

PARENT/STUDENT HANDBOOK HUCREST ELEMENTARY

2020-2021



Full Steam Ahead!

1810 NW Kline St.
Roseburg, OR 97471
Phone 541-440-4188 Fax 541-440-4191

2020-2021 is a new beginning for Hucrest in so many ways. We have a new principal and a new theme around our new direction as a school. New beginnings bring new energy and life to things. Hucrest is no different. As we travel this new railroad of learning, we are going to let the STEAM engine lead some of what we do. STEAM (Science, Technology, Engineering, Art and Math) will help us find engaging learning and activities for students that integrate the areas of science, technology, engineering, art and math in a way that brings the knowledge gained into the real world. After all, we want the education of our students to connect them to the world in which they will live and work.

Our goal is for students to learn how to work together, we call that collaboration; to increase their critical thinking skills with problem solving and creativity; and we want students to see possibilities of how to use their learning and knowledge in their choices for careers and jobs that they will have in the future. We want to prepare them to be happy and productive community members.



2020– 2021 Hucrest Staff, the Heartbeat of Our School Community



Principal **#5923**
Office Manager Mickey Everhart **#5900**
Office Assistant Dolly Finnie **#5922**

CDS **#5932** Kristen Miller
Music **#5923** Colin Hurowitz
Speech **#5929** Heather Hull
Psychologist **#5937** Kelly Kirk

Librarian **#5928** Marci Michael
LRC **#5919** P.J. Elliott
Support Specialist **#5932** Corina VanBurger

P.E./Health & **#5950** Kylie Smith
Wellness Instructor

Food Service **#5930** Liz Elder
Fonda Johnson

Site Operator Christy Spencer
Custodian Tracy Creamer

Specialist Shannon Darland

Instructional Barb Childers
Assistants Michelle Chrisenbery
Amy Cunningham
Dolly Finnie

 Tracy Hoffman
Denise Inman
Carol Latall
Ann Schneider

Lisa Shaklee
Sunny Stevinson
Yvonne Wood

	Rm#	Ext #	
Kindergarten	7	#5907	Bethany Worthington
Kindergarten	8	#5908	Elise Sensabaugh
Kindergarten	9	#5909	Tana Laughlin
Grade 1	1	#5901	Bethany Gladding
	2	#5902	Denise Emery
	3	#5903	Sandy Remington
	40	#5940	Kate Newman
Grade 2	4	#5904	Elizabeth Smith
	5	#5905	Emily Lazur
	6	#5906	Janine Lopez
Grade 3	10	#5910	Lisa Pardon
	11	#5911	McKayla Meunier
	12	#5912	Irene Noyes
Grade 4	16	#5916	Heather Hughes
	17	#5917	Michele Weaver
	18	#5918	Heidi Baker
Grade 5	13	#5913	Cary Cermak-Rudolf
	14	#5914	Jason Hughes
	15	#5915	TBA

Direct Line (440-4188) & School cell (391-3073)

Hucrest School utilizes a direct line and a voicemail system. The direct line will ring in the office and be answered by a receptionist. The receptionist will either address the need, transfer the call to an employee, or connect the caller to a specific voice mailbox. Voice mail box numbers are 59+ the teacher's room number. For example, Sandy Remington is 5903 since she is in room #3. The extension numbers are listed above.

Since staff members retrieving their voice mail messages cannot be guaranteed during parts of the day, contact the receptionist for the following circumstances:

- To let us know of your child's absence
- To let us know about an emergency
- To let us know if your child will be picked up early for an appt. or picked up by someone not on the pickup list.
- To get a message to your child before the end of the teaching day.
- Please leave messages prior to 2:30 P.M. (1:30 on Wednesday)





DAILY SCHEDULE		
Begin		End
8:20	Breakfast Served	8:50
8:30	School Buses Arrive, Doors Open to Students	8:30
8:50	Students in Classroom	8:50
9:00	Morning Announcements/Morning Meeting	9:20
10:30	Recess for Kindergarten and 1st Grade	10:45
10:45	Recess for 2nd through 5th Grade	11:00
11:30	Lunch and Recess for Kindergarten	12:15
11:45	Lunch and Recess for 1st Grade	12:30
12:00	Lunch and Recess for 2nd Grade	12:45
12:15	Lunch and Recess for 3rd Grade	1:00
12:30	Lunch and Recess for 4th Grade	1:15
12:45	Lunch and Recess for 5th Grade	1:30
1:45	Kindergarten and 1st Grade Recess	2:00
2:00	2nd Grade Recess	2:15
2:30	Wednesday Dismissal	2:30
3:30	Dismissal	3:30

SPECIALS

Students are on a six-day rotating schedule for “Specials.” Students will receive music and PE/Health and Wellness twice during this rotation; library/technology and CDS will be once a week.

Lunch/Breakfast Program

Hucrest School offers a “choice” program for school lunches. Students are able to select from a fruit and vegetable bar along with a choice of entrees. The expectations around Being Respectful, Responsible and safe are taught and reviewed for the cafeteria as they are in all parts of the building and playground.

Student breakfast price is \$1.45. Reduced price is **free**.

Breakfast Time; 8:20, we will be serving breakfast at school until 8:50 A.M.

Student lunch price is \$2.55, reduced price is **free**.

Pupils who bring their own lunch may purchase **milk for \$.50**. Lunch times listed above.

Adult breakfast is \$2.50 & lunches are \$4.05

Lunch money is collected in the cafeteria preferably before the start of our school day.

Parents wishing to purchase a school lunch can do so by contacting the cafeteria before 9:15.

Please keep the number of visitors to a minimum as we have limited seating.

Parents may go, www.roseburg.k12.or.us to see the monthly lunch menu or put money on their students lunch account electronically.

Children from households that meet income guidelines are eligible for free meals.

Forms are available in the school office.

All meal prices and times may be subject to change.

Arrival/Departure

For reasons of safety and liability, students are **NOT** to arrive at school before 8:30 A.M. unless they are eating breakfast in the cafeteria which opens at 8:20. It is also necessary to send students directly home after school except when they are enrolled in supervised extracurricular activities. The school playground is closed until 4:00 as we do not provide supervision of the playground after school.

If a child is going to a location other than of what the school would have knowledge, the child must bring a note or the school must be contacted. Bus drivers will not drop students off at a stop other than your original requests without written notification to the office and a bus pass from the school office.

Once students have arrived at home or at a designated child care location, the parent assumes responsibility for the child. Parents are expected to arrange child care rather than have children at school outside “supervised” hours of 8:30 to 3:30.

Early Release Days

During the year there will be a 2:30 release time each Wednesday. This early release day and time has been standardized throughout the district and will be used for professional growth and collaboration of our staff with a goal of improving student learning. Buses will arrive exactly one hour earlier than normal.

Signing Out

Students are not allowed to leave the school grounds after they arrive at school. If you will be picking up your child early, please send a signed note indicating who will pick up your child and when; a copy will be sent to the teacher. The school will not release your child to those not listed on your emergency contact list unless you have called the school office or sent a signed and dated note with your child. **We ask that when picking up a child at the end of the day, you don’t come in the building prior to 3:20 and that you wait in the front office area and not in the hallways for safety reasons.**

Volunteers and Visitors

Adult volunteers and visitors are always welcome at Hucrest. Stop by the office and sign in. Volunteers log in on the computer, and visitors sign in at the front counter; we ask all adults to obtain a Visitor tag if leaving the office area to go to any other part of the building during school hours.

Visitation by Other Children

Visits to classrooms during class time by preschool children or children not attending Hucrest are not permitted. Out-of-town guests may visit school if prior arrangements have been made with the teacher and principal.

Emergency Closure

You are urged to make arrangements for the care of your child in case of an emergency school closure and inform your child what to do and where to go if this occurs. Let the school know as well. The district website (www.roseburg.k12.or.us) will be updated as soon as those decisions are made. In hazardous weather, the superintendent and the Director of First Student Bus Company will decide to close school after actual assessment of bus routes. Announcements will be made as early as possible and communicated through our “One Call Now” notification system to the phone number provided at registration. Local radio and television stations will also be informed.

Transportation



Bus transportation to and from school is provided for students living outside walking distance. Riding the bus is a privilege. Students that misbehave on the school busses can be denied transportation privileges. Parents must request, in writing, permission for their child to ride a different bus or get off at a different bus stop. Requests are to be brought to the

office and a form will be filled out. This form will be given to the bus driver. Please be aware that video cameras are used on the bus to ensure safety and address any difficulties that may arise.

Bicycles and scooters must be walked on school property.

The school is NOT responsible for bicycles parked on school grounds. Please use a locking device.



One of our biggest safety concerns is dismissal for students. Since all of our students are dismissed at the same time and because all of our buses are present at that time, **we cannot allow students to be picked up in the circular drives in front of the school. When walking with your children, please use crosswalks.** (See map below).

STUDENT BUS RESPONSIBILITIES

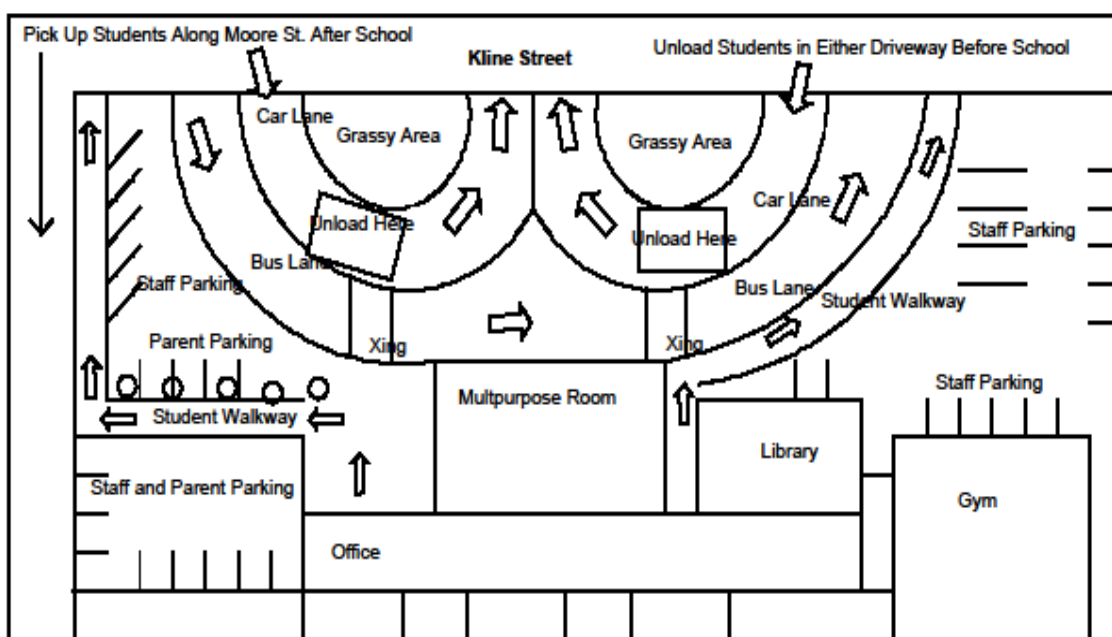
Our district contracts with First Student Bus Company for transportation. Bus stops are established each fall by the administration and First Student Bus Company. Your child will bring home a set of bus rules. These will be reviewed with students at school; it will help if you also review them with your child. Any student who seriously disregards any of the rules may be issued a citation by the driver. It could result in loss of riding privileges.

Students not normally riding a bus must present a note from their parents to the school office that indicates the date and destination (i.e. Grandma's house, Boys & Girls Club, music lessons, etc.). If your child is going home with a friend, please include the friend's name, address and bus stop on your note, and a bus pass will be issued.

Parking/Traffic Safety

The map on the bottom of this page indicates parking areas for parents and visitors. We ask that all of the bus and automobile lanes be kept free in front of the school, and that all parking be in designated areas only.

Students and parents should avoid walking outside of the marked walkways. Students have a marked waiting area in front of the school and may not wait in the parking lot or driveway to pick up.



Absences

Regular school attendance and school achievement are directly linked to each other; therefore, we encourage and ask for regular attendance. We also encourage parents to consider each situation carefully when a child appears or is ill. When your child is going to be absent, please call the office as soon after 8:00 A.M. as is possible. We will record the information and let the teacher know about the absence immediately. An absence not called in is marked unexcused.

Absences that are a result of parent travel should be cleared prior to the student leaving school. Pre-arranged absence forms are available at the school office for any school absences other than illness.

Tardy

Each classroom begins with morning meetings and a time to connect and build relationships with the teacher and peers. Avoid missing this time of the school day; this is such an important time and important way to start the school day. Go right to classroom when arriving after 8:50 and do not delay in getting to this important time. If you arrive after 9:15 A.M., the adult and student must report in at the office for a pass into the building. This will alleviate the automated call system to call the parent.

Medical Problems

It is important that any unusual medical problems be brought to the attention of the school office and your child's teacher early in the year. Up-to-date information is very important for his or her safety.

Head Lice

Should a case surface during the year, we will check the other students in the classroom and the classroom(s) of that child's siblings. Those students who are found to have head lice must by law be excluded from school until the problem is corrected. We will handle all known cases as discretely as possible. If you have a case of head lice in your home, please let the office know so that the classroom (s) can be check or watched for other occurrences.

Remaining Indoors

Children go outside for recess. If for any health reason your child should not go outdoors, please let the teacher know.

Accidents

If your child is injured, first aid will be applied to minor abrasions; however, if it appears the injury may need medical attention, you will be promptly notified. Should we be unable to locate you and the injury appears to be serious, we will seek medical attention.



Additional Health Information

Sickness and Infections: Children should be kept at home when they are suffering from an infectious condition such as severe colds, elevated temperature, or symptoms of viral infections. If your child has an infected area on his/her face, arm or hand and is being treated by a doctor with medication and is not contagious with this medication, please keep it covered during school hours and send a note with your child to the classroom teacher. **You will be notified to come and pick up your child when they become ill or injured. When a child will not be at school due to illness or other reasons, call the office before 10:00 A.M. to report the absence on that day.** Our automated caller picks up student absences at 10:00. A note may be given to the office if a call was not possible.

Communicable Diseases: A child suspected of a communicable disease will be excluded from school the day symptoms are noted. Parents who suspect their child has a communicable disease should keep them home and contact either their family physician or the health department. Students excluded for a communicable disease must have a written excuse from the health department or a physician to return to school.

Medication: Oregon State Laws medication dispensing is as follows: **1)** Parent/guardian must fill out the medication form provided by the school for **ALL MEDICATION** taken at school both prescription and non-prescription. **2)** Parent/guardian must bring the medication into the office themselves. Children are not to bring any medication to the school. **3) All medication must be in the**

original containers and kept in the office. 4) Prescriptions must be labeled (ask your pharmacist for a small labeled bottle for the school). **5)** Parents must deliver & pick up **ALL** medications including nonprescription medication such as cough drops/chap stick.



Immunizations

If your child is enrolling for the first time in an Oregon school, by Oregon Law he/she must have proof of a minimum number of immunizations. You must get a record of the correct dates and record them on the Oregon Health Immunization Record provided when you enroll your child.

Sports Program

Sports and activities for students are available through RSP/Boys & Girls Club and the YMCA. Information on activities will be out to parents as soon as it is available from the Boys & Girls Club and YMCA. The contact number for Boys and Girls Club is 440-9505 and the YMCA, 440-9622.



The Kids Connection

The Kids Connection, a YMCA program housed at the YMCA, is for after school childcare for elementary children. Any questions can be directed to the YMCA at 44-YMCA or 673-5501. A summer program is also provided.

Club House Program

The Boys & Girls club offer an after-school program for students in 1st thru 12th grade from 2:30 to 6:30. A yearly membership fee is required, and bus transportation from Hucrest is provided. The program is closed the last week of the school year.

Hucrest Gym Rental and Fields

The gym rental fee is waived for elementary student activities and nonprofit organizations. Coaches who have signed up with the Boys & Girls Club, YMCA, or Cal Ripkin can come to the Hucrest office and fill out an agreement form to sign up for times and areas for their teams to practice. The days and times slots for both the gym and the field are Monday through Friday, 3:30 to 5:00 pm; 5:00 to 6:30 pm; and 6:30 to 8:00 pm. The gym is closed to all groups any day that the school is closed. Please, do not show up prior to 3:30 on Wednesday as the staff is still conducting business. Students who have practice on Wednesdays must go home as usual and then return for practice. We do not have student supervision after school.

Curriculum

We offer instructional programs that parallel our district and state requirements. These include ELA which includes reading, writing, speaking and listening. Additionally, we have math, science, PE/health and wellness, music, social studies and SEL (Social Emotional Learning). We value library and technology and have specific time set aside for both.



Special Programs

If your child is in need of special help for learning, behavioral, emotional or speech difficulties, assistance is available. Your child's teacher will be able to confer with you regarding these services. Our elementary counselor or CDS helps to coordinate these services through our PBIS (Positive Behavioral and Instructional Support) team.

2020/2021 Calendar

School Newsletter	.....	Monthly
Calendar & Menu	.....	Monthly
Kinder Registration	.....	April TBA
Student Registration	.....	Online
First Day for Students	.....	August 31
Picture Day	.....	September 25
School Carnival	.....	September TBA
Harvest Parties	.....	October 29
Parent Conferences	.....	November 5,6
Winter Parties	.....	December 18
Bingo and Baskets	.....	January TBA
Valentine Parties	.....	February 12
Auction	.....	March TBA
Fund\$ Run	.....	May TBA
Field Day	.....	June 10

District Adopted School Calendar for 2020-2021:

<https://resources.finalsite.net/images/v1578683672/roseburgk12orus/zretlf6lrzvipfh864mq/2020-21SchoolCalendar.pdf>

2020/2021 School Calendar of Holidays / Student Days Off

All Wednesdays	.....	2:30 Release Time
August 31	.....	Classes Begin
October 30	.....	Non-Contracted Day
November 11	.....	Veteran's Day
November 5, 6	.....	Parent Teacher Conferences
Nov 25, 26, 27	.....	NC/ Thanksgiving Holiday
Dec. 19- Jan. 3	.....	Winter Break
January 4	.....	Classes Resume
January 18	.....	Martin King's Birthday
January 22	.....	Teacher Planning Day
February 15	.....	President's Day/Make up Day
March 19	.....	Non-Contracted Day
March 19-28	.....	Spring Break
April 2	.....	Teacher Planning Day
April 8, 9	.....	Parent/Teacher Conferences
May 31	.....	Memorial Day
June 10	.....	Last Pupil Day

District Message Regarding Student Conduct

Any person having business on school property, either as a student or guest, is expected to comply with the various rules of conduct outlined in this Student Handbook and School Board Policies. Persons present on school property or attending a school-related activity may be disciplined or asked to leave if they engage in misconduct as outlined in School Board Policy.

While students are expected to adhere to the rules of conduct from the time they leave their home in route to school or are otherwise engaged in school-related activities off campus, the Roseburg Public Schools is not able to provide adult supervision while students are walking to and from school, walking to and from school bus stops, or waiting at school bus stops. Students, parents and patrons are encouraged to report any violations of the rules of conduct to the school bus driver, building principal or school district office. Staff will assist students and parents in resolving conflicts and, where appropriate, impose discipline.

Your assistance in helping to assure that every student feels safe when engaged in any school-related activity is greatly appreciated.

Standards of Conduct

All classrooms, library, gym and other locations on campus of Hucrest are united in following the school culture and expected behaviors of **respectful, responsible and safe** no matter the location, recess or activities that include field trips and other outings where Hucrest is being represented by a group of students. Our goal is for students to use self-discipline, Conscious Discipline strategies, PBIS and SEL learnings to guide their actions and behavior.

Rather than a punitive system of discipline, we adhere to the philosophy of teach, reteach, reteach and the use of natural consequences for behavior. Safety issues for self and others may result in suspension. Our primary goals are to assist each student to gain knowledge and develop self-control in a safe, positive learning environment. With combined home and school support we look forward to significant personal growth on the part of every Hucrest student.

Throughout the year we will work with students to be **respectful, responsible and safe** in every situation on our campus. Our goal is not to punish students but rather to help them learn from their mistakes and develop their own potential so that they can be kind, caring, helpful and successful community members of Hucrest and beyond.

Home-School Communication

Communication between home and school is very important. Too often, rumor becomes the only communication between home and school. Rumors, if allowed to go unchecked, are very detrimental to all concerned. If at any time you have a special concern for your child's education, do call or come to our school so that "first-hand" attention can be given to the matter. Hucrest School is not our school; it is the community's school and the doors are always open for our Hucrest community members!

Playground/Lunchroom Behavior

We will be teaching respectful, responsible and safe behavior during the first several weeks of school and re-teaching throughout the year. We teach and reteach students what it looks like and sounds like both in the school and on the playground.



Instructional Program

Homework assignments are limited, but situations do develop such as make-up work due to absences, special help being needed, and extended assignments that may further enhance your child's education. These will require extra time on the part of the students. A certain place set aside where your child can do his or her homework undisturbed is recommended.



Title IX

The Roseburg Public Schools are in compliance by providing equal educational opportunities. According to School District Policy #7010, no person shall, on the basis of age, handicaps, marital status, national origin, race, religion, or sex, be subjected to discrimination under any educational program or activity administered or authorized by the Board of Directors.

Private Placement of Students

While parents have the option of placing their children in private schools or obtaining additional services (such as tutoring) from a private individual or organization, the District is not obligated to cover resulting tuition or costs. If a parent wishes the District to consider a publicly funded private placement or private services, the parent must give the District notice and opportunity to propose other options available within the public-school system before the private placement or services are obtained.

Therefore, for any regular education, 504 or IDEA student, a parent must give notice either at the last IEP meeting prior to obtaining private services or in writing at least 10 business days prior to obtaining private services. The notice must include the parent's intent to obtain private services, the parent's rejection of the educational program offered by the District and the parent's request that the private services be funded by the District. Failure to meet these notice requirements may result in a denial of any subsequent reimbursement request.

Child Development Specialist (CDS)

Our Development Specialist provides services for the entire school community. She teaches classroom lessons focused on developing problem-solving skills, effective communication, understanding self and others, and teaching children about personal safety. Small groups are available to further assist students in the development of these skills. CDS also meets with parents, providing support and consultation. Working with the principal, classroom teachers, and district specialists, CDS helps coordinate the PBIS process which offers a school-wide process to address the individual academic and/or behavioral needs of individual students. The CDS also coordinates the needs of Hucrest families with available community resources.

LIBRARY

Hucrest Library has an excellent collection of print and non-print materials available for check out by students and parents. We also have preschool books available. Parents may have their own library account. Volunteers are always welcome.

Check out: Classes come in once a week for instruction, literature and check out. Kindergarten students may have one book per week; grades 1-3, two books and grades 4-5, three books. More books may be checked out for research at the teacher's discretion. Books are due each week, with a grace period of one week before they are considered overdue. Overdue notices will be sent home frequently.

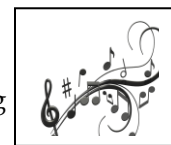
Sometimes books are lost or damaged. If that occurs, payment should be made to the library so a replacement may be purchased.





Music Program

Besides music during the school day, Mr. Hurowitz offers after-school Choir and Band Class starting in Sept. and ending in April. Specific days and times will be determined at the beginning of the year.



Physical Education

Your child is required to take part in Health and Wellness unless excused for medical reasons. If your child should not participate, please send a note to his/her teacher.



Directory Information

In accordance with the Family Education Rights and Privacy Act, Roseburg Public Schools considers the following to be "Directory Information." Rosters of student names, addresses, telephone numbers, and related information will be used only for official school business **and** will not be distributed to commercial firms, other agencies or private parties. Parents may, through registration or by providing notice to the school, prevent the school from publishing such information about their child(ren) or from distributing to school-affiliated groups such as the Booster Club.

- Student Name
- Student Addresses
- Parent Names
- Phone Numbers
- Honors and awards earned by students
- Names of high school graduates
- List of participants in officially recognized activities and sports
- Weight, height, and class of members of athletic clubs

Invitations to Private Parties

Occasions sometimes arise when a family may wish to invite classmates to their home for a party. Due to student pressure and embarrassment, we ask that invitations be sent home by mail or by telephone. In cases where all but one or two students get invitations, we have found social and personal problems develop. **We cannot give out student addresses for reasons of privacy.**



Student Gifts

We have received quite a few balloons, flowers and other gifts at school during the past few years. Because this can be disruptive to the classroom, we give them to students at the end of the day.

Toys and Electronic Devices

Please do not let your children bring dolls and toys to school unless approved ahead of time by the teacher or as a school activity. Personal toys and balls may not be taken to the playground. We provide equipment for all children. The school is not responsible for lost, stolen or damaged items. Electronic devices like i-Pods and gaming devices are not allowed.



Cell Phones

If parents have their child bring one for before or after school communication, the student needs to have it **TURNED OFF AND KEPT IN THE STUDENT'S BACKPACK** during school hours, not in pockets. When at school, students must have permission to use a phone of any type.



Use of Telephones

Students are permitted to use the school telephones with teacher or staff permission. They are encouraged, however, to make all after school arrangements prior to the school day. It is our desire to keep our lines as open as possible for regular school business and possible emergencies.

Parent Involvement Groups

Hucrest Booster Club:

The Hucrest Booster Club provides the opportunity for parents and teachers to get together, share ideas and take action regarding items of importance concerning our children and their education. The Booster Club also handles all of our fund raising and provides dollars that benefit all Hucrest students. **All parents are urged to take an active part in the organization.**

Booster Club officers currently are as follows:

President: Tracy Hoffman
Vice President: We need you here
Secretary: Charity McLin
Treasurer: Aleesa Hartt



Directors at Large: Will be determined in the fall of each year

DRESS AND GROOMING

Dress and grooming while in school is basically an individual and family responsibility. When, in the opinion of the principal, the student dress is disruptive, unsafe or non-hygienic, appropriate action will be taken. When dress and grooming disrupts the learning process while in school, for the individual students or the learning climate of the school, it becomes a matter for counseling with the student and/or parent. The total learning climate of a school is important to the satisfactory progress of students. We place major emphasis upon developing an environment where the teaching-learning process will flourish with as few constraints as possible through an encouraging and positive culture that supports the individuality of students and the environment of our school.

Student dress and grooming is the responsibility of the individual and family under the following guidelines:

1. Dress code:
 - a. Dress and grooming shall be clean and in keeping with health, sanitary and safe practices.
 - b. Dress and grooming shall conform to the District's Secret Societies/Gang Activities policy. Wearing any clothing, jewelry, emblem, badge, symbol, sign or other item determined by building administrators as evidence of membership or affiliation in an illegal gang or group involved in illegal activities is strictly prohibited.
2. When a student is participating in special activities, his/her dress and grooming shall not disrupt the performance or constitute a health threat to the individual or other students:
 - a. Provisions for dress and grooming in special activities should arise directly out of the needs of the activity.
 - b. Dress and grooming shall not be such as to disrupt the teaching-learning process. Extremes will be avoided.
3. Hair code:
 - a. Hair, for both boys and girls, shall be clean and free from disease. In any class involving machinery, flame or harmful chemicals, all hair shall be shielded or suspended so as to be safely protected from contact.



Please review the following pages, as some are required forms needing completed and signed, then turned into the school prior to your student attending.

Annual Notification of Rights – Our release of student information policy.

Authorization to withhold meals - This form is intended to inform cafeteria staff that you DO NOT want your child purchasing meals from the school. Once the form is received, we will put an alert on their account, prompting the cafeteria staff to inquire as to if they have a meal from home. However, we are required by law to feed any child that asks for a meal.

Elementary Transportation Form – Required for all K-5 students annually.

Google Apps for Education – Required for all NEW students to the district.

HKOP Consent for Dental Hygiene Services – Required for all K-5 students regardless if you are opting out or not.

Dental Screening Certification Form – Required for any K-5 student who has selected to “opt out” of the HKOP Dental Hygiene Services in order to collect more details that we are required to report to the state.

Medication Administration Form – Required for any student who needs medications administered during school hours.

Self-Medication Agreement – Required for all students who wish to self medicate and who have met all the required criteria.

Oregon Certificate of Immunization Status – Required for all NEW students to the district.

Permission Form – Required annually for all students. Secondary schools (grades 6-12) typically send home individual class permissions slips for upcoming activities or field trips.

Records Request Form – Required for all NEW students to the district.

Temporary Guardianship Agreement – Required for certain family circumstances. Please contact your child’s school to find out if this applies to your family situation.



ANNUAL NOTIFICATION OF RIGHTS:

The following is a notice to parents and eligible students (who are 18 years of age or older) of their rights regarding student records and information.

I. Annual Notification of Your Rights Under FERPA

As a parent/guardian of a Roseburg Public Schools (RPS) student you have certain rights regarding your child's education records under the Family Education Rights and Privacy Act (FERPA), and applicable state law. The rights are summarized below.

1. **Review of Student Records:** You have the right to inspect and review your child's education record. You may contact the principal of the student's school to request an appointment to review the records. The school will make arrangements for access and notify you of the time and place where your child's records may be inspected.
2. **Amendment of Student Records:** If you believe your child's records are inaccurate or misleading, you have a right to make a written request for the school to amend the records.
3. **Disclosure of Student Records:** Without your prior written consent, only individuals having a legitimate educational interest, officials in the school systems in which a student intends to enroll, and certain authorized officials may have access to your child's educational records. However, certain routine information, called *directory information*, may be disclosed without your consent. See Parental Privacy below.
4. **Right to File a Complaint:** If you believe your rights under FERPA have been violated you have the right to file a complaint with the Family Policy Compliance Office in the U.S. Department of Education.

All of the rights described above transfer to a student who is 18 years old or is attending a post-secondary education institution.

II. Student and Parent Information and Image Disclosure (Directory Information)

FERPA allows the District to provide *directory information* upon request without the prior permission of parents or students.

Directory Information includes the following items:

- Parent(s) name and email address
- Student's name, address and telephone listing
- Date of birth
- Student's image (ex. photo, print, video)
- Participation in sports and activities
- Student's grade level, teacher(s), class(es) and/or classroom(s)
- Weight and height of athletic team members
- Student's gender
- Dates of attendance
- Most recent previous school or program attended
- Degrees or awards received

The primary use of *directory information* is to allow for the inclusion of your child's information and image for school district use in publications such as yearbooks, class composites, playbills or other programs showing participation in athletics or activities, teacher and curriculum websites, and the District and school websites and social media.

Video and/or photographs of our students, their class activities, and their student work may be displayed in our buildings, on our websites, and used outside the District for District-authorized purposes.

We occasionally will release directory information upon request to third parties such as parent organizations and news media for directories or other means of supporting schools and school programs.

If you do NOT want the District to disclose directory information to include photo and video from your child's education records, you must notify the office at your child's school in writing within two (2) weeks of starting school. This notification must be submitted on an **annual** basis.

Classroom Internet Use - After being trained by school staff on the acceptable and appropriate use of technology, students will make use of the Internet on a regular basis for classroom instruction and online assessments. Student Internet use is monitored by staff and web content is filtered by Children's Internet Protection Act (CIPA) compliant tools. If you do not want your student to access the Internet at school **you must notify the office at your child's school in writing, prior to the start of school.** This notification must be submitted on an **annual** basis.

Additional forms may be required to complete your students registration, and can be located on our website by clicking on [Registration Forms](#). From there you will be able to print, complete and sign any remaining forms. You will have the option to upload through ParentVue, or hand deliver to the school on their registration dates.



Roseburg Public Schools

Parental Authorization to Withhold Meals

Parent/Guardian-we believe that being hungry negatively impacts student's health and academic performance. With HB3454, we as a District and Nutrition Service Department, are not allowed to refuse a meal to a student if they request one, unless we have your permission to withhold that meal. If the student does request a meal, you as a parent/guardian are responsible for paying for that meal.

By signing this document, you are directing district staff to withhold meals from your student.

I, _____ (Print Parent/Guardian name)

do not wish for my child(ren) listed below, to eat meals in the school cafeteria without my explicit permission. If I am unable to be reached by you at the phone number(s) listed below and my child has indicated that they did not bring a lunch from home, I give permission for you to feed my child at my expense.

Date: _____

Parent/Guardian signature: _____

Phonenumber(s) to be called: _____

Print your children's names(s)

AND

Your children's school(s)

Please return this form to the Nutrition Department at:
1419 NW Valley View Dr. Roseburg, OR 97471

THIS FORM MUST BE COMPLETED ANNUALLY

Free & reduced meal application information: www.roseburg.k12.or.us. Go to Nutrition Department- applications found on left side of page. Important if applying on-line: you can't do it through your phone and make sure to choose Douglas County #4 when prompted.

Meal count collection procedure: see link on Nutrition webpage titled Nutrition Services Operating Procedures.



Roseburg Public Schools

Elementary Transportation Information

Students Name: _____ Date: _____

School: _____ Teacher Name: _____ Grade: _____

Please note: Please notify the school of any change of transportation plans **at least one hour** prior to the end of the school day. Wednesdays are early release days. All students must leave the school campus at the end of the day and go to their designated area. Any change of plans should be made **before** arriving to school with parent or guardian permission.

My child will arrive at school by:

☐ Riding the bus - Bus#_____ ☐ Walking ☐ Riding Bike ☐ Getting dropped off

AM Bus Stop: _____

In the afternoon, my child will:

☐ Ride the bus home - Bus#_____ ☐ Walk home ☐ Ride Bike home ☐ Get picked up

☐ Ride the bus to Boys & Girls Club ☐ Ride bus to Daycare

☐ YMCA (Only available for Fullerton, Hucrest, and Melrose students)

PM Bus Stop: _____

Alternate Afterschool destinations:

Daycare Name: _____ Address/Phone: _____

Name: _____ Address/Phone: _____

Name: _____ Address/Phone: _____

*If you require an alternating schedule, please indicate alternating **afternoon** transportation schedule:

	Bus	Pick-up	B&G Club	Daycare	Walk	Other
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Reminder: Wednesdays are early release days! Only those listed on your registration forms will be allowed to pick up students, unless we have permission from a parent or guardian at least 1 hour prior to the end of the school day.

Parent Signature: _____ Date: _____

!! PLEASE COMPLETE AND RETURN TO THE SCHOOL YOU ARE REGISTERING WITH - REQUIRED FOR ALL ELEMENTARY STUDENTS !!



Roseburg Public Schools

Google Apps for Education

Student Permission Form

Roseburg Public Schools will provide students with Google Apps for Education accounts. Apps for Education includes free, web based programs providing word processing, spreadsheet, presentation and collaboration tools for Oregon students and teachers. This service is available through an agreement between Google and the State of Oregon.

Apps for Education runs on an Internet domain owned and managed by Roseburg Public Schools and is intended for educational use only. This permission form describes the responsibilities of the school, students and parents in using Apps for Education.

Apps for Education is available at school and at home via the web. School staff will monitor student use of Apps when students are at school. Parents are responsible for monitoring their child's use of Apps when accessing programs from home. Students are always responsible for their own behavior.

Student Use of Apps for Education

Apps for Education is primarily for educational use. Students may use Apps for personal use subject to the restrictions below and other school rules and policies which may apply.

- **Privacy** - School staff have access to student accounts for monitoring purposes. Students have no expectation of privacy on the Apps system.
- **Limited personal use** - Students may not use Apps tools for:
 - Unlawful activities
 - Commercial purposes or activities for personal financial gain
 - Inappropriate sexual or other offensive content
 - Threatening another person
 - Misrepresentation of Oregon Public Schools, staff or students.

Access Restriction

Access to and use of Apps for Education is considered a privilege accorded at the discretion of the District. The District maintains the right to immediately withdraw the access and use of Apps when there is reason to believe violations of law or District policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and possible action.

Student Name: _____ Graduation Year: _____

Parent/Guardian Permission

I give permission for my child to use Google Apps for Education. By doing so I agree to enforce acceptable use when my child is off School District Property.

Parent/Guardian signature:

Date: _____



CONSENT FOR DENTAL HYGIENE SERVICES



Mercy Foundation and Advantage Dental want to help keep your community cavity-free and healthy. A Dental hygienists will be available on site during the year to provide free dental services. These services do not replace regular dental care from a dentist.

PATIENT INFORMATION		School Location:
Patient's Name: _____ Last Name First Name Middle Initial Date of Birth		
My child has: <input type="checkbox"/> OHP <input type="checkbox"/> Private <input type="checkbox"/> None Dentist: _____		
Best phone number to reach you during the day: _____ Friend or family member's name and phone number to reach in case you change your number: _____		
Address / City / State / ZIP: _____		
Grade / Teacher:	List medications currently taking:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Disclose	_____	
The following services may be offered to the patient on an as-needed basis. Please Initial on YES or NO to indicate whether you consent to these services being provided on the patient listed above.		<input type="checkbox"/> Iodine Allergy
Screening (Teeth Check-up)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Shellfish Allergy (shrimp, crab etc.)
Fluoride Coating	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Other Allergies (please list): _____
Sealant	<input type="checkbox"/> YES <input type="checkbox"/> NO	History of:
Silver Fluoride	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Diabetes
Antiseptic for the Teeth (Iodine)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Asthma
Protective Restoration	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Tobacco Use
		<input type="checkbox"/> Behavioral Considerations (please describe): _____
		Other (please describe): _____

If you have questions or would like more information about the services provided, please call Mercy Foundation 541.677.4818 or see attached fact sheet.

Your signature indicates that you have been informed of the risks and benefits of treatment, your questions have been answered, and that you consent to the treatment indicated above.

As the parent/legal guardian, I agree to all of these statements:

- I give consent for dental services initialed/indicated above from Mercy Foundation, Advantage Dental Group, PC (Advantage Dental), and/or one of its representatives.
- The results of the oral hygiene services, including personal health information and scheduling information, may be shared between Advantage Dental, Mercy Foundation's Healthy Kids Outreach Program, the dental provider (hygienist or patient's dentist), the community site, any listed insurance carriers, the dentist of record, any applicable Coordinated Care Organization, and/or the Dental Care Organization of record for purpose of treatment, payment or healthcare operations.
- I have been given a copy of the "Notice of Privacy Practices" and HIE (Health Information Exchange) Notification.
- This consent will remain active for 12 months unless revoked in writing or by calling an Advantage Dental representative.
- This consent is valid at all sites where Mercy Foundation and Advantage Dental provides services.

If you have dental insurance through Medicaid, the Oregon Health Plan or Healthy Kids, the hygienist will notify the plan of the services received.

Print Parent/Legal Guardian Name: _____ Relationship: _____

 Parent/Legal Guardian Signature: _____ Date: _____

300FTP_03252020

FACT SHEET

Not all patients may qualify for all services; provider will determine which services are clinically appropriate based on the patient's individual needs.

Screening (Teeth Checkup)

A dental care professional will look in the mouth to check for changes in teeth that may indicate cavities or other oral health problems.

Risk(s): Decay or other problems could exist and get worse if not discovered.

Alternative(s): No checkup.

Fluoride Coating

A temporary thin coating (also called varnish) put on the teeth to help protect from cavities. The coating is safe even if it is swallowed. It does not hurt or stain the teeth.

Risk(s): Allergy is not common.

Alternative(s): Daily or weekly fluoride rinses, fluoride foam, or fluoride gels applied at your dentist's office.

Sealant

A dental sealant is a white coating put on the chewing surfaces of back teeth where cavities occur most often. Sealants make barriers on teeth that keep bacteria out and prevent cavities. They do not interfere with biting or chewing.

Risk(s): Sealants only protect the chewing surfaces. They can last for several years, but sometimes need to be replaced.

Alternative(s): Silver Fluoride. No sealants. Choosing not to use sealants could increase the chances you will develop decay in the chewing surfaces of the teeth.



Before Sealants



After Sealants

Silver Fluoride

Fluoride with silver looks like water. It is painted on the teeth with a tiny brush and can heal early tooth decay. It goes on quickly, and does not hurt. If there are cavities in the mouth, silver fluoride can stop them from growing, and sometimes even heal them. Cavities that are stopped or healed with Silver Fluoride will turn dark brown or black. Teeth without cavities will not change color. If the color shows a lot, a dental professional can cover it with white filling material. Fillings may not be needed for cavities that are stopped with Silver Fluoride.

Risk(s): If Silver Fluoride comes in contact with skin it will cause a small dark spot that will go away on its own in 1-2 weeks. If it comes into contact with existing white fillings it might stain.

Alternative(s): No Silver Fluoride applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay. Use fluoride toothpaste regularly and have fluoride varnish and sealants applied at your dental office.

How Silver Fluoride looks on a tooth with a cavity



How Silver Fluoride looks on a tooth with no cavity



Before

After

Antiseptic For The Teeth (Iodine)

The antiseptic kills bacteria that cause cavities. When applied before the fluoride coating, it prevents many more cavities than the fluoride coating alone. Iodine is a normal part of our diet from food and is safe. It does not hurt or stain the teeth.

Risk(s): Allergic reactions are not common, but you should not have this treatment if you are allergic to shellfish.

Alternative(s): No iodine applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay.

Protective Restoration

This is a simple tooth colored filling placed in a cavity to protect the tooth until a permanent filling can be done. It relieves pain and helps healing inside of the tooth. No shots are needed. It does not hurt.

Risk(s): Protective fillings may partially fall out, but what is left still protects the tooth.

Alternative(s): A regular filling or cap. Without care, the cavity may get bigger or become painful.

SUMMARY NOTICE OF PRIVACY POLICY

Our Responsibilities: We are required by law to make sure that your protected health information is kept private and follow the privacy practices that are described in our full Notice of Privacy Practices. We may change our privacy policies any time and notify you. You can also request copy of our full Notice of Privacy Practices at any time. For more information about our privacy policies, contact us at 1-866-268-9631.

Our Uses and Disclosures: We use your health information to treat you, manage the health care treatment you receive, run our organization and to pay or bill for your health services. For example, we can use your health information and share it with other providers who are treating you.

There are other ways we are allowed to share your information. These other reasons are so that we can help the public, like public health and research. We have to follow the law before we can share your information for these reasons. We will not use or share your information other than what the law allows us to do; unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

Your Rights: When it comes to your health information, you have rights.

- You can ask to see or get a copy of your health information;
- You can ask us to correct your information;
- You can ask for confidential communications;
- You may ask us to limit what we use or share;
- You can get a list of those with whom we've shared information; and
- You can ask us for a copy of the full Notice of Privacy Practices at any time.

Your Choices: For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care.
- Share information in a disaster relief situation.
- If you can't tell us what you want us to do, for example if you are not conscious, we may share your information if we think it is what is best for you. We may also share your information when needed to lessen a serious threat to health or safety.

Privacy Complaints: If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about your health information, you may contact us at 1-866-268-9631 or TTY 711. You also contact the US Department of Health and Human Services at 1-877-696-6775 or TTY 1-866-788-4089.

Summary of Privacy Practices: This is a summary of our Notice of Privacy Practices. You can ask us for the full Notice of Privacy Practices at any time.

NON-DISCRIMINATION DISCLOSURE NOTICE

Advantage Dental and our providers comply with all applicable state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation

To report your concern or get more information please contact our Compliance Department one of these ways:

- Web: www.AdvantageDental.com
- Email: complianceline@advantagedental.com
- Phone: 1-866-654-3433, TTY 711
- By Mail: 442 SW Umatilla Ave., Redmond OR 97756

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrpor-tal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

If you would like to request this information in another language or an alternate format such as large print, audio disk, braille, etc. please contact Customer Service at 888-468-0022 or TTY 711.

LANGUAGE	TRANSLATED STATEMENT
English	ATTENTION: If you speak [language], you have services available to you free of charge for language assistance. Call 1-888-468-0022 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-468-0022 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-468-0022 (TTY: 711)。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-468-0022 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-468-0022 (TTY: 711) 번으로 전화해 주십시오.
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-468-0022 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-468-0022 (телетайп: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711 (رقم هاتف الصم والبكم: 1-888-468-0022).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-468-0022 (ATS : 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-468-0022 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-468-0022 (TTY:711) まで、お電話にてご連絡ください。
Farsi	وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-468-0022 (TTY: 711) تماس بگیرید.
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-468-0022 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-468-0022 (መስማት ለተሳናቸው፡ 711)፡
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-1-888-468-0022 (TTY: 711).
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-468-0022 (телетайп: 711).
Lao/Loatian	ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມື້ພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-468-0022 (TTY: 711).
Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-468-0022 (TTY: 711).
Ibo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-468-0022 (TTY: 711).
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-468-0022 (TTY: 711).



Do you want your child to receive **FREE** preventative dental health services?

A **FREE** dental program is offered to all students K-12. Mercy Foundations Healthy Kids Outreach Program offers these services at your child's school TWICE during the school year. If you have any type of insurance signing up DOES NOT take away services from others. This is a statewide plan to serve all school aged children with preventative dental care.

Whether selecting yes or no the form must be filled out, signed and returned as a part of registration.

- If **YES**, you would like these preventative services, return the consent form selecting the services you give consent to, then sign, and date.
- If **NO**, please return the consent form selecting "No" to opt out, then sign, and date.

Information provided by Healthy Kids Outreach Program is not intended to replace your regular scheduled dental care with your dentist.. If you have any questions or would like more information about services provided, please call HKOP at 541-677-4818.
THIS INFORMATION WILL BE KEPT CONFIDENTIAL.



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CONSENTIMIENTO PARA SERVICIOS DE HIGIENE DENTAL



Mercy Foundation y Advantage Dental quiere ayudar a mantener a su comunidad saludable y libre de caries. Higienistas dentales estarán disponibles en el local durante el año para proveer servicios dentales gratuitos. Estos servicios no reemplazan el cuidado dental regular de un dentista.

INFORMACIÓN DEL PACIENTE		Ubicación de escuela:																			
Nombre del paciente: _____ Apellido Nombre Inicial de Segundo Nombre Fecha de Nacimiento																					
Mi niño tiene: <input type="checkbox"/> OHP <input type="checkbox"/> Seguro privado <input type="checkbox"/> Ningún seguro Dentista: _____																					
Mejor número de teléfono para comunicarnos con usted durante el día: _____ Nombre y numero de teléfono de un amigo o familiar para comunicarnos en caso de que cambie su número de teléfono: _____																					
Dirección / Ciudad / Estado / Código Postal: _____																					
Grado: _____		Lista de medicamentos que está tomando actualmente: _____ _____ <input type="checkbox"/> Alergia al Yodo <input type="checkbox"/> Alergia a los Mariscos (Camarón, cangrejo, etc.) <input type="checkbox"/> Otras alergias (por favor enumere): _____ _____ Historial de: <input type="checkbox"/> Diabetes <input type="checkbox"/> Asma <input type="checkbox"/> Uso de Tabaco <input type="checkbox"/> Consideraciones de Comportamiento (por favor describa): _____ _____ Otro (por favor describa): _____ _____																			
Género: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Otro <input type="checkbox"/> Elijo No Divulgar																					
Los siguientes servicios podrían ser ofrecidos al paciente a base de necesidad. Por favor ANOTE SUS INICIALES en SI o NO para indicar si consiente a que estos servicios le sean proporcionados al paciente mencionado anteriormente.																					
<table border="0"><tr><td>Examen (Revision de Dientes)</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr><tr><td>Capa de Fluoruro</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr><tr><td>Selladores</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr><tr><td>Fluoruro de Plata</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr><tr><td>Antiséptico para los Dientes (Yodo)</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr><tr><td>Restauración Protectora</td><td><input type="checkbox"/> SI</td><td><input type="checkbox"/> NO</td></tr></table>				Examen (Revision de Dientes)	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Capa de Fluoruro	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Selladores	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Fluoruro de Plata	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Antiséptico para los Dientes (Yodo)	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Restauración Protectora	<input type="checkbox"/> SI	<input type="checkbox"/> NO
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Antiséptico para los Dientes (Yodo)	<input type="checkbox"/> SI	<input type="checkbox"/> NO																			
Restauración Protectora	<input type="checkbox"/> SI	<input type="checkbox"/> NO																			

Si tiene preguntas o le gustaría más información acerca de los servicios proporcionados, por favor llame al Mercy Foundation 541.677.4818 o vea la hoja informativa adjunta

Su firma indica que se le ha informado de los riesgos y beneficios de tratamiento, sus preguntas han sido respondidas, y que da su consentimiento para el tratamiento indicado arriba.

Como el padre/guardián legal, yo estoy de acuerdo con todas las siguientes declaraciones:

- Yo doy mi consentimiento para los servicios dentales con iniciales/indicados arriba de Mercy Foundation, Advantage Dental Group, PC ("Advantage Dental"), y/o uno de sus representantes.
- Los resultados de los servicios de higiene dental, incluyendo información de salud personal e información de citas, pueden ser compartidos entre Advantage Dental, Mercy Foundation's Healthy Kids Outreach Program, el proveedor dental (higienista o dentista del paciente), el sitio comunitario, cualquier aseguradora enumerada, el dentista de registro, y cualquier Organización de Atención Coordinada, y/o la Organización de Atención Dental de registro para propósitos de tratamiento, pago u operaciones de atención de salud.
- Se me ha dado una copia del "Aviso de Practicas de Privacidad" y Notificación de Intercambio de Información de Salud (HIE por sus siglas en ingles).
- Este consentimiento se mantendrá activo por 24 meses al menos que sea revocado por escrito o al llamar a un representante de Advantage Dental.
- Este consentimiento es válido en todo sitio donde Advantage Dental proporciona servicios.

Si usted tiene seguro dental por medio de Medicaid, el Plan de Salud de Oregon o Healthy Kids, el/la higienista notificará a su plan de los servicios recibidos.

Escriba en letra de molde del Padre/Guardián Legal: _____ **Relación:** _____

Firma del Padre/Guardián Legal: _____ **Fecha:** _____

HOJA INFORMATIVA

No todos los pacientes podrían calificar para todos los servicios; el proveedor determinara cuales servicios son clínicamente apropiados basado en las necesidades individuales del paciente.

Evaluación

(Chequeo de dientes)

Un profesional de cuidado dental mirara dentro de la boca para revisar si existen cambios en los dientes que podrían indicar caries u otros problemas de salud oral.

Riesgo(s): Carie u otros problemas podrían existir y empeorar si no son descubiertos.

Alternativa(s): No hacer el chequeo.

Capa de Fluoruro

Una capa delgada temporaria (también llamado barniz) aplicada a los dientes para ayudar a proteger contra caries. La capa es segura aun si es ingerida. Esta no perjudica ni mancha los dientes.

Riesgo(s): Una alergia no es común.

Alternativa(s): Enjuagues bucales de fluoruro diario o semanal, espuma de fluoruro, o gel de fluoruro aplicado en la oficina de su dentista.

Sellador

Un sellador dental es una capa blanca aplicada a las superficies de masticación de los dientes de atrás donde las caries suelen ocurrir más frecuentemente. Los selladores forman una barrera en los dientes que mantiene fuera a la bacteria y previene las caries. Estos no interfieren con el morder o el masticar.

Riesgo(s): Los selladores solo protegen las superficies de masticación. Pueden durar varios años, pero algunas veces necesitan ser reemplazados.

Alternativa(s): Fluoruro de Plata. No selladores. El elegir no utilizar selladores puede incrementar las posibilidades de desarrollar caries en las superficies de masticación de los dientes.



Antes de selladores



Después de selladores

Fluoruro de Plata

El fluoruro con plata se ve como agua. Este es pintado en los dientes con un cepillo pequeño y puede sanar la carie dental precoz. Se aplica rápido, y no duele. Si existen caries en la boca, el fluoruro de plata puede prevenir el que crezca, y algunas veces hasta las sana. Las caries que son detenidas o sanadas con fluoruro de plata se tornaran café oscuro o negras. Los dientes sin caries no cambiaran de color. Si el color se enseña mucho, un profesional dental puede cubrirlo con material para un relleno blanco. Quizá no sean necesarios rellenos para las caries que son detenidas con fluoruro de plata.

Riesgo(s): Si el fluoruro de plata se pone en contacto con la piel causara una pequeña mancha oscura que desaparecerá por sí misma en 1-2 semanas. Si se pone en contacto con rellenos blancos existentes quizá se manchen.

Alternativa(s): No aplicar fluoruro de plata. Esto podría dejar bacteria dañina en sus dientes e incrementar la posibilidad de caries dental. Utilizar una pasta dental con fluoruro regularmente y obtener aplicación de barniz de fluoruro y selladores en la oficina de su dentista.

Como se ve el Fluoruro de Plata en un diente con caries



Como se ve el Fluoruro de Plata en un diente sin caries



Antes

Después

Antiséptico para los dientes (Yodo)

El antiséptico mata la bacteria que causa caries. Cuando es aplicada antes de una capa de fluoruro, previene muchas más caries que la capa de fluoruro por si sola. El yodo es una parte normal de nuestra dieta de comida y es seguro. Este no daña o mancha los dientes.

Riesgo(s): Reacciones alérgicas no son comunes, pero no debería de recibir este tratamiento si es alérgico a los mariscos.

Alternativa(s): No aplicar yodo. Esto podría dejar bacteria dañina en sus dientes e incrementar la posibilidad de caries dental.

Restauración Protectora

Este es un simple relleno del color del diente aplicado en la carie para proteger el diente hasta que se pueda aplicar un relleno permanente. Aliviar el dolor y ayuda a sanar dentro del diente. No se necesitan inyecciones. No duele.

Riesgo(s): Las restauraciones protectoras podrían parcialmente caerse, pero lo que permanezca seguirá protegiendo el diente.

Alternativa(s): Un relleno o capa regular. Sin cuidado, la carie podría crecer y hacerse dolorosa.

RESUMEN DE AVISO DE PRACTICAS DE PRIVACIDAD

Nuestras responsabilidades: Se nos requiere por ley el asegurar que su información de salud protegida se mantenga privada y seguir las prácticas de privacidad que son descritas en nuestro Aviso de Practicas de Privacidad completo. Podemos cambiar nuestras pólizas de privacidad en cualquier momento y dejarle saber a usted. Usted también puede solicitar una copia de nuestro Aviso de Practicas de Privacidad completo en cualquier momento. Para más información acerca de nuestras pólizas de privacidad, comuníquese con nosotros al 1-866-268-9631.

Nuestros usos y divulgaciones: Usamos su información de salud para tratarlo a usted, para administrar el tratamiento de cuidado de salud que usted recibe, para el manejo de nuestra organización y para pagar o facturar por sus servicios de salud. Por ejemplo, podemos usar su información de salud y compartirla con otros proveedores que la/lo estén tratando a usted.

Se nos permite compartir su información de otras maneras. Tales razones son para que podamos ayudar al público, tal como salud e investigación pública. Debemos seguir la ley antes de compartir su información por estas razones. No usaremos ni compartiremos su información mas allá de lo que nos permite la ley; al menos que usted nos diga por escrito que podemos. Si nos dice que si podemos, puede cambiar de opinión en cualquier momento.

Sus derechos: Cuando se trata de su información de salud, usted tiene derechos.

- Usted puede solicitar ver o recibir una copia de su información de salud;
- Usted puede solicitar que corriamos su información;
- Usted puede solicitar comunicaciones confidenciales;
- Usted puede solicitar el que limitemos lo que usamos o compartimos;
- Usted puede recibir una lista de con quienes hemos compartido información; y
- Usted nos puede pedir una copia del Aviso de Prácticas de Privacidad complete en cualquier momento.

Sus Opciones: Para cierta información de salud, usted nos puede decir sus opciones acerca de lo que compartamos.

En estos casos, usted tiene el derecho y la opción de pedir que:

- Compartamos información con su familia, amigos cercanos u otros involucrados en el pago por su cuidado.
- Compartamos información en una situación de ayuda para catástrofes.
- Si usted no nos puede decir lo que quiere que hagamos, por ejemplo si no está consiente, podemos compartir su información si creemos que es lo mejor para usted. También podemos compartir su información cuando sea necesario para disminuir una amenaza seria a la salud o seguridad.

Quejas de privacidad: Si usted está preocupado(a) de que hemos violado sus derechos de privacidad, nuestras pólizas de privacidad, o si no está de acuerdo con una decisión que tomamos acerca de su información de salud, puede comunicarse con nosotros al 1-866-268-9631 o TTY 711. También puede comunicarse con el Departamento de Salud y Servicios Humanos de EE.UU. al 1-877-696-6775 o TTY 1-866-788-4089.

Resumen de prácticas de privacidad: Este es un resumen de nuestro Aviso de Prácticas de Privacidad. Usted puede solicitar el Aviso de Practicas de Privacidad completo en cualquier momento.

To Improve the Oral Health of All

www.AdvantageDental.com

442 SW Umatilla Avenue Redmond, OR 97756 | TEL: 866.866.268.9631 | FAX: 866.268.9618

DIVULGACIÓN DE PÓLIZA ANTIDISCRIMINATORIA

Advantage Dental y su red de proveedores deben tratarlo/a justamente.

Nosotros y nuestros proveedores debemos seguir las leyes de derechos civiles estatales y federales. No podemos tratar a las personas injustamente en cualquiera de nuestros servicios o programas debido a su:

- Edad
- Color
- Discapacidad
- Identidad de Género
- Estado Civil
- Origen Nacional
- Raza
- Religión
- Sexo
- Orientación sexual

Para reportar su preocupación o para recibir más información por favor comuníquese con nuestro Director de Derechos Civiles mediante una de las siguientes maneras:

- Web: www.AdvantageDental.com
- Correo electrónico: complianceline@advantagedental.com
- Teléfono: 1-866-654-3433, TTY 711
- Por Correo: 442 SW Umatilla Ave. Suite 200, Redmond OR 97756,

Usted también tiene el derecho de presentar una queja de derechos civiles con el Departamento de Salud de los EE.UU. y la Oficina de Servicios Humanos para los Derechos Civiles (OCR por sus siglas en inglés).

Comuníquese con esta oficina mediante una de las siguientes maneras:

- Web: www.hhs.gov/
- Correo electrónico: OCRComplaint@hhs.gov
- Teléfono: 1-800-368-1019, 800-537-7697 (TDD)
- Por Correo: OCR
200 Independence Avenue SW
Room 509F HHH Bldg
Washington, DC 20201

Si le gustaría solicitar esta información en otro lenguaje o un formato alternativo tal como letra grande, disco audio, braille, etc. por favor comuníquese con Servicios al Miembro al 866-468-0022 o TTY 711.

LANGUAGE	TRANSLATED STATEMENT
English	ATTENTION: If you speak [language], you have services available to you free of charge for language assistance. Call 1-888-468-0022 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-468-0022 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-468-0022 (TTY: 711)。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-468-0022 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-468-0022 (TTY: 711) 번으로 전화해 주십시오.
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-468-0022 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-468-0022 (телетайп: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم- 711(رقم هاتف الصم والبكم: 1-888-468-0022).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-468-0022 (ATS : 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-468-0022 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-468-0022 (TTY:711) まで、お電話にてご連絡ください。
Farsi	وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-468-0022 (TTY: 711) تماس بگیرید.
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-468-0022 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-468-0022 (መስማት ለተሳናቸው፡ 711)፡
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-1-888-468-0022 (TTY: 711).
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-468-0022 (телетайп: 711).
Lao/Loatian	ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມື້ພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-468-0022 (TTY: 711).
Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-468-0022 (TTY: 711).
Ibo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-468-0022 (TTY: 711).
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-468-0022 (TTY: 711).

Dental Screening Certification Form

State law now requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. (HB 2972 (2015))

IF YOUR CHILD HAS ALREADY RECEIVED A DENTAL SCREENING

Parent/Guardian:

- If you know your child has already had a dental screening, please check the box below, fill out this section, and sign it.
- If you do not know if your child has had a dental screening, please have a dental provider fill out this section and sign it.
- Please return this form to the school office.

☐ My child _____ has received a dental screening.
(First name) (Middle initial) (Last name)

Parent/Guardian or Dental Provider

Print Name: ✍ _____

Signature ✍ _____ Date ✍ _____

TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT

Parent/Guardian: You may choose to have your child opt-out of a dental screening due to a reason listed below. Please fill out this section and sign it. Then return this form to the school office.

My child was not screened due to the following: (please check all that apply):

- ☐ We already submitted a certification form at a previous school.
- ☐ The dental screening is contrary to student or families religious beliefs.
- ☐ The dental screening is a burden.

The dental screening is a burden for the student or the parent or guardian of the student when:

(A) The cost of obtaining the dental screening is too high;

(B) The student does not have access to a screener or;

(C) The student was unable to obtain an appointment with an screener

Parent/Guardian

Print Name ✍: _____

Signature ✍ _____ Date ✍ _____

AUTHORIZATION FOR MEDICATION ADMINISTRATION

School: _____

Student's name: _____ DOB: _____ Grade: _____

I am giving school personnel permission to administer medication(s) to my child per the following instructions:
Parent/Guardian must complete: (Please do not skip any questions)

Medication: _____ ☐ Non Prescription

Dose (strength/how much): _____ Prescription RX number: _____

Frequency (how often): _____ Pharmacy Name: _____

Time of day for meds at school: _____

Route (circle one):
Mouth Ear Eye Nose Skin

Please allow my child to self-administer this medication. *Requires self-medication agreement form to be signed by parent, school administrator, and if prescription, consent of physician.*

Yes _____ No _____

Start date: _____ End date: _____

Reason for medication:

Special Instructions:

**ALL MEDICATION MUST BE IN ITS
NEWEST ORIGINAL CONTAINER
WITH AN ACCURATE LABEL**

****The written instructions from the physician for the administration of the prescription medication to the student must include the following:**

- Name of student, name of medication, route, dosage, frequency of administration, and other special instructions. This can be a prescription label if complete.

Important information for parents/guardians:

- I understand I am responsible to provide this medication and maintain the supply as needed.
- All medication must be provided from home and must be contained in its original-labeled container.
- Please include liquid measuring device. A teaspoon or tablespoon *cannot* be used for dispensing medication. If medication is to be cut in half, parents must do so before bringing to school. If medication is to be crushed, parents please provide crusher.
- I understand that I am responsible to notify the school in writing of any medication changes, and that all medications are to be brought to and from school by a parent or guardian.
- Parents are required to pick up all unused medication by the last day of school. I understand that any medication left at school will be discarded.

Parent/Guardian Signature _____ Date: _____

(This authorization applies only to the medication listed above for the duration of treatment or school year.) My signature also authorizes an exchange of information as necessary between the school nurse, appropriate school personnel, and/or my child's health provider.

SELF-MEDICATION AGREEMENT

Students who are developmentally and/or behaviorally able, will be allowed to self-administer prescription and nonprescription medication, subject to the following:

1. A permission form must be submitted for all self-medication of prescription and nonprescription medication.
 - Self-medication of prescription medication requires permission from parent, school administrator and physician. Physician consent is to be included on the prescription label or on the medication consent form.
 - Self-administration of non-prescription medication requires permission from parent and school administrator.
2. All prescription and nonprescription medication must be kept in its appropriately labeled, original container as follows:
 - Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
3. Physician's consent for self-administration must either be on the prescription label or on this form.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations. Additionally, the student may be subject to discipline, up to and including expulsion, as appropriate if the self-medication policy is violated.

Student Name: _____

I have read and agree to the above criteria and give permission for my child to self-administer:

Name of medication: _____

Parent/Guardian Signature: _____ Date: _____

(My signature authorizes an exchange of information as necessary between the school and my child's health provider for the purpose of information relating to this medication.)

I agree to comply with the above criteria:

Student Signature: _____ Date: _____

Please allow this student to self-administer this medication. (Student must be developmentally and behaviorally able to self-administer.)

Physician Signature: _____ Date: _____
(Required for prescription medications)

☐ This student may carry and self-administer this medication as prescribed

☐ This student may self-administer this medication as prescribed, but the medication will be kept in the office.

School Administrator's Signature: _____ Date: _____



Oregon Certificate of Immunization Status

Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>	<div>Complete for all</div> <div>Up-to- date</div> <div>Medical</div> <div>Non- medical</div>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>	
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>		

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) or Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
School/facility Name
Student ID Number
Grade

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV7, PCV13) (Only children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:

Please submit a **letter signed by a licensed physician** stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): **Please submit a letter signed by a licensed physician** stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- ☐ A health care practitioner
☐ The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Hib |
| <input type="checkbox"/> Measles/Mumps/Rubella | |

Signature of Parent or Guardian _____

Date _____

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- ☐ Religious belief
 ☐ Philosophical belief
 ☐ Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Instructions for completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (Front):

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Required vaccines (Back):

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

REMEMBER TO COMPLETE BOTH SIDES OF FORM

Exemptions:

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.

Instrucciones para llenar el Certificado de Estado de Vacunación

Información de contacto:

Dé la siguiente información sobre su hijo: nombre completo, fecha de nacimiento, dirección postal actual, nombres y números de teléfono de los padres o tutores. Usaremos esta información para comunicarnos con usted si hay preguntas sobre los datos de vacunación de su hijo.

Vacunas requeridas (adelante):

Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado. Averiguar con la escuela o guardería cuáles son las vacunas requeridas para la edad y grado escolar de su niño.

Vacunas recomendadas (atrás):

Estas dosis no son obligatorias por ley, pero son recomendadas y la mayoría de los niños las reciben. Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado.

Firma:

La firma del padre, madre o tutor es una declaración jurada de que la historia de vacunas del niño está correcta. La firma del médico o del departamento de salud local no son requeridas, pero son aceptable. **Cada vez que agregue datos a la información sobre su hijo debe volver a firmar el formulario.**

RECUERDE LLENAR AMBOS LADOS DEL FORMULARIO

Excepciones:

Oregon permite excepciones médicas y no médicas.

Para una excepción no médica, marque la casilla adecuada y presente uno de los siguientes documentos requeridos:

1. Un certificado firmado por un proveedor de atención de salud verificando la discusión de los beneficios y riesgos de la vacunación, o
2. Un certificado de terminación del módulo educativo de la vacuna sobre los beneficios y riesgos de la vacunación.

Indique para cuáles vacunas quiere que su hijo(a) sea exento(a) al marcar las casillas. Firme y feche la línea indicada.

Para una excepción médica o un comprobante de inmunidad, presente una carta del doctor de su hijo(a) a la escuela o cuidado infantil.



Roseburg Public Schools

Permissions Form

Field Trips

☐ **I Do** / ☐ **I Do Not Give** permission for my child to go and participate in off campus activities or field trips. These field trips are part of their learning program, and will primarily be within the community, although some may be to destinations that are more distant. Trips long enough to require transportation will be made in regular school buses or in some instances in parents' automobiles. You will be notified in advance regarding the time and destination of these field trips.

Consent to treatment of minor on field trip

☐ **I Do** / ☐ **I Do Not Give** permission for the school to obtain medical attention for my child in the event of a serious injury or accident. Your permission will authorize the school to call emergency services which may result in your child being taken to the hospital for emergency care. If circumstances allow, we will make every effort to contact you or your emergency person on file before contacting emergency services. Our first priority though, will be your child's immediate wellbeing. You will be financially responsible for medical treatment given to your child.

Movie Permission

☐ **I Do** / ☐ **I Do Not Give** permission to watch PG rated movies during class time. The movies are specifically chosen to coordinate with curriculum for each grade level. The teacher will have previewed the movies to ensure their appropriateness for a school showing.

Student Name

Grade

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Relationship to student

!! PLEASE COMPLETE AND RETURN TO THE SCHOOL YOU ARE REGISTERING WITH - REQUIRED FOR ALL STUDENTS !!



Office Use: Enrollment Date _____ Record # _____ Date Requested _____ Date Received _____

STUDENT RECORDS REQUEST

Please **CIRCLE** the enrolling school:

Eastwood Elementary 2550 SE Waldon St Roseburg OR 97470 Phone: 541-440-4180 Fax: 541-440-4182	Fir Grove Elementary 1360 W Harvard Ave Roseburg OR 97471 Phone: 541-440-4085 Fax: 541-440-4086	Fullerton IV Elementary 2560 W Bradford Roseburg OR 97471 Phone: 541-440-40 Fax: 541-440-4082	Green Elementary 4498 SW Carnes Rd Roseburg OR 97471 Phone: 541-440-4127 Fax: 541-440-4017
Hucrest Elementary 1810 NW Kline St Roseburg OR 97471 Phone: 541-440-4188 Fax: 541-440-4191	Melrose Elementary 2960 Melrose Rd Roseburg OR 97471 Phone: 541-440-4077 Fax: 541-440-4078	Sunnyslope Elementary 2230 SW Cannon Roseburg OR 97471 Phone: 541-440-4192 Fax: 541-440-9485	Winchester Elementary 217 Pioneer Way Winchester OR 97495 Phone: 541-440-4183 Fax: 541-440-4187
John C. Fremont Middle School <u>Attn: Registrar</u> 850 W Keady Ct Roseburg OR 97471 Phone: 541-440-5400 Fax: 541-440-4600	Joseph Lane Middle School <u>Attn: Registrar</u> 2153 NE Vine St Roseburg OR 97470 Phone: 541-440-4104 Fax: 541-440-4100	Roseburg High School <u>Attn: Susie Collins, Registrar</u> 400 West Harvard Roseburg OR 97470 Phone: 541-440-4139 Fax: 541-440-4156 Email: scollins@roseburg.k12.or.us	

The following student has enrolled in Roseburg Public Schools. Please forward the following requested records (if available):

- ✓ Cumulative File
- ✓ Key to your grading and credit system
- ✓ Behavior file
- ✓ Smarter Balanced & State Test Scores (overall and breakdown/strand scores)
- ✓ Health/Immunization/Birth Certificate
- ✓ Official Transcript/Academic Progress Records TAG records
- ✓ Withdrawal Grades/Current schedule
- ✓ IEP, Special Education Records, and/or 504 Plan (if special education records are kept at a different location, please forward this request to that location).

Students Full Legal Name _____ Grade _____ Preferred Name _____

Student Address/Phone _____

Gender _____ DOB _____ Place of Birth _____

Last School Attended _____

Address _____ Phone _____ Fax _____

*Parent/Guardian (or student over 18) Signature _____

***Print** Parent Name (or student over 18) _____ Date _____

Has your student been expelled from the previous school? _____ Is your student on an IEP/504 (past or present)? _____
Do not write below this line.

Registrar _____ Date _____

Under ORS 326.575, both public and private schools must request student records from the youth's former school within ten days of when the student initially seeks enrollment. The former school has ten days after receipt of the request to transfer any education records.

Under ORS 339.260, a district may withhold records, diplomas, or grade reports until outstanding fees owed are paid, **although not when an educational agency has requested the records for use in the appropriate placement of a student. Please Note: ORS 339-260, ORA581-21-340, and Federal Law 34CFR S 99 et.seq specifies that no parental signature is required for educational records to be released to another educational agency.**

!! PLEASE COMPLETE AND RETURN TO THE SCHOOL YOU ARE REGISTERING WITH - REQUIRED FOR ANY STUDENT NEW TO THE DISTRICT !!

Temporary Guardianship Agreement

I, _____, of _____
(print your full name) (street)

_____, as the custodial parent of:
(city, state, zip)

List the full names of each child	List each child's birth date

Do hereby grant temporary guardianship of the above listed children to:

List the full names of the individual (s) to whom you are granting temporary custody	List person's relationship to the child(ren)

Contact information of temporary guardians listed above:

Address: _____

Phone numbers: _____ Cell _____ Work _____
_____ Home _____ Other _____

Statement of Consent: (To be signed in the presence of a legalized notary public.)

I, _____, hereby grant temporary guardianship of the above children, whom I have
legal custody of to _____

☐ From _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

☐ For as long as necessary, beginning on _____
(mm/dd/yyyy)

☐ Until the students turns 18 years old _____
Students date of birth

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.

Signature: _____ Date: _____

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____
(date) (month) (year)

(name of parent)

personally appeared before me in _____, _____ and, in my presence,
(city) (state)
has/have satisfactorily identified him/her/themselves as the signer(s) of this Temporary Guardianship Form.

Name of Notary Official: _____

Signature: _____ Commission Expires: _____

*Affix Notary
Seal Here*