

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

(I), (We), the undersigned parent(s) of

_____, _____,
_____, _____,

a minor (s), do hereby authorize Savage Public School Personnel as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon who is licensed to practice in the state of Montana, whether such diagnosis or treatment is rendered at the office of said physician or at any hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent (s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective until _____, 20____, unless sooner revoked in writing delivered to said agent(s).

Please list any medical conditions that your child may have that we should know about.

Parents and or Guardian

Date

BLANKET FIELD TRIP FORM

As part of the educational program at Savage Public School, students are occasionally taken on field trips requiring school provided transportation. Below is a "blanket" permission slip which, when signed, will give parental permission for ALL field trips to be taken during the school year. Please complete this permission slip and return on the first day of school.

Your cooperation in completing the bottom portion of this form will be appreciated.

_____,
Students Name

Sincerely,

_____,
Students Name

Angie Nelson, Principal
Savage Public School

_____,
Students Name

_____,
Students Name

has my permission to go on any field trip that His/her class participates in during this school year.

I understand that I must inform the teacher at the time of a particular trip if I do not wish my child to participate.

PARENT/GUARDIAN SIGNATURE

DATE

Student Insurance Information

Please read the following criteria and sign this form indicating that you have read and understand it:

1. I understand that there is an inherent danger in any sport and one does have a certain risk of receiving an injury while participating in sports.
2. I have read and understand the new training rules for the 20__ athletic season. I agree to abide by these rules and understand the implications if I do not follow these rules.
3. I (do – do not) plan to participate in football and (do – do not) have a medical insurance to cover any injury which I may receive.

NAME OF INSURANCE COMPANY _____

This indicates that I have read and agree to the preceding three criteria

Signature of athlete _____,
 _____,
 _____,
 _____,

This indicates that I have read and agree to assist the school in enforcement of training rules.

Signature of parent _____

District's Acceptable Use Policy

Students must also have the signature of a parent or guardian who has read the District's Acceptable Use Policy.

As the parent or guardian of this student, I have read this policy and understand that Internet access through the network is designed for educational purposes. I understand that it is impossible for the Savage Public School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired on the network. I also agree to report any misuse of the information system to the system administrator. Misuse can 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, and other issues described above.

I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct.

Parent/Legal guardian name (please print) _____

Signature _____ Date _____

Student(s) Signature(s) _____,
 _____,

SAVAGE PUBLIC SCHOOLS PARENT SIGNOFF SHEET

PARENTS AND STUDENT MUST SIGN THIS SHEET FOR
REGISTRATION TO BE COMPLETE.

WE HAVE READ AND DO FULLY
UNDERSTAND ALL OF THE
POLICIES, RULES, AND REGULATIONS
AS SET FORTH IN THE
SAVAGE SCHOOLS STUDENT HANDBOOK
FOR 2018-2019

WE HAVE RECEIVED THE PAMPHLET ON ADDITIONAL HEALTH COVERAGE
WE HAVE RECEIVED THE COPIES FOR FREE AND REDUCED MEALS

SIGNATURE OF PARENT

DATE

SIGNATURE OF STUDENT (s)

Date

REQUEST FOR SELF-ADMINISTRATION OF MEDICATION

NAME OF STUDENT (s): _____

GRADE: _____

I HEREBY GIVE MY PERMISSION FOR the students listed above to receive **Acetaminophen (eg. Tylenol) OR Ibuprofen (eg. Advil)** with dosage per package instructions if needed. All other over the counter medications need a parent note and any prescription medicines need a Dr. note.

Daily As Needed Only with phone approval from parent/guardian

If there is a change in any of the above information including dosage, I will contact the school and complete an updated written request.

I (we) hereby release School Districts 2 & 7, their agents and employees, from any and all liability, and to hold them harmless in consideration for their efforts while assisting with self-administration of medication or administering medication as per request.

I have received, understand, and are willing to comply with Savage Schools Medication Distribution Policy.

STUDENT DIRECTORY INFORMATION NOTIFICATION

Please sign and return this form to the school within ten (10) days of receipt of this form **ONLY** if you **DO NOT WANT** directory information about your child disclosed to third parties in accordance with the Family Education Rights and Privacy Act (FERPA). If we receive no response by that date, we will disclose all student directory information at our discretion and/or in compliance with law.

Dear Parent/Eligible Student:

This document informs you of your right to direct the District to withhold 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	- Major Field of Study	- Address
- Telephone Listings	- Participation in officially recognized activities & sports	- Electronic Mail Address (email)
- Weight & Height of member of Athletic Teams	- Photograph (including electronic version)	- Degrees
- Date & Place of Birth	- Honors & Award received	- Grade Level
- Most recent education agency or institution	- Enrollments Status (eg. Undergraduate or graduates;	- Dates of attendance

If you DO NOT WANT Directory information provided to the following, please check the appropriate box.

() Institutions of Higher Education, () Potential Employers, () Armed Forces Recruiters, () Other

Note: If a student's name, grade level or photograph is to be withheld, the student will not be included in the school's yearbook, program events, or other such publications.

If you DO NOT want Directory information provided please sign below:

Signature of Parent or Guardian

Date

STUDENT INFORMATION

Last Name	First Name	Middle	DOB	Grade	M/F
Last Name	First Name	Middle	DOB	Grade	M/F
Last Name	First Name	Middle	DOB	Grade	M/F
Last Name	First Name	Middle	DOB	Grade	M/F

Father's Name , **Mailing Address, & Physical Address**

Father's Information	Home #	Work #	Cell#	Email address
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Mother's Name , **Mailing Address, & Physical Address**

Mother's Information	Home #	Work #	Cell #	Email address
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EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Name	Relationship	Phone #
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Name	Relationship	Phone #
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List two people (neighbors, relatives, etc.) who will assume temporary care of your child(ren) in the case of an emergency and/or disaster.

Name _____ Phone Number _____

Address _____ Relationship _____

Name _____ Phone Number _____

Address _____ Relationship _____



"HIPPA" & "FERPA" Questions & Answers For Schools & Day Care

Question: Can health care providers, daycare operators, Head Start, and school officials share immunization information with another provider or a school to update missing immunization history or bring children into compliance with daycare, Head Start and school requirements?

Answer: Health care providers (or other covered entities) may share immunization information with other health care providers as needed to make treatment decisions, such as to give further immunizations. Providers may also disclose immunization information to schools/daycares, without authorization, if permitted or required by State law. These State laws would not be preempted by the Privacy rule. (45CFR 160.203©).

Disclosure of immunization information, by schools, is covered by the Family Educational Rights and Privacy Act (FERPA). (45 CFR 164.501).

In order to assure compliance with both "HIPPA" and "FERPA" requirements, the Immunization Program recommends that consent forms be signed by parents or guardians and kept in each child's file, at schools/daycares. This would expedite the sharing of records, allow the input of records into the State Registry, and minimize any exclusion times for the child, while locating records.

Immunization information on _____ will be shared with the local public health departments and entered into an electronic data system, the Montana Immunization Information System (WIZRD). The intent of an electronic immunization information system is to provide a complete and permanent immunization record for your child.

Parent/Guardian Signature

Date

I give permission for _____ County Health Department to enter my child's vaccine information into WIZRD. This information will be shared with health care providers to help prevent both over and under-immunization and to develop one consolidated vaccine record for the child.

Signature of Parent/Guardian

Child's Name

Date

** Note, if the parent declines, be sure and have them sign a declination statement.

I do not wish for my child's immunization information to be put into the state immunization information system.

Signature of Parent/Guardian

Child's Name

Date