?**

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Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)

EXHIBIT

USE OF TECHNOLOGY RESOURCES  
IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES  
USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

**Terms and Conditions**

**Acceptable use.** Each user must:

- A. Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- B. Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- C. Abide by all copyright and trademark laws and regulations.
- D. Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- E. Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- F. Not use the network in any way that would disrupt the use of the network by others.
- G. Not use the EIS for commercial purposes.
- H. Follow the District's code of conduct.
- I. Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- J. Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- A. Maintain supervision of students using the EIS.
- B. Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- C. Take responsibility for assigned personal and District accounts, including password protection.
- D. Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

**Personal responsibility.** I will report any misuse of the EIS to the administration or system administrator, as is appropriate.

I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

**Network etiquette.** I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- A. *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- B. *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.

C. *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.

D. *Observe the following considerations:*

1. Be brief.
2. Strive to use correct spelling and make messages easy to understand.
3. Use short and descriptive titles for articles.
4. Post only to known groups or persons.

## Services

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information services (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Student or employee)

**School** \_\_\_\_\_ **Grade (if a student)** \_\_\_\_\_  
***Note that this agreement applies to both students and employees.***

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

## Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

**Parent or Guardian Name (print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

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 Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Temporary on-base billeting facility (for military families)

\_\_\_\_\_ 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

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



**State of Arizona  
Affidavit of Shared Residence**

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

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

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

School District or Charter Holder: \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ 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 Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ 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 \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_

## San Carlos Unified School District McKinney-Vento Intake Affidavit

Student's Name: \_\_\_\_\_ ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

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

Home School (based on current residence): \_\_\_\_\_

School of Origin (last school attended): \_\_\_\_\_

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Is this student in temporary or emergency foster care placement? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to **any** of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

1. Where is this student currently living? (*check box*)

In a motel/hotel- Name of motel/hotel: \_\_\_\_\_

In a shelter- Name of shelter: \_\_\_\_\_

Transitional Housing- Name of transitional housing: \_\_\_\_\_

Group Home- Name of group home: \_\_\_\_\_

Temporary/emergency foster home

With more than one family in a house or apartment

Moving from place to place

In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? \_\_\_\_\_

3. How long do you plan to live at this residence? \_\_\_\_\_

4. With whom does the student currently live: (*check box*)

Both parents

One parent- Which parent? \_\_\_\_\_

One parent and another adult- Which parent? \_\_\_\_\_

A relative- Specify which (e.g. grandmother) \_\_\_\_\_

Friends or other adults- please identify \_\_\_\_\_

An adult who is not a parent or legal guardian- please identify \_\_\_\_\_

5. Describe the current living situation in detail: \_\_\_\_\_

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6. Any possibility of violence or abuse in home? If so, describe. What were the school's actions?

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7. In your child's previous school, did he/she receive any of the following? (*check all that apply*)

Special Education/Exceptional Children's Services- Describe: \_\_\_\_\_

504 Accommodation Plan- Describe: \_\_\_\_\_

English As a Second Language (ESL) services

Help for Behavior Improvement

Tutoring Services

Academically or Intellectually Gifted services

Counseling services

8. At this time, what is the greatest need for your child? (*check all that apply*)

School supplies

School uniform or clothing

Help for academic improvement

Help for behavior improvement

Referral for food assistance

Medical referral/immunizations

Mental health/counseling referral

Other- Please describe: \_\_\_\_\_

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district, A Child's Place; and, (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other CMS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow CMS staff to conduct screenings as a part of the district's McKinney-Vento program.

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

(Or Unaccompanied Youth)

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



**SAN CARLOS UNIFIED SCHOOL DISTRICT NO. 20**

We exist to educate and empower students to become culturally responsive, global learners.

**HEALTH OFFICE INFORMATION - SY2021-2022**

The Health Office Staff welcomes new and returning students to San Carlos Unified School District. To assist in providing the quality care your student deserves, please COMPLETE this packet and return to health office staff at your student's school.

School Year : 2021-2022

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

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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

Physical Address \_\_\_\_\_

**Emergency Contacts:** Please list contact information for individuals you trust to make decisions about the health care provided to your student and that you would allow your student to go home with if you are unavailable:

1. Name \_\_\_\_\_

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

Phone: \_\_\_\_\_

2. Name \_\_\_\_\_

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

Phone: \_\_\_\_\_

3. Name \_\_\_\_\_

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

Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

San Carlos School District No. 20 Health Office Information

**SY 2021-2022**

Here at the San Carlos School District we try to provide a safe environment for the students and staff, often basic first aid is practiced to ensure the safety of our students and staff.

Arizona State Law prohibits us from treating any condition without written permission from the parents and/or guardians.

The health office staff will contact you in cases that require your child to be sent home.

Below is a list of over-the-counter medications that can be provided to your student in the event his/her symptoms deem it necessary:

- |                            |  |                                      |
|----------------------------|--|--------------------------------------|
| Tylenol (acetaminophen)    | Hydrocortisone cream (skin irritation) | Bacitracin ointment (cuts/scratches) |
| Oral pain relief gel       | Saline eye wash                        | Lice shampoo (individual basis)      |
| Hand Lotion                | Saline eye drops                       | Lip balm                             |
| Tums (antacid tablets)     | Cough drops                            | Seasonal Allergy Medication          |
| Benadryl Cream (anti-itch) |  | Vaseline (dry skin)                  |

Information on past medical history/health concerns would be helpful in providing the best care for your child: Please indicate whether or not your student has experienced any of the following conditions:

Seasonal Allergies Yes___ No___	Heart Condition Yes___ No___	Seizures (Epilepsy) Yes___ No___	Chronic Ear Infections Yes___ No___	Vision Concerns Yes___ No___
Hearing Concerns Yes___ No___	Asthma** Yes___ No___ ***See Next Page	History of Chicken Pox Yes___ No___	Weakened Immune System Yes___ No___	Food, Medication, or Bee Allergy*** Yes___ No___ ***See next page

If you answered yes to any of the above conditions please explain:

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DOES YOUR CHILD TAKE DAILY MEDICATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_ If your child requires medication during school hours you must see the SCHOOL HEALTH OFFICE STAFF to sign a medication consent form; your child will not be given medication until the medication consent is signed. The medication must be delivered to health office in the **ORIGINAL** Prescription Bottle with the student's name listed, the name of the medication and prescription doctors name. Governing Board Policy JLCD.

I: \_\_\_\_\_ give permission for health office staff to provide my student first aid care, any medication listed above and/or call the local Emergency Medical Transport service in the event of an emergency during school hours.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**SAN CARLOS UNIFIED SCHOOL DISTRICT NO.20**  
**PARENT CONSENT TO ADMINISTER MEDICATION AT SCHOOL**

I hereby request and give my consent for school nurse or person designed by the school administrator to see that my child receives the medication as indicated below.

The medication is to be furnished by me in the original Container with a pharmacy labels prescribed below:

1. Name of medication \_\_\_\_\_
2. Route of administration (by mouth, etc.) \_\_\_\_\_
3. Amount to be given \_\_\_\_\_
4. Time of day to be given \_\_\_\_\_
5. Length of time to be given (a week, etc.) \_\_\_\_\_
6. Physician's name (from label) \_\_\_\_\_
7. Reason for medication \_\_\_\_\_

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

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Care and Medication

### Asthma/Reactive Airway Disease

If your student has Asthma, it is recommended they have an inhaler at school (if prescribed). The Health Services offices have Albuterol nebulizer treatments available for students experiencing severe shortness of breath. School Health Personnel will attempt to contact you prior to administering Albuterol and update you on your student's condition after administration and if further medical services will be required.

By signing below you give SCUSD Health Services Personnel permission to administer Albuterol nebulizer treatment for your student with Asthma who is experiencing severe shortness of breath with dose determined by the student's weight.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Severe Food and Bee Allergies

If your student has Severe Food or Bee Allergies, it is recommended they have an Epi Pen at school (if prescribed). The Health Services offices have Epi Pens treatments available for students experiencing severe Allergic Reactions. School Health Personnel will attempt to contact you prior to administering Epi Pen and update you on your student's condition after administration. If an Epi Pen is administered to your student, EMS will be contacted to transport your student to the Emergency Room for evaluation and continued treatment.

By signing below you give SCUSD Health Services Personnel permission to administer Epi Pen for treatment for your student with Severe Allergic Reaction who is experiencing a Severe Allergic Reaction with dose determined by the student's weight.

Student is allergic to: \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Fluoride Varnish and Dental Sealant Permission Form

Dear Parent or Guardian,

Cavities can be prevented through brushing with toothpaste every day, having dental check-ups and the use of fluoride and dental sealants. With your permission, we will provide fluoride varnish and dental sealants to your child at their school this year and send home a letter informing you of any dental problems your child may have and how to help them.

### Fluoride Varnish

Procedure: A high concentration fluoride varnish is brushed directly onto the teeth.

Benefits: Fluoride Varnish coats the outside of the tooth and strengthens enamel.

### Dental Sealant

Procedure: The back teeth are washed and dried and then a plastic coating is painted on the grinding surface of the back teeth.

Benefits: Sealants prevent food, candy and acids from getting into the grooves of the teeth and causing a cavity

**THERE ARE NO SHOTS, NO DRILLING, NO FIXING CAVITIES OR PULLING TEETH. IT IS A SIMPLE PROCEDURE THAT USES ONLY WATER AND AIR.**



Dental Sealants help protect kid's teeth.

*I give my permission for:*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

to be screened and have fluoride varnish and dental sealants placed on his or her teeth. I understand that this is a preventive program and the products are safe and effective and there will be no shots, drilling, fixing cavities or pulling any teeth.

Please list any physical conditions that the school should be aware of (asthma, allergies, recurring illnesses, Disabilities, chronic illnesses, etc.): \_\_\_\_\_

Parent or Guardian Name (print) \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Mailing Address \_\_\_\_\_

**Thank you for your cooperation and your concern for your child's dental health.**



# San Carlos Unified School District No 20



We exist to educate and empower students to become culturally responsive, global Nn'ee.

## JLCC © - COMMUNICABLE / INFECTIOUS DISEASES

Any student with, or recovering from, a communicable disease will not be permitted in school until the period of contagion is passed or until a physician recommends a return, in accordance with A.R.S. 36-621 *et seq.*, appropriate regulations of the State Department of Health Services, and policies of the County Health Department.

Parents will be requested to provide a history of the communicable diseases for each student, and such records will be kept and maintained by the District.

A student suffering from a communicable disease shall be excluded from school to protect the student's own welfare and also to protect other students from illness. Early recognition of a communicable disease is of prime importance. The administrator or county health director shall make the decision for exclusion and readmission.

### Pediculosis (Lice Infestation)

Students with pediculosis shall be excluded from school until treated with a pediculicide.

Adopted: June 13, 2017

I confirm that I have read, understand and agree to the above policy and procedure for enrollment in the San Carolus Unified School District No 20.

\_\_\_\_\_  
Parent/Guardian Name – Please Print

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

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

**Our Vision Statement- We will become an effective student focused learning community graduating culturally confident citizens.**

P.O.BOX 207 ~San Carlos Avenue~San Carlos, Arizona 85550 Phone (928) 475-2315, Fax (928) 475-2301