



Gila River Tribal Education Department Off Reservation Boarding School Checklist



- 1 Application
- 2 Birth Certificate
- 3 SS Card
- 4 Health Insurance/ AHCCCS ID
- 5 CDIB
- 6 Transcript
 - a 8th Grade Diploma ****If applying for 9th grade****
 - b Current Report Card
 - c Updated IEP (If applicable)
- 7 Current Immunization Record
- 8 Current Physical
- 9 Proof of Guardianship (non parent)
- 10 Social Summary (if student is receiving services)
 - a Probation
 - b Tribal Social Services
 - c Behavioral Health

ORBS Required Documents

- 11 ORBS Transcript Request Form
- 12 ORBS Disclosure of Confidential Information Consent Form
- 13 Parent and Student ORBS Handbook Agreement

Gila River Indian Community

Off-Reservation Boarding Schools

Post Office Box 97 Sacaton, AZ 85147

Office: (520) 562-3662 ext. 3621

Cell: (520) 610- 8577

Fax: (520) 562- 2924



Transcript Request Form

Date: / /

Student: _____

Date of Birth: / /

School : _____

Years attended: _____

Graduated: Yes No Year Graduated: /

Unofficial Transcript Official Transcript

Fax Unofficial to: (605) 997-5202

Mail Official To: Flandreau Indian School

1132 N. Crescent St.

Flandreau, SD 57028

Attn: Registrar

Comments: _____

Signature: _____

Date: _____

Gila River Indian Community Off-Reservation Boarding Schools

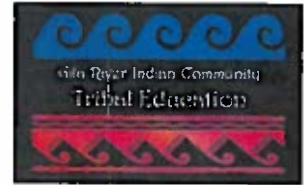


Office: (520) 562-3662

Cell: (520) 610- 8577

Fax: (520) 562- 2924

Email: Danielle.Allen@gric.nsn.us



DISCLOSURE OF CONFIDENTIAL INFORMATION CONSENT FORM 2017-2018

I _____ Parent/Guardian of _____

AUTHORIZE _____

NAME OF BOARDING SCHOOL

TO DISCLOSE TO THE OFF-RESERVATION BOARDING SCHOOLS OFFICE
FOR STUDENT'S FILES AND PARENT INFORMATION ONLY

ACADEMIC RECORDS

HOMELIVING REPORTS

MEDICAL STATUS

COUNSELING/REFERRALS

RELEASE TO THE GILA RIVER INDIAN COMMUNITY & OFF-RESERVATION
BOARDING SCHOOLS OFFICE FOR STUDENT RECOGNITION IN NEWSPAPER
ARTICLES AND PUBLIC RELATIONS

STUDENT RECOGNITIONS

**CLASS/GROUP/INDIVIDUAL
PHOTOS**

SIGNATURE OF PARENT/GUARDIAN

DATE

INFORMATION MAYBE DISCLOSED TO THE GILA RIVER INDIAN EDUCATION STANDING COMMITTEE



Gila River Indian Community

Off-Reservation Boarding Schools

Office: (520) 562-3662
Cell: (520) 610- 8577
Fax: (520) 562- 2924
Email: Danielle.Allen@gric.nsn.us



Application deadline to **ALL** boarding schools is **July 14, 2017**. Please turn in your application(s) along with **ALL REQUIRED DOCUMENTATION** to the Off-Reservation Boarding Schools office no later than **5:00 PM** on the deadline date.

Parent and Student ORBS Handbook:

The Purpose and Goal of the Off Reservation Boarding School Program (ORBS):

1. The ORBS Program is to provide assistance in completing school applications, and being a support system to the student and their families.
2. The purpose of the ORBS Advisor is to assist students in successfully completing applications, achieving academic success, and graduating from their school by providing as a liaison with the Gila River Indian Community that can support the students and their families.

Intake/Applications:

1. Interested parties are able to come to the Tribal Education Department (TED) Office to pick up an application for the boarding school they are interested in. Applications are also available online.
2. **ORBS Program does not accept, deny, or place students on a waiting list. We serve as a liaison to help complete and submit applications.**
3. A checklist of required documents will be provided to the family along with ORBS required documents and the application.
4. The required documents are mandated by the boarding schools. Our office advises students and families to submit a complete application with all required documents. **If an incomplete application is submitted the boarding school registrar will contact the family directly not the ORBS Advisor.**
5. Submission of an application **DOES NOT** automatically enroll the student into the school of choice. Each school has an Admissions Committee who reviews all applications. The decision is at the discretion of the committee and will be based on the merit of the application.
6. **ALL** sections of the application must be thoroughly completed. Campus admission committees **WILL NOT** review incomplete applications.
7. **ALL** medical and/or physical conditions must be disclosed in the application.

Appointments:

1. All new/Potential students are encouraged to meet with the ORBS Advisor.

2. Appointments are encouraged by Advisor to meet with student(s) and parents/guardians.
3. Walk-ins will be seen at Advisors availability.

Transportation:

1. Transportation to airport maybe available on a case by case basis. The transportation request must be approved by the TED Director/Assistant Director. Requests are to be submitted two weeks prior to date of departure. Transportation Requests are available at the TED office.
2. In the event of a death, **Parent(s)/Guardian(s) are responsible** for round trip transportation for student to attend all funeral services.

School Travel Information:

- Your School of choice will provide transportation for the students **4 Times** per school year:
 1. Beginning of the school year
 2. Winter Break
 3. Return from Winter Break
 4. End of the school year
- Campus travel agents will be in contact with you once the travel arrangements have been complete. Parents/Guardians are responsible to ensure a safe and timely departure.
- Students **Must** travel on the arranged dates and times. If for any reason a student cannot meet their designated travel itinerary, it is the **responsibility for the parent/guardian** to notify the proper officials **Before** departure. If proper notification is not given the parent may be held accountable for any charges or fees incurred.

Room and Board:

4. Your school of choice provides room and board as well as most educational supplies. Students are expected to provide themselves with personal items such as shampoo, toothpaste, clothing, shoes, etc. and one may prefer to acquire their own bedding. Please note that all personal items will be taken **AT YOUR OWN RISK**.

Parent/Guardian Responsibility:

6. Should the parent/guardian decide to **WITHDRAW** their student, it is the **RESPONSIBILITY OF THE PARENT** to make travel arrangements and cover all costs involved.
7. Parents **MUST UPDATE** the ORBS office on any information changes such as home locations, addresses, contact numbers, Withdraws, and Transfers.
8. Parents and students are encouraged to familiarize themselves with their school's policies and procedures, student rights and responsibilities, or student handbooks of their prospective schools.

9. Should violations of the law occur off campus, the student is subject to the **LOCAL LAW ENFORCEMENT**. Parents are responsible for all legal matters and fines incurred. If parents are required to be present for legal matters they are financially responsible for any travel accommodations.
10. Parent(s)/Guardian(s) should develop a working relationship with staff and administration at school of choice. Student grade reports are mailed directly to the parents/guardians. If you are not receiving the academic progress reports please contact the school, or the ORBS office.
11. Should you have any questions or concerns the ORBS office will assist you in contacting the academic, residential, or behavioral counselors at the schools. Teleconferences may be arranged through the ORBS Advisor and the office will assist you in faxing documents to the school.

I have read and discussed the above with the Off-Reservation Boarding School Advisor. I fully understand the contents of this document pertaining to the ORBS application process and the legal issues contained.

Parent(s)/Guardian(s)	Date
Student	Date
ORBS Advisor	Date



**Gila River
HEALTH CARE**

P. O. Box 38 – Sacaton, Arizona 85247

Contract Health Services for Medical Care

Boarding School/College Student Policy Statement

Date: _____

(Part I) STUDENT INFORMATION

Registered Student's Name: _____ DOB: _____

SSN#: _____ Tribal ID# _____ Home Phone: _____

Address Prior to Attending School: _____

Name and Address

Name & Address of Legal Parent (s) or Guardian (if under 18 years of age):

Father: _____ Phone: _____

Mother: _____ Phone: _____

Guardian: _____ Phone: _____

(Part II) FULL-TIME COLLEGE/VOCATIONAL/TECHNICAL STUDENT

"I certify that I am a registered student at _____ and lived on the _____ Reservation prior to my school attendance. I am registered Beginning _____ for the school year _____ as a full time Student. I am aware that it is my responsibility to renew this Student Application for each year _____ as a full-time student. I am aware that it is my responsibility to renew this Student Application for each year I am in full-time attendance at my College, Vocational, Technical, or academic program.

Student signature: _____ Date: _____

(Part III) SCHOOL INFORMATION

Official Name of School: _____

School Address: _____

School Registrar Phone #: _____ School Fax #: _____

(Part IV) SCHOOL REGISTRAR

I certify that _____ is registered full-time for the school year _____ Beginning _____ that Health Services required are not part of the school's health program or covered by insurance.

Signature and Title of School Official
6/30/2009

Date

(Part V) STUDENT INSURANCE INFORMATION

A. Medicaid (AHCCCS) Coverage:

Medicaid Name: _____ ID #: _____ Effective: _____
Call Arizona (AHCCCS for PRIOR AUTHORIZATION at 1-800-433-0425 Fax: 1-602-417-4687

B. Insurance: _____ Phone #: _____
Policyholder Name: _____ Policy #: _____

(Part VI) CHS NOTIFICATION

In accordance with the Regulations as published in the Federal register, dated August 4, 1978, 42 CFR, Part 36.23, 2-3E, Persons to whom CHS will be provided, federally recognized Indian students are affected as follows:

- A. Non-Emergency Services: Must have prior approval from Hu Hu Kam Memorial Hospital before services are rendered.
- B. Emergency Services: Notification must be received within 72 hours from initiation of services. Notification from any individual, parent, guardian, Boarding school staff, relative or provider of services is acceptable.

Phone: 1-888-HUHUKAM or (520) 562-3321 ext. 1052 or Fax to : 1-602-528-1324. After hours, please leave a voice message with the Managed Care Dept.

(Part VII) CERTIFICATION BY PATIENT REGISTRATION STAFF

(For Contract Health Service Eligibility Only)

I certify that _____ is a member/descendant of the _____ Indian Tribe. I acknowledge that _____ lived in his/her Contract Health Service Delivery Area (CHSDA) prior to the beginning of the school year in accordance with 42 CFR, Part 36, Contract Health Services.

Signature Patient Registration: _____ Date: _____

After PARTS I, II, III, IV, are completed, please return the student application to a Managed Care Staff member at Hu Hu Kam Memorial Hospital to complete the CHS eligibility section.

Hu Hu Kam Memorial Hospital Patient Registration Office Use Only:

Patient Registration updated on: _____
Entered on Page 8 in Patient Registration System on: _____
Application forwarded to Managed Care on: _____
Patient Registration Staff Completing form: _____



Flandreau Indian School

1132 N. Crescent St. ~ Flandreau, SD ~ 57028
605-997-3773 ~ 1-800-942-1647

Application for Admission

2017-2018

Dear Parents:

Thank you for your interest in Flandreau Indian School as a potential choice to educate your student. The admissions application checklist is to be used as a guide, to provide the information the school needs to review your student's application.

The deadline for submitting applications is **August 28, 2017**. Only applications accompanied with required documents will be date stamped and reviewed for admissions. Required documents are listed on the bottom half of page 2.

The following decisions are possible:

1. Accepted
2. Denied

These items are the most difficult to obtain and will hold up the process of your application.

1. Certified Degree of Indian Blood (Tribal Membership cards are not accepted)
2. Contact your current school's registrar (before they close for the summer) to get an official transcript or a certificate of 8th grade completion and achievement test scores.
3. **Physical Exam is REQUIRED for all students, new applicants and applicants reapplying, must be completed after MAY 1, 2017, see pages 19-26.** Students should start calling now for a physical exam appointment.
4. Students interested in participating in competitive athletics may be required to complete an application for hardship for the SDHSAA. Application for hardship does not guarantee eligibility. Eligibility is determined solely by the SDHSAA.
5. **STUDENTS INTERESTED IN PARTICIPATING IN SPORTS AT FIS MUST BE ON CAMPUS AUGUST 15TH, the first day of school, TO PARTICIPATE IN SPORTS.** If student is not here on the first day of school they will have to wait 45 days to participate in any sports. **NO EXCEPTIONS.**

FIRST DAY OF SCHOOL—AUGUST 14, 2017. TRAVEL ARRANGEMENTS WILL BE MADE BY THE FLANDREAU INDIAN SCHOOL AT OUR EXPENSE. IF YOU DO NOT TRAVEL WHEN IT IS PROVIDED FOR YOU, YOU WILL BE RESPONSIBLE FOR YOUR OWN TRANSPORTATION TO SCHOOL.

When the application is completed, please mail to:

Flandreau Indian School
Admissions
1132 N. Crescent St.
Flandreau, SD 57028

2017-2018

Flandreau Indian School Admissions Application Checklist

ALL APPLICATIONS MUST HAVE THE FOLLOWING LIST OF DOCUMENTS

THE ADMISSIONS COMMITTEE WILL NOT REVIEW INCOMPLETE APPLICATIONS

STUDENT: _____ Grade applying for: _____

DATE: _____ School year: _____

Student Enrollment Application

Pg. 1	Letter to parents
Pg. 2	Admissions application check list
Pg. 3	Student Information Form
Pg. 4	Family/Guardian Information Form
Pg. 5	Additional Information/Criteria for Boarding Schools Form
Pg. 6	Education and Social Information Form
Pg. 7 and 8	Family Educational and Privacy Letter (FERPA)
Pg.9	No Child Left Behind Act of 2002
Pg. 10	Admissions and Continuing Enrollment Criteria
Pg. 11	Individual Education Programs
Pg. 12	Gifted and Talented Program
Pg. 13	BIE McKinney- Vento Form
Pg. 14	Language Survey
Pg. 15	Medical Information
Pg. 16	Consent for Medical Treatment
Pg. 17	Flandreau Indian School Physical Examination Form
PHYS—1 to 5	SDHSAA Annual Physical Examination Forms
	(NOTE: THE SDHSAA Annual Physical must be completed ONLY if
	Participating in sports)

****Following documents are required before the application can be processed****

Copy of State Issued Birth Certificate	Copy of Social Security Card
Copy of Certified Degree of Indian Blood (Tribal Membership card not accepted)	Copy of Health/Medical Insurance Cards
	Immunization record/2nd MMR
Flandreau Physical Form (no sports) pg. 20	Physical Forms pgs. 21—24 if sports

<p><u>ALL</u> students must provide reports cards showing completion of grade 8th through December and FINAL grades in May</p> <p>Students applying for grades 10-12 must <u>ALSO</u> provide transcript with GPA</p>

COURT APPOINTED PARENT OR LEGAL GUARDIAN MUST PROVIDE LEGAL DOCUMENTATION.
An application signed by the student as parent or legal guardian will not be accepted, even if
The student is 18 years of age or older.

Date/Time Rec'd

Initials:

United States Department of Interior
Bureau of Indian Education
Student Enrollment Application
For Bureau Funded Schools and Federal Boarding Schools

2016—2017

DATE: _____

Name of School: FLANDREAU INDIAN SCHOOL Grade Applying for: _____

Day Student () Dorm Student ()

(PLEASE PRINT OR TYPE)

I. IDENTIFICATION Social Security Number: _____

Name of Student: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Student Cell phone # (if applicable): _____

Date of Birth: ___ / ___ / ___ Hospital or Clinic Used: _____ Chart#: _____

Place of Birth: _____ Sex: Male () Female ()

Student resides with: Mother () Father () Legal Guardian () other () _____

Tribal Affiliation: _____ Degree Indian: _____

Enrollment Number: _____ Home Agency: _____

Dominant Language: _____

Student attended FIS previously? Yes () No ()
If yes, please list dates _____

Siblings attending FIS presently or previously? _____

Student's Name: _____

FAMILY AND BACKGROUND INFORMATION: (PLEASE PRINT OR TYPE)

IMPORTANT - PLEASE NOTIFY THE ADMISSIONS OFFICE IMMEDIATELY IF ADDRESS OR PHONE NUMBERS CHANGE!

Parent(s) or Legal Guardian(s) - Circle one

Father: _____ Mother: _____

Address: _____ Address: _____

Tribal Affiliation: _____ Tribal Affiliation: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Telephone: Work _____ Telephone: Work _____

Home _____ Home _____

Email _____ Email _____

Cell _____ Cell _____

If you are the court appointed custodial parent, you must attach appropriate documentation (if parents do not live in the same house, please indicate if non-custodial parent can receive mailings by completing address information)

GUARDIAN INFORMATION (IF OTHER THAN PARENT) - MUST PROVIDE APPROPRIATE LEGAL DOCUMENTATION

If the student does not live with either parent, complete the following information on the guardian. If the student is a ward of the court, attach documentation and provide information on the person (s) responsible for the applicant who will be the primary contact person. A STUDENT MAY NOT LIST HIMSELF/HERSELF AS GUARDIAN EVEN IF HE/SHE IS 18 YEARS OF AGE

Name: _____

Address: _____

Telephone: Work _____

Home _____

Cell _____

Email _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

Student's Name: _____

**IN CASE OF EMERGENCY, WHOM COULD WE CONTACT (OTHER THAN PARENT/
GUARDIAN)**

Name: _____ Cell: _____

Home phone: _____ Work phone: _____ Relationship _____

TRIBAL EDUCATION OFFICE: Danielle Allen, ORBS Adviser

ADDRESS: PO Box 97

CITY, STATE, ZIP CODE: Sacaton, AZ 85147

TELEPHONE NUMBER: (520) 562-3662

CRITERIA FOR BOARDING SCHOOL:

Favorable action is recommended upon this application because this case confers to the following criteria for boarding school or out of boundary enrollment. If this application is for an off-reservation boarding school and for social reason, a social summary should accompany this application.

Check all applicable criteria (At least one must be checked)

Educational Factors

Federal/Public Schools near students home:

- grade level not offered
- are severely overcrowded
- exceed 1 1/2 mile walking distance to school or bus route.
- do not offer special vocational/preparatory training necessary for gainful employment
- do not offer adequate provisions to meet academic deficiencies or linguistic/cultural differences.
- receiving school offers special program needed by student

Social Factors

In his/her family environment, the student:

- was rejected or neglected
- does not receive adequate parental supervision.
- well being was imperiled due to family.
- has behavioral problems too difficult for or local resources.
- has siblings or other close relatives enrolled who would be adversely affected by separation.

Flandreau Indian School

Information Form

Student Name: _____

EDUCATIONAL INFORMATION

1. List school previously attended: _____
2. Previous school contact number: _____
2. Reason for leaving: _____
3. Did student miss 15 or more days in the last school year? Yes () No ()
4. Has student ever been suspended? Yes () No () Expelled? Yes () No ()
If yes, date and reason must be given _____
5. Has student participated in Special Education Program? Yes () No ()
6. Has student participated in Gifted and Talented Program? Yes () No ()
7. Was your student eligible for Free and Reduced Meals? Yes () No ()
8. Will your student participate in Sports at Flandreau Indian School? Yes () No () If so, complete pages 21 through page 24. **ALL STUDENTS INTERESTED IN PARTICIPATING IN SPORTS MUST BE PRESENT ON CAMPUS THE FIRST DAY OF SCHOOL OR WILL NOT BE ELIGIBLE TO PLAY SPORTS**

SOCIAL INFORMATION

1. Is student a ward of the court? Yes () No () If yes, a copy of the court order must be submitted.
2. Has student ever been arrested? Yes () No () If yes, what was/were the violation(s)? _____
3. Has student ever been in jail or a detention center? Yes () No () If yes, how many times? _____
4. Does student have a probation officer? Yes () No ()
Name _____
County _____
Phone _____
5. Has student ever received counseling? Yes () No ()
Name _____
Phone _____

I, the parent/legal guardian of the above mentioned student hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that Flandreau Indian School will verify all information. **Any false statement or misrepresentation or omission of required information in application will result in denial of applica-**

I understand that additional information may be requested to complete my student's records. Such as: School records, counseling records, and behavior records.

Student Signature

Parent/Legal Guardian Signature

PARENT or LEGAL GUARDIAN & STUDENT MUST SIGN FORM



Flandreau Indian School

1132 N. Crescent St. ~ Flandreau, SD ~ 57028

605-997-3773 ~ 1-800-942-1647

Everall Fox

Chief School Administrator

Sheryl Burkhart

Assistant Principal

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Flandreau Indian School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Flandreau Indian School may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Flandreau Indian School to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook; Honor roll or other recognition lists; Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local education agencies receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings - unless parents have advised the school that they do not want their student's information disclosed without their prior written consent.

If you do not want Flandreau Indian School disclose directory information from your child's education records without your prior written consent, you must notify the school in writing. Flandreau Indian School designated the following information as directory information:

- Student's name, address, telephone listing, Photograph, Date and place of birth, Electronic mail address.
- Participating in officially recognized activities and sports, weight and height of member of athletic teams
- Degrees, honors, and awards received, Major field of study
- Dates of attendance, Grade level, the most recent educational agency or institution attended

If there are questions about your or your student's (18 or older) rights under FERPA, you may contact the office at Flandreau Indian School.

If you do not wish directory information about your student to be disclosed please indicate on the attached form and return that form to the Flandreau Indian School.

Flandreau Indian School

Family Educational Rights and Privacy Act (FERPA)

I have received information about my rights under FERPA and understand my right to request that any of the items listed below not be disclosed as Directory Information to any outside group, other than those having a legal right to the information, without my written permission. Those having a legal right might include federal auditors, those having oversight responsibilities, circumstances regarding health and safety, emergencies or other similar entities.

I **do not want any** Directory Information regarding _____
(Student Name)
(Nothing will be disclosed without written Permission)

OR

I, **do not want the following** directory information regarding my student _____
(Student Name)

disclosed without written permission.

Check all that apply.

1. Student's name
2. Participation in officially recognized activities and sports
3. Address
4. Telephone listing
5. Weight and height of members of athletic teams
6. Electronic mail address
7. Photograph
8. Degrees, honors, and awards received
9. Date and place of birth
10. Major field of study
11. Dates of attendance
12. Grade level

I am the parent or legal guardian of: _____

I am an eligible student (18 years old or older) _____

Signature

Date



Flandreau Indian School

1132 N. Crescent St. ~ Flandreau, SD ~ 57028
605-997-3773 ~ 1-800-942-1647

Everall Fox
Chief School Administrator

Sheryl Burkhart
Assistant Principal

"No Child Left Behind Act of 2002"

Parents,

The "No Child Left Behind Act of 2002", SEC.9528, Armed Forces Recruiter Access to Student and Student Recruiting Information, provides for schools to provide, on request made by military recruiters or an institution of higher education, access to secondary school student names, addresses, and telephone listings. As a school, we are required to comply with this law. You as a parent, however, have the right to request that the school not release that information to these agencies. If you wish to not have your child's information released, please indicate below. If you have any questions about the "No Child Left Behind Act of 2002" please contact Flandreau Indian School.

_____ I do wish to have my child's information released.

_____ I do not wish to have my child's information released.

Signature of Parent/Legal Guardian

Date

PARENT or LEGAL GUARDIAN MUST SIGN FORM

Flandreau Indian School

Admission and Continuing Enrollment Criteria

Student's Name: _____

- Students **must be making academic progress** throughout the school year at Flandreau Indian School. Students failing to make academic progress will be placed on academic probation. Grades will be reviewed at the end of each semester to determine progress. The student will be given until the end of the next semester to make improvements.
- Students may not miss more than 10 unexcused days of school per academic year.

Student Signature

Date

ICU Academic Program

The ICU program allows students more practice time for completing their assignments. ICU is during the student's lunch and study hall as well as after school. During ICU the student can get one on one help with a teacher or an education technician to complete their class work. You will be contacted when your child is placed on the ICU list.

Contact Information

PARENT CELL NUMBER: _____

PARENT EMAIL ADDRESS: _____

STUDENT CELL NUMBER: _____

STUDENT EMAIL ADDRESS: _____

I, _____ agree for reasonable cause and essential to assuring the health and safety of all students at the Flandreau Indian School, staff, acting in attendance in loco parentis, may at their discretion exercise search, seizure, and drug testing while my student is in attendance at Flandreau Indian School. Such activities shall be in compliance with 25CFR-part 42.3, (b), (Rights of the Individual Students) and 34 CFR-part 86.200 (b-e) (Drug Free School and Campuses).

Parent/Legal Guardian Signature

Date

PARENT or LEGAL GUARDIAN & STUDENT MUST SIGN FORM

INDIVIDUAL EDUCATIONAL PROGRAMS

Student participated in Special Education: YES _____ NO _____
Student was on a 504 Plan: YES _____ NO _____
Student participated in Gifted and Talented: YES _____ NO _____
Student participated in LEP: YES _____ NO _____

Has your student ever been on an Individual Education Plan (IEP) for Special Education? If yes, please indicate your child's disability:

- _____ Cognitive Impairment
- _____ Emotional Disturbance
- _____ Learning Disability
- _____ Speech or Language Impairment
- _____ Other Health Impairment

Please contact the school that last implemented your child's and have them forward the Special Education Records to the Flandreau Indian School. This is extremely important. It will assist the staff in planning an appropriate program for your student.

I am legally responsible for this student and hereby understand that additional information may be requested by the Exceptional Education Department concerning my child's Individual Education Program or 504 Plan.

Parent/Legal Guardian Signature _____

The Flandreau Indian School, in cooperation with the Bureau of Education (BIE) funded schools, will ensure that a free and appropriate education and a full educational opportunity is provided in the least restrictive environment to all children with disabilities, grades 9 through 12.



United States Department of the Interior
BUREAU OF INDIAN AFFAIRS
FLANDREAU INDIAN SCHOOL
FLANDREAU, SOUTH DAKOTA 57028

Gifted and Talented Education Program

Parental Consent for Testing/Evaluation

Dear Parents/Guardian,

This letter is to inform you that _____, your child could be referred/nominated to be assessed for the Flandreau Indian School Gifted and Talented Program. Your parental consent for testing and evaluation will be required. Although, a test or an evaluation will be administered, any other available supporting data will need to be submitted. These documents will be utilized to screen your child and to determine their eligibility for placement within the program. To qualify for the gifted and talented program for academic aptitude, the student has to score in the eighty-sixth percentile or higher nationally on the Northwest Evaluation Association assessment.

If your child qualifies for the Gifted and Talented Program, they will be provided weekly Gifted and Talented services. The Gifted and Talented Program is designed to challenge and strengthen the academic and creative needs of your daughter.

You have the option to have your child tested and evaluated. Please sign the appropriate statement below:

_____ **Yes, I give my parental consent for my child to be tested and evaluated and documents collected to determine eligibility for the Gifted and Talented Program. I also give my parental consent to place your son or daughter in the Gifted and Talented Program at Flandreau Indian School.**

_____ **No, I do not give my parental consent for my daughter to be tested and evaluated for the Gifted and Talented Program.**

Parent/Guardian: _____ **Date:** ____/____/____

**Flandreau Indian School
McKinney-Vento Act
Student Residency Questionnaire**

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X Part C of the No Child Left Behind Act. This document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

Name of Student: _____ Gender: Male _____ Female _____

Please check only **ONE** that best describes where the student is presently living (**Please specify name of hotel, shelter, or organization providing the transitional housing**)

- In my own home or apartment.
- In the home of a friend or relative because I lost my housing. (fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in the military was deployed, parent(s) in jail.) **Name/address of person with whom you live with (full name required)** _____
- In a shelter because I do not have permanent housing. (living in a family shelter, domestic violence shelter or children/youth shelter) **Name, address and phone # of the shelter:** _____
- In Transitional housing (housing that is available for a specific length of time only and is partly or completely paid by a church, a nonprofit organization or some other organization) **Name, address and phone # of housing program and organization providing housing:** _____
- In a hotel or motel (because of economic hardship, eviction, cannot get deposits for permanent housing) **Name of hotel or motel, address & phone of where you are staying.** _____
- In unsheltered care (living in a car, park, campground) Provide where you are living such as where your car is parked: _____
- In housing that does not have plumbing, electricity or heat. (**circle which is missing**)
- Awaiting foster care placement.
- None of the above describes my current living situation. Briefly describe your situation. _____

Name of parent/guardian or person who student resides: _____

Address: _____ City: _____ State: _____

Cell # _____ Work# _____ Shelter# _____ Friend# _____

Parent/guardian signature

date

Flandreau Indian School Student and Family Language Survey

Student Name _____ Grade _____

Gender: Female _____ Male _____ Date of Birth _____

Parent/Guardian's Name _____

Parent/Guardian's Name _____

Select all of the races that apply to the student

_____ Native American _____ Caucasian _____ Hispanic _____ Asian

_____ Native Hawaiian/Pacific Islander

Registered Tribal Member of _____ Other Tribe(s) _____

What was student's first language? _____

Is a language other than English used in the home? _____ Yes _____ No

If so, what language? _____

Does the student speak any languages other than English? _____ Yes _____ No

If so, what language and at what level? Language _____

_____ Beginning, few words and phrases _____ Intermediate, conversational

_____ Advanced, comprehends commonly used terms _____ Fluent

If a second language is not spoken in the home, has the student been regularly exposed to a second language by a family member? If so, how would you describe the student's exposure to the language? Consistent, occasional, rare? Please describe.

What relation is this family member who exposes the student to a language other than English? (grandparent, great-grandparent, aunt, uncle, etc.)

Did your child attend a language immersion school prior to this year? If so, where and for how long? What language?

Can you provide any additional information about your child's second language skills?

MEDICAL INFORMATION

Does the student have any **medical problems** that may interfere with school attendance and/or Needs **medical care** while in school? Yes _____ No _____ If yes, please explain:

Special needs or treatments (nebulizer, pacemaker, diagnostic checks, wheelchair, other..) If Yes, list:

Is the student taking **medications** on a regular basis? Yes _____ No _____ If yes, list:

Medication: _____ Condition _____

Medication: _____ Condition _____

Medication: _____ Condition _____

Is the student **allergic** to any medications or foods? Yes _____ No _____ If yes, list:

_____ Type of reaction: _____

Immunization Records: Provide the most up-to-date records for review.

Fax any "new" shots given prior to starting school to the FIS school nurse at Fax# 605-997-2287

Two MMR Requirement - two vaccinations are required by the state of SD in order to start kindergarten. Make sure to provide documentation that those 2 shots have been given or your child may not start at FIS until verification is provided. If you cannot locate documentation for the 2nd shot - another must be given.

All Flandreau Indian School staff is authorized to act in **Loco Parentis** for the students at the Flandreau Indian School. The FIS staff has authority to sign all paperwork required for emergency, medical or hospital care at any medical facility.

FYI: Definition - In Loco Parentis:

In loco parentis is a term used in situations where another individual or agency is acting in place of a parent on behalf of a minor. The term is used in legal settings to assign the rights, duties and responsibilities of a parent to another person or agency. Alternatively, the term has been used in less formal references to describe the role played by an educational institution, such as a boarding school, college, or university, in supervising minors and young adults.

NOT PROVIDING OR PROVIDING FALSE INFORMATION MAY RESULT IN YOUR CHILD'S
IMMEDIATE RELEASE FROM THE FLANDREAU INDIAN SCHOOL.

_____ I give consent for my child to receive the annual **Seasonal Influenza Vaccine** provided through the school. The Influenza Virus is an annual shot that boosts an individual's immune system to provide protection against the virus in the event that he/she would be exposed to the Influenza virus. The vaccine should lessen the severity of symptoms that one would experience and lessen the number of days that one would be sick; thereby missing less school. In past years some strains of Influenza have affected communities more severely, even causing death in healthy children and adults. The influenza vaccine is recommended for those residing in close living quarters.

MEDICATION

With my full consent, the Flandreau Indian School has my permission to administer medication to the student.

I (we), as parent(s)/legal guardian(s), have read this consent form for the Flandreau Indian School and fully understand and agree to its content.

Signature of Parent/Guardian

Date

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE**

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WITH
PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

SSN _____ - _____ - _____ (Send a copy of the SS Card with this form)

Name of student: _____ Date of Birth: _____

I (We), _____ have read the Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical exams, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental exams, preventative use of fluorides and necessary emergency dental care.
3. Mental Health services including evaluation and treatment necessary.
4. Emergency health care for accidents or illnesses.
5. Transportation of the child to and /or from another health care facility for these services.

_____ I hereby give consent for all of the above services.

_____ Exceptions or Special Instructions:

Parent/Guardian signature _____

Address _____

City, State, Zip _____

Relationship to Student _____

Date _____ Valid Until _____

(The above signature, address, relationship-to and date are required for validity)

All Flandreau Indian School staff is authorized to act in Loco Parentis for the students at the Flandreau Indian School. The FIS staff has authority to sign all paperwork required for emergency, medical or hospital care at any medical facility.

Definition – In Loco Parentis

In loco parentis is a term used in situations where another individual or agency is acting in place of a parent on behalf of a minor. The term is used in legal settings to assign the rights, duties and responsibilities of a parent to another person or agency. Alternatively, the term has been used in less formal references to describe the roll played by an educational institution, such as a boarding school, college, or university in supervising minors and young adults.

Flandreau Indian School Physical Examination

Name _____ Other names used _____

Date of Birth ____/____/____ Sex: M___ F___ Age ____ Ht ____ Wt # ____

	Normal	Abnormal	Not Evaluated
Eyes			
Ears			
Teeth			
Glands			
Heart			
Lungs			
Abdomen			
Posture			
Genitals			

Physical findings which are of
significance to the School:

Recommendations or Restrictions:

Pulse _____ BP _____ Eye Screening: L _____ R _____

List Allergies (food, medication, other): _____

Type of reaction: _____ Treat reaction with: _____

If student uses an Epi Pen or Benadryl – student MUST bring updated medication to school with them.

Immunizations: Record any immunizations given at this office visit – list type and date:
Attach a copy of immunization record(s) for review – MUST show documentation of 2 MMRs.

Last Eye Exam by an optometrist: Month _____ Year _____ Other _____

The Flandreau Tribal Clinic does not provide contacts or contact-exams.

___ Uses glasses: _____ Contacts: _____

Significant Personal Medical History with dates: (Current medications/diagnosis, asthma, anemia, birth control, h/o fractures, plates/pins, surgeries, hospitalizations, concussions, prosthetic). **MUST bring current medications to school.**

Social/Behavioral Health History: (Current medications/diagnosis, ADD/ADHD, anxiety, insomnia, dates of behavioral hospitalizations or CD treatment). **MUST bring current medications to school.**

Signature: Examining Medical Provider _____ Date _____

Medical Facility _____

Address/City/State _____ Ph# _____

PHYSICAL EXAMINATION INSTRUCTIONS

I. Requirement of School Boards.

- A. Each governing board shall decide if the exam is to be repeated on an annual basis, on a biennial basis or triennial basis.
- B. Each governing board shall decide whether they want the doctors to evaluate sexual maturity based upon the Tanner Maturation Index. Please white-out item 13 on the Physical Exam form if the decision is NOT to use the Tanner Maturation Index.

II. Requirements of Member Schools.

- A. Each member school shall make copies of the forms that must be completed by the parents and/or doctors in sufficient quantities to meet your needs.
- B. Member schools must keep on file the following:
 1. A copy of the **PARENT PERMIT FORM**. This form must be submitted annually.
 2. A copy of the **INITIAL PRE-PARTICIPATION HISTORY** report for each student who takes the comprehensive exam for the first time. This form must be made available to the medical examiner at the time the student takes his/her first physical exam.
 3. A copy of the **INTERIM PRE-PARTICIPATION HISTORY** for each student must be submitted annually by the parents except on the very first occasion when the **INITIAL PRE-PARTICIPATION HISTORY** is required.

All questions on the **INTERIM PRE-PARTICIPATION HISTORY** form should be answered with the following in mind: **IN THE PAST YEAR:** Please explain any yes answers in the space provided on the form. Any yes answers may require a re-visit to the medical provider for re-certification of health. The parent/guardian signature denotes that the student is physically able to participate.
 4. A copy of the comprehensive **PHYSICAL EXAMINATION** signed by either a Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Physician Assistant or Nurse Practitioner.
- C. Member schools may commence scheduling physical exams as early as April 1 for the ensuing school year.

III. Role of Doctors, Physician Assistant and Nurse Practitioners.

- A. The certification/signing of the physical exam form is reserved for only a Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, a Physician Assistant or Nurse Practitioner. Stamping the name of a medical clinic or a medical association as a substitute for the authorized signature is unacceptable. All exams must be signed by authorized medical personnel as listed in paragraph two above.
- B. The examiner shall receive a copy of Instructions for conducting the orthopedic screening and other portions of the exam. The instruction sheet follows the other forms located in this section of this publication.
- C. The medical history form must be made available to the person(s) conducting the physical exam at the time the examination takes place.

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ORTHOPEDIC SCREENING GUIDE**

Athletic Activity (Instructions)	Observation
Stand Facing Examiner	General habitus; acromioclavicular joints
Look at ceiling, floor, over both shoulders; touch ears to shoulders	Cervical spine motion
Shrug shoulders (examiner resists)	Trapezius strength
Abduct shoulder 90 degrees (examiner resists at 90 degrees)	Deltoid strength
Full external rotation of arms	Shoulder motion
Flex and extend elbows	Elbow motion
Arms at sides, elbow 90 degrees flexed, pronate and supinate wrists	Elbow and wrist motion
Spread fingers; make fist	Hand or finger motion and deformities
Tighten (contact) quadriceps; relax quadriceps	Symmetry and knee effusion; ankle effusion
"Duck walk" four steps (away from the examiner with buttocks on heels)	Hip, knee and ankle motion
Back to examiner; knees straight, touch toes	Shoulder symmetry; scoliosis, hip motion, hamstring tightness
Raise up on toes, raise heels	Calf symmetry, leg strength

May require reflex hammer, tape measure, pin, and examination table.

SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

**PHYSICAL EXAMINATION
ITEMS TO BE EVALUATED**

Station 1 - Individual History

All YES items in the history are reviewed in detail to determine if they constitute a risk to participation by the athlete, or need additional evaluation.

Station 2 - Blood Pressure

Right arm, sitting. Values needing recheck and possible further evaluation are:

Under 11 Years 130/75
12 years and older 140/85

Station 3 - Vision (Snellen)

Uncorrected vision less than 20/200, corrected vision less than 20/40 requires further evaluation.

Station 4 - Skin, Mouth, Eyes, Ears

Pustular acne, herpes or other infections, athlete's foot; braces, dental prostheses, severe caries, pupil inequality, contacts; ear drainage, malformation.

Station 5 - Chest

Review of cardiac-related history. Heart enlargement, pulse discrepancy, murmurs, abnormal rhythm, forced expiratory maneuver, evidence of latent bronchospasm.

Station 6 - Lymphatics, Abdomen, Genitalia

Cervical or axillary adenopathy, organomegaly, absence of testicles, and hernia (males only).

Station 7 - Orthopedic

Asymmetry, scoliosis, swelling or deformity, decreased range of motion or strength

Station 8 - Review

CLEARANCE

- Cleared for ALL (*collision, contact/endurance sports, and other sports*)
- Cleared only for *contact/endurance sports and other sports*
- Cleared only for *other sports*

Definition: [Collision=Football and Wrestling]; [Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Soccer, Tennis, Track, Volleyball, Competitive Cheer and Competitive Dance]; [Other Sports=Golf]

- Cleared for ALL, but with recommendations for further evaluation or treatment for _____
- Above clearance to be granted only after _____
- Clearance cannot be given at this time because _____

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT OR GUARDIAN PERMIT**

I hereby give my consent for _____ GRADE _____
Name (Please Print) 2015-16 School Year

who was born at _____
City, Town, County, State

on _____ to compete in SDHSAA approved athletics for _____ High School
Date of Birth

during the 2015-2016 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Date _____, 20 _____ Signed _____
Parent or Legal Guardian

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

INITIAL PRE-PARTICIPATION HISTORY

SEE REVERSE SIDE FOR

HEALTH HISTORY QUESTIONNAIRE

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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**SOUTH DAKOTA HIGH SCHOOL
ACTIVITIES ASSOCIATION
PHYSICAL EXAMINATION FORM**

Date Exam Expires: _____
Check Appropriate Physical Exam Term:
____ Annual ____ Biennial ____ Triennial

NAME _____ GRADE _____ DATE OF BIRTH _____
CHECK ONE: ____ MALE ____ FEMALE (2015-16 School Year)

1. Blood pressure (sitting) _____ / _____ Repeat in 5 minutes, if elevated _____ / _____.

2. Height _____

3. Weight _____

4. Vision 20/ _____ (L) 20/ _____ (R)

5. Head _____

6. Mouth (dentures, braces?) _____

7. Eyes (contacts?) _____

8. Chest/lung _____

9. Heart

a. Heart sounds _____

b. Murmurs _____

c. pulse (rad. vs fem.) _____

d. rhythm _____

10. Abdomen

a. liver or spleen _____

b. masses _____

11. Genitalia (males only)

a. hernias _____

b. testes _____

12. Orthopedic

a. cervical spine _____

b. shoulder shrug _____

c. deltoid _____

d. arms/elbow _____

e. hands _____

f. hips _____

g. knees _____

h. ankles _____

i. Scoliosis _____

	Normal	Abnormal	COMMENTS
4. Vision	_____	_____	_____
5. Head	_____	_____	_____
6. Mouth	_____	_____	_____
7. Eyes	_____	_____	_____
8. Chest/lung	_____	_____	_____
9. Heart			
a. Heart sounds	_____	_____	_____
b. Murmurs	_____	_____	_____
c. pulse	_____	_____	_____
d. rhythm	_____	_____	_____
10. Abdomen			
a. liver or spleen	_____	_____	_____
b. masses	_____	_____	_____
11. Genitalia			
a. hernias	_____	_____	_____
b. testes	_____	_____	_____
12. Orthopedic			
a. cervical spine	_____	_____	_____
b. shoulder shrug	_____	_____	_____
c. deltoid	_____	_____	_____
d. arms/elbow	_____	_____	_____
e. hands	_____	_____	_____
f. hips	_____	_____	_____
g. knees	_____	_____	_____
h. ankles	_____	_____	_____
i. Scoliosis	_____	_____	_____

SPORTS PARTICIPATION RECOMMENDED FOR:

- _____ Cleared for ALL (*collision, contact/endurance sports, and other sports*)
- _____ Cleared only for *contact/endurance sports and other sports*
- _____ Cleared only for *other sports*

Definition: [Collision=Football and Wrestling]; [Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Soccer, Tennis, Track, Volleyball, Competitive Cheer and Competitive Dance]; [Other Sports=Golf]

- _____ Cleared for ALL, but with recommendations for further evaluation or treatment for _____
- _____ Above clearance to be granted only after _____
- _____ Clearance cannot be given at this time because _____

NAME OF EXAMINER (PRINT) _____ DATE _____, 20____

SIGNATURE OF EXAMINER _____

NOTE: The following licensed medical personnel are qualified to perform the examination and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physician Assistant and licensed Nurse Practitioner.

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT AND STUDENT CONSENT FORM**

School Year: 2015-2016 Name of High School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The Parent and Student hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.
2. Understand and agree that (a) by this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death; and (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility.
3. Consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and
4. Consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. *If I do not wish to have any or all such information disclosed, I must notify the above mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.*

I acknowledge that I have read paragraphs one (1) through four (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participating in activities.

DATED this _____ day of _____, 20____

Name of Student (Print Name)

Student Signature

I am the student's parent/guardian. I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. I hereby give my permission for _____ (student's name) to practice and compete for the above named high school in activities approved by the SDHSAA.

DATED this _____ day of _____, 20____

Parent/Guardian (Print Name)

Parent/Guardian Signature

**THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR
INSPECTION AT THE SCHOOL**

CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)

Students Name _____ Date of Birth _____

1. I authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2016.
6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

Signature of Parent

Date

This form must be completed annually and must be available for inspection at the school