OBJECTION TO PUBLICATION OF DIRECTORY INFORMATION

School Board Policy 4.13F---Objection to Publication of Directory Information

(Not to be filed if the parent/student has no objection)

I, the undersigned, being a parent of a student, or a student eighteen (18) years of age or older, hereby note my objection to the disclosure or publication by the Nemo Vista School District of directory information, as defined in School Board Policy No. 4.13 (Privacy of Students' Records), concerning the student named below. The district is required to continue to honor and signed opt-out form for any student no longer in attendance at the district.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building Principal within ten (10) school days from the beginning of the current school year in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

My objection is to the disclosure or publication of directory information to

Military recruiter _____

Public and school sources _____

Both military recruiters and public and school sources _____

_____

Name of student (Printed)

_____

Signature of parent (or student, if 18 or older)

_____

Date form was filed (To be filled in by office personnel)

Relates to Board Policy 4.13 Handbook page 113

4.35- MEDICATION SELF-ADMINISTRATION CONSENT FORM

Student's Name (Please Print):_____

This form is good for the school year 2019-2020. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

The following must be provided for the student to be eligible to self-administer rescue inhalers and/or auto-injectable epinephrine. Eligibility is **only** valid for this school for the current academic year.

- A written statement from a licensed health-care provider who has prescriptive privileges that he/she has prescribed the rescue inhaler and/or auto-injectable epinephrine for the student and that the student needs to carry the medication on his/her person due to a medical condition;
- The specific medication prescribed for the student;
- An individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing asthma and/to anaphylaxis episodes of the student and for medication use by the student during school hours; and
- A statement from the prescribing health-care provider that the student possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine.

If the school nurse is available, the student shall demonstrate his/her skill level in using the rescue inhalers and/or auto-injectable epinephrine to the nurse.

Rescue inhalers and/or auto-injectable epinephrine for a student's self –administration shall be supplied by the student's parent or guardian and be in the original container properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Students who self-carry a rescue inhaler or an epinephrine auto-injector shall also provide the school nurse with a rescue inhaler or an epinephrine auto-injector to be used in emergency situation.

I understand this form authorizes my student to possess and use the medication(s) included on this form while on school grounds and at school sponsored events but that distribution of the medication(s) included on this form to other students may lead to disciplinary action against my student.

My signature below is an acknowledgment that I understand that the District, its Board of Directors, and its employees shall be immune from civil liability for injury resulting from the self-administration of medications by the student named above.

Parent/Guardian Signature_____Date_____

Relates to Board Policy 4.35 Handbook page 86

Last Revised: June 2019

4.35-MEDICATION ADMINISTRATION CONSENT FORM

Student's Name (Please print):_____

This form is good for the school year 2019-2020. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

Medications, including those for self-administration, must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I hereby authorize the school nurse, or designee, to administer the following medication to my student:

Name of medication: _____
Name of physician or dentist (if applicable): _____
Dosage: _____
Instructions for administering the medication: _____
_____
Other instructions: _____
_____

I hereby authorize _____ to administer the above medication to my student in the unavailability of the school nurse at school in accordance with the above medication administration instructions.

I authorized the school nurse to take a photograph of my student to be used to verify my student's identification before the school nurse or an authorized individual administers medications to my student.

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form.

Parent/Guardian Signature_____Date_____

Last Revised: June 2019

Relates to Board Policy 4.35 Handbook page 86

4.35-ALBUTEROL EMERGENCY ADMINISTRATION CONSENT FORM

Student's Name (Please print):_____

This form is good for the school year 2019-2020. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

My child has an IHP that provides for the administration of albuterol in emergency situations. I hereby authorize the school nurse or other school employee certified to administer albuterol to administer albuterol in emergency situations when he/she believes my child is in perceived respiratory distress.

The medication must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Date of physician's order: _____

Circumstances under which albuterol may be administered: _____

_____

Other instructions: _____

_____

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of albuterol in accordance with this consent form, District policy, and Arkansas Law.

Parent or legal guardian signature: _____

Date: _____

Date Adopted: June 2019

Last Revised: June 2019

Relates to Board Policy 4.35 Handbook page 86

4.35-EPINEPHRINE EMERGENCY ADMINISTRATION CONSENT FORM

Student's Name (Please Print): _____

This form is good for school year 2019-2020. This consent from must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

My child has a IHP that provides for the administration of epinephrine in emergency situations. I hereby authorize the school nurse or other school employee certified to administer auto-injectable epinephrine to administer auto-injectable epinephrine in emergency situations when he/she believes my child is having a life-threatening anaphylactic reaction.

The medication must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Date of physician's order: _____

Circumstances under which Epinephrine may be administered: _____

_____

Other instructions: _____

_____

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of auto-injector epinephrine in accordance with this consent form, District policy, and Arkansas Law.

Parent or legal guardian signature: _____

Date: _____

Date Revised: June 2019

Relates to Board Policy 4.35 Handbook page 86

4.41-OBJECTION TO PHYSICAL EXAMINATIONS OR SCREENINGS

I, the undersigned, being a parent or guardian of a student, or a student eighteen (18) years of age or older, hereby note my objection to the physical examination or screening of the student named below.

Physical examination or screening being objected to:

_____ Vision test (PreK, K, 1st, 2nd, 4th, 6th, 8th & all transfer students are screened)

_____ Hearing test (PreK, K, 1st, 2nd, 4th, 6th, 8th, & all transfer students are screened)

_____ Scoliosis test (6th grade girls only & both boys and girls in 8th grades are screened)

_____ Height/Weight measurements (BMI) (K, 2nd, 4th, 6th, 8th, & 10th grades are measured)

_____ Other, please specify

Comments:
_____
_____
_____

_____
Name of student (Printed)

_____
Signature of parent (or student, if 18 or older)

_____
Date form was filed (To be filled in by office personnel)

Relates to Board Policy 4.41 Handbook page 91

5.6-REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL SUPPLEMENT MATERIALS

Name: _____

Date submitted: Level one _____ level two _____ level three _____

Instructional material being contested:

_____

_____

_____

_____

_____

Reason(s) for contesting the material (be specific):

_____

_____

_____

_____

_____

Signature of receiving principal: _____

Signature of curriculum coordinator: _____

Signature of superintendent: _____

Relates to Board Policy 5.6 Handbook page 141

5.7-REQUEST FOR RECONSIDERATION FORM
OF LIBRARY/MEDIA CENTER MATERIAL

Name: _____

Date submitted: _____

Media Center material being contested:

_____
_____
_____

Reason(s) for contesting the material (Be specific about why you believe the material does not meet the selection criteria listed in board policy 5.7—Selection of Library/Media Center Material):

_____
_____
_____
_____
_____
_____
_____
_____

What is your proposed resolution?

_____
_____
_____

Signature of receiving principal: _____

Signature of superintendent (if appealed): _____

Relates to Board Policy 5.7 Handbook page 141

5.20.1-PERMISSION TO DISPLAY PHOTO OF STUDENT ON WEB SITE

I hereby grant permission to the Nemo Vista School District to display the photograph of video clip of me/my student (if student is under the age of eighteen [18]) on the District's web site, including any page on the site, or in other District publications without further notice. I also grant the Nemo Vista School District the right to edit the photograph or video clip at its discretion.

The student's name may be used in conjunction with the photograph or video clip. It is understood, however, that once the photograph or video clip is displayed on a web site, the District has no control over how the photograph or video clip is used or misused by persons with computers accessing the District's web site.

_____

Name of student (printed)

_____

Signature of student (only necessary if student is over 18)

_____

Signature of parent (required if student is under 18)

_____

Date

Relates to Board Policy 5.20.1 Handbook Page 140

PERMISSION TO DISPLAY STUDENT INFORMATION ON WEB SITE

Board Policy 5.20.2

I hereby grant permission to the Nemo Vista School District to display my/my student's name (if student is under the age of eighteen (18)) in conjunction with my/my student's home address, email address, telephone number, and/or my parents' names.

It is understood, however, that once the information is displayed on a web site, the District has no control over how the information is used or misused by persons with computers accessing the District's web site.

I (we) agree to defend and hold harmless the members of the Nemo Vista School Board, the Nemo Vista School District, its officers, employees, agents, successors and assignees form and against any all claims and liabilities resulting from displaying my/my student's specified information.

_____

Name of student (Printed)

_____

Signature of student (only necessary if student is over 18)

_____

Signature of parent (required if student is under 18)

_____

Date

Relates to Board Policy 5.20.2 Handbook pg 137

5.24-SURVEY INFORMATION SHEET

I, the undersigned, begin a parent or guardian of a student, or a student eighteen (18) years of age or older, hereby note my objection or agreement to participation by the student named below in the following survey, analysis, or evaluation.

_____I choose not to have my student participate in the following survey, analysis, or evaluation.

_____ I choose to have my student participate in the following survey, analysis, or evaluation.

_____

Name of student (Printed)

_____

Signature of parent (or student, if 18 or older)

_____

Date form was filed (To be filled in by office personnel)

This is "only" an example. If a survey is to be administrated, this form will be sent home with a description of the survey.

Relates to Board Policy 5.24 Handbook Page 112

4.35 – GLUCAGON ADMINISTRATION AND CARRY CONSENT FORM

Student's Name: _____

The student has developed Section 504 Plan acknowledging that my child has been diagnosed from Type I diabetes. The 504 Plan authorizes the school nurse or, in the absence of the nurse, trained volunteer district personnel, to administer Glucagon in an emergency situation to my child.

I hereby authorize the school nurse or, in the absence of the nurse, trained volunteer district personnel designated as care providers, to administer Glucagon to my child in an emergency situation. Glucagon shall be supplied to the school nurse by the student's parent or guardian and shall be in the original container.

I acknowledge that the District, its Board of Directors, its employees, its employees, or an agent of the District including a healthcare professional who trained volunteer school personnel designated as care providers shall not be liable for any damages resulting from his/her actions or inactions in the administration of Glucagon in accordance with this consent form and the 504 Plan.

Parent or legal guardian signature: _____
Date: _____

Volunteer signature: _____
Date: _____

Date Adopted: June 2012

Relates to Board Policy 4.35 Handbook Page 86

4.56.2F---HOME SCHOOLED STUDENTS' LETTER OF INTENT TO PARTICIPATE IN AN EXTRACURRICULAR ACTIVITY AT RESIDENT DISTRICT

Student's Name (Please Print): _____

Parent or Guardian's Resident Address
Street: _____

Student's date of birth: ___/___/___ Last grade level the student completed: _____

Student has demonstrated academic eligibility by obtaining a verifiable minimum test score of the 30th percentile or better in the previous 12 months of the Stanford Achievement Test Series, Tenth Edition, or another nationally Recognized norm-referenced test approved by the State Board of Education.

Name of test, Date taken, and score achieved: _____

Extracurricular activity(ies) the student requests to participate in: _____

_____

Course(s) the student requests to take at the school: _____

Proof of identity: _____

Date Submitted: ___/___/___

Parent's Signature: _____

Date Adopted: June 2017

Relates to School Board Policy 4.56.2 Student Handbook pg 97

4.56.2F2---HOME SCHOOLED STUDENTS' LETTER OF INTENT TO PARTICIPATE IN AN EXTRACURRICULAR ACTIVITY AT NON-RESIDENT DISTRICT

Student's Name (Please Print): _____

Parent or Guardian's Resident Address:

Street: _____

City: _____State: _____ Zip Code: _____

Student's date of birth: __/__/__ Last grade level the student completed: _____

Student has demonstrated academic eligibility by obtaining a verifiable minimum test score of the 30th percentile or better in the previous 12 months on the Stanford Achievement Test Series, Tenth Edition, or another nationally recognized norm-referenced test approved by the State Board of Education.

Name of test, Date taken, and score achieved: _____

Extracurricular activity(ies) the student requests to participate in: _____

Course(s) the student requests to take at the school: _____

Proof of identity: _____

Date Submitted: _____

Parent's Signature: _____

As the superintendent of the above student's resident district, I agree that the above student may participate in extracurricular activities at Nemo Vista School District.

Resident Superintendent's Signature: _____

As the superintendent of the Nemo Vista School District, where the above student desires to participate in extracurricular activities, I agree to allow the student to participate in extracurricular activities at the Nemo Vista School District.

Non-resident Superintendent's Signature: _____

Date Adopted: June 2017

Relates to School Board Policy 4.56.2 Student Handbook pg 97

4.50-School Meal

CERTIFICATION OF DISABILITY

For Special Dietary Needs

Part I (to be completed by the school)

Student's Name: _____ **Age:** _____

School Name and Address: _____

_____

School District: _____

School Principal: _____**Phone:** _____

Teacher: _____ **Food Service Manager:** _____

Other Team Members: _____

Part II (to be completed by a licensed physician)

A student with a disability as defined by the Federal regulations for child nutrition programs is one who has a "physical, mental impairment which substantially limits one or more major life activities such as, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working."

Patient's Name: _____

Diagnosis: _____

_____

_____

Describe the patient's disability and check the major life activities affected by the disability:

_____

_____ Caring for one's self **_____ seeing** **_____ breathing**

_____ performing manual tasks **_____hearing** **_____learning**

_____walking **_____speaking** **_____working**

_____other: _____

Does the disability restrict the individual's diet? ☐ **Yes** ☐ **No**

If yes, list the food(s) to be omitted, substituted, requiring texture changes, or caloric modification.

_____

_____

_____

_____

_____ _____

Date **Signature**

Part III (optional to be completed when appropriate by a licensed Registered Dietitian (RD), Nurse (RN), or other health care team member).

Instructions given parents regarding child's nutritional needs:

_____
_____
_____

List the nutrition materials given parents for school use:

_____
_____
_____
_____

Describe the special feeding device(s) needed:

_____
_____
_____

Describe the feeding assistance needed:

_____
_____
_____

Specify special dining area requirements:

_____
_____
_____

Specify any special food preparation and storage needs:
(i.e., tube feeding blended in an approved food preparation area with attention paid to maintaining the product below 45 and above 140 degrees.)

_____
_____
_____
_____
_____
_____

_____ _____

Signature of RD, RN, and/or Health Care Team Member

Facility of Agency

_____

Phone Number

_____

Date

_____

Mailing Address

Relates to School Board Policy 4.50 Student Handbook pg 88