



TERRY PUBLIC SCHOOLS NEW STUDENT INFORMATION

— ALL INFORMATION WILL REMAIN CONFIDENTIAL —

STUDENT'S NAME: _____ NICKNAME: _____
FIRST MIDDLE LAST

SOCIAL SECURITY # (Optional): _____ CURRENT GRADE: _____

BIRTHDATE: _____ BIRTHPLACE: _____ BIRTH COUNTY: _____

HOME PHONE: _____ STUDENT'S CELL PHONE: _____

MOM'S CELL PHONE: _____ DAD'S CELL PHONE: _____

PARENTS-GUARDIAN: _____

MAILING ADDRESS: _____ CITY, STATE, ZIP: _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____ COUNTY OF RESIDENCE: _____

ENROLLMENT DATE: _____ LAST SCHOOL ATTENDED: _____

Is your child Hispanic/Latino? (Choose one) No, not Hispanic/Latino Yes, Hispanic/Latino

What is your child's race: (No matter how you answered the above question, circle one or more race:)

White/Caucasian American Indian or Alaskan Native Native Hawaiian or other Pacific Islander Asian Black or African American

MOM'S EMPLOYER: _____ DAD'S EMPLOYER: _____

MOM'S WORK PHONE: _____ DAD'S WORK PHONE: _____

MOM'S WORK CELL PHONE: _____ DAD'S WORK CELL PHONE: _____

WHO WILL STUDENT RESIDE WITH WHILE ATTENDING SCHOOL: _____

SIBLINGS NAMES & AGES: _____

EMERGENCY CONTACT & EMERGENCY PHONE #: _____

WILL YOUR CHILD BE RIDING THE BUS? _____ IF SO, HOW MANY MILES? _____

EMERGENCY HOUSING (IF BUSES DO NOT RUN): _____

HEALTH CONDITIONS (circle & describe any that apply):

Contact/Glasses Diabetes Asthma Frequent Ear Infections Hearing Aids Syndromes

Seizures Kidney Trouble Arthritis Heart Condition Epi-pen Other: _____

Describe: _____

ALLERGIES/FOOD ALLERGIES: _____

Has had health conditions resulting in emergency? (Describe) _____

Current Prescribed Medications: _____

Has your child ever been suspended or expelled from school? Yes No if yes, give date, school, incident: _____

PREVIOUS LEARNING NEEDS: (Check if applicable) 504 Resource (Sp. Ed.) Title 1

Speech Therapy Gifted & Talented Other: _____

OTHER INFORMATION TO AID YOUR CHILD IN THE TRANSITION OF CHANGING SCHOOLS: _____



Montana
Office of Public Instruction
Elsie Arntzen, Superintendent

APPENDIX A
MONTANA HOME LANGUAGE SURVEY

Reviewed September 2023

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district.

1. What language did your child learn when he/she first began to talk? _____

2. What language does your child most frequently speak at home? _____

3. What language is spoken by you and your family most of the time at home? _____

4. Is there a tribal or heritage language spoken by you or your family within the past few generations? Yes No

If yes, what language or languages? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

5. If available, in what language would you prefer to receive information from the school? _____

Parent or Guardian's Signature

Date



2024/2025 CURRENT MEDICAL AND EMERGENCY INFORMATION

Student's Name _____

Grade _____

Parent/ Guardian Name _____

EMERGENCY CONTACT NAME _____

EMERGENCY PHONE #: _____

ALLERGIES/FOOD ALLERGIES: _____

Current Prescribed Medications: _____

Any health conditions resulting in emergency? (Describe) _____

HEALTH CONDITIONS (circle & describe any that apply):

Contact/Glasses

Diabetes

Asthma

Hearing Aids

Syndromes

Frequent Ear Infections

Kidney Trouble

Seizures

Arthritis

Heart Condition

Epi-pen

Other: _____

Describe: _____

CONSENT TO MEDICAL TREATMENT OF A MINOR

I, _____ of _____, do hereby state that I am the parent or legal

Parent/Guardian Name

City, State

guardian, having legal custody of _____, whose birthdate is _____.

Name of Child

Child's Birthdate

I give permission for school personnel or other qualified personnel to give first aid treatment to this student at any event/activity in case of injury. If emergency service involving medical action or treatment is required and the parents or guardians cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Grades 6-12: I give permission for my son/daughter to self-administer over the counter Tylenol, Ibuprofen/Midol or similar medications as needed. I hold Terry Schools harmless for any adverse reactions to any medications taken.

YES, I agree with this statement. NO, I do not agree.

Parent/Guardian Signature _____

Date _____



Reporting on Race/Ethnicity

Montana Office of Public Instruction (OPI)

Student's Name

Grade

Parent/ Guardian Name

Dear Parent or Guardian,

Every school district in Montana is required to report student data to the Montana Office of Public Instruction (OPI) each year. This data includes race and ethnicity categories that are set by the federal government. The OPI does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help track changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

If you would like to update the race and/or ethnicity data for your student, please complete the enclosed **Race/Ethnicity Reporting Form** and send it to your student's school by **August 15, 2024**.

If the district does not hear back from you, your child will continue to be reported based on previous data. Therefore, if the student is currently reported as American Indian, Asian, Black/African American, Native Hawaiian/Pacific Islander or White, the student will be designated as **not** Hispanic/Latino. If the student was previously reported as Hispanic (race), the new designation will be Hispanic/Latino ethnicity and White race. If these defaults are not correct, please provide the school with the accurate information by filling out and signing the enclosed form.

Please note that, as current policy requires for purposes of confidentiality, race/ethnicity data will only be reported to the federal government in groups. It will never be reported on an individual level, and it will not be reported for an individual student. If you have any questions regarding the changes to the federal and/or state race/ethnicity data reporting, or to check your student's current race/ethnicity data, please contact the main office at 635-5533.

Sincerely,
Paige Denny
Superintendent

Race/Ethnicity Reporting Form

Identify the ethnicity and race of the individual by answering **BOTH** questions.

Part 1.

Is the individual Hispanic or Latino?

(Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

Part 2.

What is the individual's race?

(No matter how you answered the first question, choose one or more races below)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Please Respond
in English

English
School-Parent Compact

Terry School District 5 School-Parent Compact

Date: _____
(mm/dd/yyyy)

Dear Parent or Guardian:

We value what you do to help your child succeed in school. One part of our school's parent and family engagement policy is this school-parent compact. This compact is developed jointly with parents and identifies ways you and school staff can share the responsibility for supporting your child's learning.

School's Responsibility:

- We will provide high quality curriculum and instruction in a supportive and effective learning environment
- We will provide you with assistance in understanding academic achievement standards and tests, how to track your child's progress, and how to establish a successful homework setting and routine
- We will provide opportunities for regular communication between you and teachers through:
 - parent-teacher conferences,
 - frequent reports about your child's progress,
 - opportunities to talk with staff, volunteer in class, and observe classroom activities,
 - ensuring regular communication between family members and school staff to the extent possible, in a language that family members can understand

Parent's Responsibility:

- Encourage your child to attend school regularly
- Encourage your child to use positive school behavior
- Set regular times for homework and support effort, completion, and correctness
- Set limits on the amount of time your child spends in front of a screen such as a television, smartphone, or computer and encourage positive use of your child's additional time
- Volunteer in your child's school and classroom if time or schedule permits
- Attend parent-teacher conferences and when it is appropriate, participate in decisions about the education of your child.

Please review this School-Parent Compact with your child. This School-Parent Compact may be discussed with you during a parent-teacher conference as it relates to your child's progress in school.

Thank you for your support and involvement in your child's education. Please contact the person listed below for more information:

Name: Paige Denny Title: Superintendent
Telephone Number: 406-635-5533 Email Address: paiged@terryschoools.com

Please sign and date below to show that you have read and received this information. Please return the entire form to your child's teacher.

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

OFFICE USE ONLY				
Student ID #	Student Name	Date Distributed	Faculty Name	Faculty ID #

Acceptable Use of Electronic Networks

All use of equipment and electronic networks shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. These procedures do not attempt to state all required or proscribed behaviors by users. However, some specific examples are provided. The failure of any user to follow these procedures will result in the loss of privileges, disciplinary action, and/or appropriate legal action.

Terms and Conditions

1. **Acceptable Use** – Access to the District's equipment and electronic networks must be: (a) for the purpose of education or research and consistent with the educational objectives of the District; or (b) for legitimate business use.
2. **Privileges** – The use of the District's equipment and electronic networks is a privilege, not a right, and inappropriate use will result in cancellation of those privileges. The system administrator (and/or principal) will make all decisions regarding whether or not a user has violated these procedures and may deny, revoke, or suspend access at any time. That decision is final.
3. **Unacceptable Use** – The user is responsible for his or her actions and activities involving the equipment and network. Some examples of unacceptable uses are:
 - a. Using the equipment and network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any federal or state law;
 - b. Unauthorized downloading of software, regardless of whether it is copyrighted or devirused;
 - c. Downloading copyrighted material for other than personal use;
 - d. Using the equipment or network for private financial or commercial gain;
 - e. Wastefully using resources, such as file space;
 - f. Hacking or gaining unauthorized access to files, resources, or entities;
 - g. Invading the privacy of individuals, which includes the unauthorized disclosure, dissemination, and use of information of a personal nature about anyone;
 - h. Using another user's account or password;
 - i. Posting material authored or created by another, without his/her consent;
 - j. Posting anonymous messages;
 - k. Using the equipment or network for commercial or private advertising;
 - l. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material; and
 - m. Using the equipment or network while access privileges are suspended or revoked.
4. **Network Etiquette** – The user is expected to abide by the generally accepted rules of network etiquette. These include but are not limited to the following:
 - a. Be polite. Do not become abusive in messages to others.
 - b. Use appropriate language. Do not swear or use vulgarities or any other inappropriate language.
 - c. Do not reveal personal information, including the addresses or telephone numbers, of students or colleagues.
 - d. Recognize that electronic mail (e-mail) is not private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
 - e. Do not use the network in any way that would disrupt its use by other users.
 - f. Consider all communications and information accessible via the network to be private property.
5. **No Warranties** – The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, non-deliveries, missed deliveries, or service interruptions caused by its negligence or the user's errors or omissions. Use of any information obtained via the Internet is at the user's own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

6. **Indemnification** – The user agrees to indemnify the District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District, relating to or arising out of any violation of these procedures.
7. **Security** – Network security is a high priority. If the user can identify a security problem on the Internet, the user must notify the system administrator or building principal. Do not demonstrate the problem to other users. Keep your account and password confidential. Do not use another individual's account without written permission from that individual. Attempts to log on to the Internet as a system administrator will result in cancellation of user privileges.
Any user identified as a security risk may be denied access to the network.
8. **Vandalism** – Vandalism will result in cancellation of privileges, and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy equipment, data of another user, the Internet, or any other network. This includes but is not limited to uploading or creation of computer viruses.
9. **Telephone Charges** – The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.
10. **Copyright Web Publishing Rules** – Copyright law and District policy prohibit the republishing of text or graphics found on the Web or on District Websites or file servers, without explicit written permission
 - a. For each republication (on a Website or file server) of a graphic or text file that was produced externally, there must be a notice at the bottom of the page crediting the original producer and noting how and when permission was granted. If possible, the notice should also include the Web address of the original source.
 - b. Students and staff engaged in producing Web pages must provide library media specialists with e-mail or hard copy permissions before the Web pages are published. Printed evidence of the status of “public domain” documents must be provided.
 - c. The absence of a copyright notice may not be interpreted as permission to copy the materials. Only the copyright owner may provide the permission. The manager of the Website displaying the material may not be considered a source of permission.
 - d. The “fair use” rules governing student reports in classrooms are less stringent and permit limited use of graphics and text.
 - e. Student work may only be published if there is written permission from both the parent/guardian and the student.

Internet Safety

1. Internet access is limited to only those “acceptable uses,” as detailed in these procedures. Internet safety is almost assured if users will not engage in “unacceptable uses,” as detailed in these procedures, and will otherwise follow these procedures.
2. Staff members shall supervise students while students are using District Internet access, to ensure that the students abide by the Terms and Conditions for Internet access, as contained in these procedures.
3. Each District computer with Internet access has a filtering device that blocks entry to visual depictions that are: (1) obscene; (2) pornographic; or (3) harmful or inappropriate for students, as defined by the Children's Internet Protection Act and determined by the Superintendent or designee.
4. The district shall provide age-appropriate instruction to students regarding appropriate online behavior. Such instruction shall include, but not be limited to: positive interactions with others online, including on social networking sites and in chat rooms; proper online social etiquette; protection from online predators and personal safety; and how to recognize and respond to cyberbullying and other threats.
5. The system administrator and principal shall monitor student Internet access.

Legal Reference: Children's Internet Protection Act, P.L. 106-554 35 Broadband Data Services Improvement Act/Protecting Children in the 21st Century Act of 2008 (P.L. 110-385) 37 20 U.S.C. § 6801, et seq. Language instruction for limited English 38 proficient and immigrant students 39 47 U.S.C. § 254(h) and (l) Universal service

STUDENT INTERNET ACCESS AGREEMENT

3612F

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Terry School District's policy regarding District-Provided Access to Electronic Information, Services, Equipment, and Networks (Policy No. 3612). Should I commit any violation or in any way misuse my access to the District's equipment, computer network and/or the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me including payment of costs associated with damaged equipment.

User's Name (Print): _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Parent or Legal Guardian. (If applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement.) As the parent or legal guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the District's policy regarding District-Provided Access to Electronic Information, Services, Equipment, and Networks for the student's access to the District's equipment computer network and/or the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am signing this Agreement and agree to accept full responsibility for supervision of my child's use of his/her equipment and access account if and when such access is not in the school setting. I hereby give my child permission to use the district provided account to access the District's computer network and the Internet. I understand any negligence arising out of my student's use of equipment or networks shall be attributed to me as comparative negligence within the meaning of Section 27-1-702, MCA. I further accept that any costs to repair or replace damages to equipment or networks in accordance Section 20-5-202, MCA

Parent/Legal Guardian (Print): _____

Signature: _____

Home Phone: _____ Address: _____

Date: _____

This Agreement is valid for the 2024/2025 school year only.

Chromebook Usage Agreement

Dear Parents/Guardians,

Authorized students at Terry Public Schools will be issued a chromebook for use in school and at home provided this agreement has been signed. This document provides students and their parents/guardians with information about taking care of the equipment, using it to complete assignments, and being a good digital citizen.

Students and their parents/guardians are reminded that use of District Technology is a privilege and not a right and use of any District-owned computer, network, electronic communication device, or account may be monitored by school authorities. Inappropriate use of District Technology can result in limited or banned computer use, disciplinary consequences, and/or legal action.

To understand the expectations of the District, students and their parents/guardians are responsible for reviewing the District's Internet Acceptable Use Policy which must be signed before any student is allowed Internet access.

Ownership of the Chromebook

The District retains sole right of possession of the chromebook. The chromebooks are lent to the students for educational purposes for the academic year. Moreover, the District administrative staff and faculty retain the right to collect and/or inspect chromebooks at any time, including via electronic remote access and to alter, add or delete installed software or hardware.

Responsibility for the Chromebook and chargers

Students are solely responsible for the chromebooks (and chargers for grades 7th-12th) issued to them and must adhere to the following:

- Students must comply with the District's Acceptable Use Policy.
- Students must treat their device with care.
- Students must promptly report any problems with their chromebook to a teacher who will report it to the Technology Coordinator.
- Students may not remove or interfere with the serial number, school asset tag, or name sticker.
- Students must not alter the appearance of the chromebook in any way. (You may only write on the name sticker).
- Students must not hold their chromebooks by the screen.
- Students must keep their device clean and use only approved computer screen cleaners.
 - Food and drinks are not allowed by the chromebooks. The cost of any damage that is a result of food or drink will be the total responsibility of the student. Keep your chromebook away from food and drinks.
- Students will not lend their device to other students or use another student's chromebook.
 - Students will not tamper with another student's chromebook or share the device with other family members.

Responsibility for Electronic Data

Students may only install school approved apps and extensions on their chromebooks. Students are responsible for backing up their data to protect from loss. Users of District Technology have no rights, ownership, or expectations of privacy to any data that is, or was, stored on the chromebook, school network, or any school-issued applications and are given no guarantees that data will be retained or destroyed.

Web Content Filtering

Terry Public Schools employs a Children's Internet Protection Act (CIPA) compliant web filtering device for in-school and off-site filtering of the chromebooks. Any attempt to bypass this device or disable the filtering will be deemed a violation of the District's Internet and Acceptable Use Policy and will result in disciplinary action.

Spare Equipment and Lending

If a student's chromebook is inoperable, the school has a limited number of spare devices for use while the student's chromebook is repaired or replaced. This agreement remains in effect for the loaner device.

Charging and Storage Location

Each student will be provided a place to store and charge their chromebook in the school. The chromebook is still the responsibility of the student and the District will not be responsible for lost or stolen devices.

Disciplinary Action

The first offense will result in a warning, subsequent offenses may include:

- Detention
- Loss of Chromebook privileges
- Penalty box (only school directed websites accessible)
- Loss of technology use.
- Cost of repair

Depending on severity of violation the administration may jump to any level of discipline.

Device Damage

The student will be responsible for the cost to repair damage to their device at an hourly rate (approximately \$25 per hour). All breakages will be the responsibility of the student unless mechanical defect can be proven. The District will make its best attempt to purchase replacement parts at the best possible price. Loss or theft of the device is also the student's responsibility and will result in the student being charged the full purchase price (approximately \$330) for a new device.

Use Chromebook Signature Form

By signing below, the student and their parent/guardian agree to follow and accept:

- Chromebook Agreement (this document)
- That the District owns the chromebook, software and issued peripherals
- In no event shall Terry Public Schools be held liable to any claim of damage, negligence, or breach of duty.
- If the student ceases to be enrolled in the Terry Public Schools, the student/parents will return the chromebook in good working order or pay the full replacement cost of the device (approximately \$330). In addition, the student must also return the chromebook charger. If this item is not returned, the student/ parent must pay for the Chromebook charger (\$50).
- In no event shall Terry Public Schools be held liable to any claim of damage, negligence, or breach of duty.

Print Student Name _____ Grade _____ Student

Signature: _____

Parent/Guardian Signature: _____

The following resources were used to create this document:

Sweetgrass chromebook policy, Sweetgrass School District

https://www.leyden212.org/NEWS/Chromebooks/Chromebook_Procedures_Info.pdf, West Leyden High School 1000 Wolf Road, Northlake, IL 60164 [May 2015].

Cayuse Prairie School's One-to-One Chromebook Procedures, Rules, and Agreement Form, Cayuse Prairie School, Kalispell, MT

Lincoln High School iPad Student Acceptable Use Procedures and Information 2012-2013, <http://www.lakecity.k12.mn.us/>, Lake City Public Schools, Lincoln High School, 300 S. Garden St., MN 55041

<http://www.cascade.k12.mt.us/District/2485-Chromebook-Info.html>, Cascade Public Schools, 321 Central Ave W, Cascade, MT 59421

Terry High School Student Parking Registration Form

RULES FOR PARKING AND DRIVING

1. Students must park in a parking space. Vehicles are to be parked in an orderly fashion. Students may not park behind the school.
2. The parking area directly in front of the high school building from the east sidewalk to the west sidewalk is reserved for faculty members, visitors, and handicapped parking.
3. A speed limit of 15pmh will be enforced on school grounds.
4. Students are not to drive to classes at the shop unless permission is given.
5. **Authorities will be notified if students are not driving in a safe and prudent manner.**

Appropriate disciplinary action will be taken for failure to follow the rules and regulations.

Please list any vehicle your student may drive:

Make	Model	Color

Student Name

Parent/Guardian Signature

Date



Student Directory Information Notification

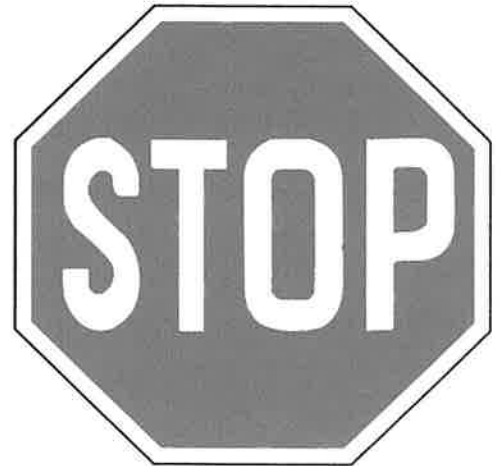
Student's Name

Grade

Parent Name

Please read CAREFULLY before signing and returning this form.

Sign and return this form to the school within ten (10) days of receipt **IF YOU DO NOT WANT DIRECTORY INFORMATION ABOUT YOUR CHILD DISCLOSED** to third parties in accordance with the Family Educational Rights and Privacy Act (FERPA). If we receive no response, we will disclose all directory information at our discretion and/or in compliance with law.



*If you sign and return this form, **all information regarding your child will be withheld.** The student's name and/or picture **will not be included** in school music or sports programs, yearbook, local newspaper, tournament programs, annuals etc.*

Date: _____

Dear Parent/Eligible Student:

This signed document informs you of your right to direct the District to withhold all the release of student directory information for _____.

Student's Name

Following is a list of items this District considers student directory information.

Student's name	Telephone listing	Photographs including electronic version
Electronic mail address	Cell phone listing	Date and place of birth
Honors & awards received	Dates of attendance	Participation in activities and sports
Grade Level	Address	Weight & height for athletics

Parent/Student's Signature

Date

If you do **NOT** want directory information provided to the following, please check the appropriate box.

Institution of High Education Potential Employers

Armed Forces Recruiters Other: _____



MONTANA AUTHORIZATION TO CARRY AND SELF ADMINISTER PRESCRIPTION MEDICATION

Montana Authorization to Possess or Self-Administer Asthma, Severe Allergy, or Anaphylaxis Medication

For this student to possess or self-administer asthma, severe allergy, or anaphylaxis medication while in school, while at a school-sponsored activity, while under the supervision of school personnel, before or after normal school activities (such as while in before-school or after-school care on school-operated property), or while in transit to or from school or school-sponsored activities, this form must be fully completed by 1) the prescribing physician/physician assistant/advanced practice registered nurse, and 2) an authorizing parent, an individual who has executed a caretaker relative educational or medical authorization affidavit, or legal guardian.

Student's Name: _____ School: _____

Sex: (Please circle) Female / Male

City/Town: _____

Birth Date: ____/____/____ School Year: _____ (Must be renewed annually)

Authorization by Physician/PA/APRN:

The above-named student has my authorization to carry and self-administer the following asthma, severe allergy, or anaphylaxis medication:

Medication:

Dosage:

(1) _____

(1) _____

(2) _____

(2) _____

Reason for prescription(s): _____

Medication(s) to be used under the following conditions (times or special circumstances): _____

I confirm this student has been instructed in the proper use of this medication and is able to self-administer this medication without school personnel supervision. I have formulated and provided to the parent/guardian or caretaker relative a written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes and for medication use by this student during school hours and school activities.

Signature of Physician/PA/APRN

Phone Number

Date

Backup Medication – The law provides that if a child's health care provider prescribes "backup" medication to be kept at the school, it must be kept in a predetermined location, known to the child, parent, and school staff. I have provided the following backup medication:

For Completion by Parent, an individual who has executed a caretaker relative educational authorization affidavit, or Guardian:

As the parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian of the above named student, I confirm this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she has demonstrated to me he/she understands the proper use of his/her medication. He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed.

If he/she has used epinephrine during school hours, he/she understands the need to alert the school nurse or other adult at the school who will provide follow-up care, including making a 9-1-1 emergency call. I acknowledge the school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the self-administration of medication by the student, and I indemnify and hold them harmless for such injury, unless the claim is based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

I agree to work with the school in establishing a plan for use and storage of backup medication. This will include are determined location to keep backup medication to which the student has access in the event of an asthma, severe allergy, or anaphylaxis emergency.

I understand in the event the medication dosage is altered, a new "self-administration form" must be completed, or the health care provider may rewrite the order on his/her prescription pad and I, the parent/caretaker relative/guardian, will sign the new form and assure the new order is attached.

I understand it is my responsibility to pick up any unused medication at the end of the school year, and any medication not picked up will be disposed of. I authorize the school administration to release this information to appropriate school personnel and classroom teachers.

Parent/Caretaker/Guardian relative signature: _____ Date: _____

(Original signed authorization to the school; a copy of the signed authorization to the parent/guardian and health care provider)