

SGSD Student Enrollment Form

Name of Household: _____

Grade Enrolling: _____

Student Information: Student #: _____ Student State ID: _____

Last Name: _____ First Name: _____ Middle Name: _____

Gender: _____ D.O.B. _____ Birth Place: _____

Social Security Number: _____ US Citizen: Y: yes _____ N: No _____ Name of Country: _____

Contact Information:

Home Phone: _____ Email: _____

Cell Phone: _____ Secondary Email: _____

Work Phone: _____

Preferred Language: English: _____ Spanish: _____ Other: _____

Primary Household:

Household Phone: _____

Physical Address: _____ Mailing Address: _____

Parent Name: _____ Father/Guardian/Step-parent Cell Ph.: _____

Parent Name: _____ Mother/Guardian/Step-parent Cell Ph.: _____

NON Custodial Household:

Household Phone: _____ or _____

Physical Address: _____ Mailing Address: _____

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

Email: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Demographic Information:

Federal Race/Ethnicity Designation:

Race(s): American Indian or Alaska Native / Asian / White / Black or African American / Native Hawaiian / Pacific Islander

Hispanic/Latino: Y: Yes _____ N: No _____

Race/Ethnicity Determination: Parent Identified _____ Self- Identified _____ Office Determination: _____ Other: _____

Migrant: Y: Yes _____ N: No _____ Residency in District Y: Yes _____ N: No _____ Homeless: Y: Yes _____ N: No _____ 504: Y: Yes _____ N: No _____

Gifted & Talented Y: Yes _____ N: No _____ IEP: Y: Yes _____ N: No _____ If yes, name of previous school: _____

Siblings: _____ Grade: _____

Siblings: _____ Grade: _____

Siblings: _____ Grade: _____

Name of Previous School: _____

Phone Number: _____ Fax: _____

City: _____ State: _____

~office use only below~

Date Entered: _____ Entered by: _____ Information Complete: YES: _____ NO: _____

Immunization Received: YES: _____ NO: _____ EXEMPT: _____ NOTES: _____

Residency in District: YES: _____ NO: _____ Bus #: _____ Driver: _____

2021-2022

Field Trip Permission Form for

Sierra Grande School District

El Distrito de Sierra Grande
2021-2022

Field Trips
Viajes Escolares

My child has permission to go by bus to attend any event sponsored by the school district during the 2021-2022 school year. I understand that I will be given prior notice for any field trip that will be taken.

Mi hijo/hija tiene permiso para ir en autobús para asistir a cualquier evento patrocinado por el distrito escolar durante el año escolar 2021-2022. Entiendo que recibiré un aviso previo de cualquier excursión que se realice.

Student (Alumna/Alumno)

Grade (Grado)

Parent Signature (Firma del Padre o Tutor)

Date (Fecha)



2021-2022

Sierra Grande School District

Explanation to Parents:

Media Release Form

There are several times during the school year when school personnel ask to interview and/or photograph many of our students. This is a passive permission form. If you are willing to have your student photographed, you have two options; you may sign the form and have the student return the form to the student's homeroom teacher. You may also indicate your permission by simply doing nothing. If you **DO NOT** want your child's picture taken then you **MUST** sign the form and indicate your choice. All returned forms will remain on file at the school.

There will also be times when pictures and/or information about contest winners, student's work, as well as student's life on campus will be posted on the School's web page. This media release form will serve as permission to post such information as needed.

Sierra Grande School Media Release Form

I hereby give permission to the school/news media to photograph/interview my child. It is my understanding that this photograph/interview or portions thereof will be used for public view.

I do not give my permission to the school/news media to photograph/interview my child.

Name of student:

(Please Print)

Grade:

Address:

City, State, Zip:

Signature of Parent / Guardian:

2021-2022

Sierra Grande School District

Explicación a los padres:

Media versión forma

Hay varias veces durante el año escolar cuando el personal de la escuela pedirá permiso para fotografiar o entrevistar muchos de nuestros estudiantes. Esto es un permiso positivo formulario de permiso. Si están dispuestos a tener su estudiante fotografiado, tienen dos opciones; puede firmar el formulario y el estudiante puede volver el formulario en la clase de tiempo libre con el maestro. Se puede también indicar su permiso simplemente haciendo nada. Si no quiere que su niño/a le tomen foto debe firmar el formulario y indicar su elección. Todos los formularios que regresen serán archivados en la escuela.

También habrá ocasiones en las que se publicarán en la página web de la escuela fotografías y / o información sobre los ganadores del concurso, el trabajo de los estudiantes y la vida de los estudiantes en el campus. Este formulario de comunicado de prensa servirá como permiso para publicar dicha información según sea necesario.

SIERRA GRANDE escuela MEDIA versión forma

Yo doy permiso a la noticias de la escuela media a fotografía/entrevista de mi niño/a. Es mi comprensión que esta fotografía/entrevista o porciones su va utilizarse para público vista.

Me hacer no dan mi permiso a la noticias de la escuela media para fotografía/entrevista de mi niño.

Nombre del estudiante:

(Por favor imprima)

Grado:

Dirección:

Ciudad, Estado, código postal:

Firma del padre / Guardian

Sierra Grande School District
Attn: Jennifer Bush
17523 Hwy. 160
Blanca, Colorado 81123
(719) 379-3259
www.sierragrandeschool.net

RESIDENCY INFORMATION FORM FOR THE MCKINNEY-VENTO ACT

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Date: _____ School Name: Sierra Grande School District
Student Name: _____ Parent/Guardian Name: _____
Phone: _____ Age: ____ Grade: ____ D.O.B: ____
Current Address: _____
City: _____ Zip Code: _____

1. Please choose which of the following situations the student currently resides in (select one option):
- House or apartment with parent or guardian
 - Shelter or other temporary housing
 - Sharing the housing of others due to the loss of housing, economic hardship, or natural disaster
 - Unsheltered (Cars, Parks, Campgrounds)
 - Motel, car, or campsite
 - Other – in an arrangement that is not a fixed, regular or adequate and is not described by other choices
 - In another location that is not appropriate for people (e.g. an abandoned building)

Note: If you have selected "House or apartment with parent or guardian" you do not need to complete the remainder of this form. Please submit this form to school personnel.

2. Are you a student under the age of 21 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at Sierra Grande School.

Parent/Guardian/Unaccompanied Youth: By signing below, I acknowledge that I have received and understand the above rights. Additionally, I certify that according to the information provided above, the student listed meets the definition of "Homeless" as stated in the McKinney-Vento Act (Subtitle B, Sect. 725) of July 1, 2002.

Signature of Parent/Guardian/Unaccompanied Youth

Date – MM/DD/YY

For Staff Use Only:

Sierra Grande School McKinney – Vento Liaison: Based on the above information and a brief interview with this family, I attest that to the best of my knowledge the above named student qualifies for the protection of educational rights and that this student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act. I also attest that this signed form will be submitted to the McKinney – Vento Liaison at Sierra Grande School District.

Required: Signature of School McKinney-Vento Liaison – MM/DD/YY Required: Printed Name of School McKinney-Vento Liaison

Approved: ____ Denied: ____ Entered in Infinite Campus: ____ Student Data Coordinator: ____
Notes: _____

Please submit this form to Sierra Grande School District Office

LEGAL GUARDIANSHIP FORM

Dear Parents(s)/Guardian(s):

In order for Sierra Grande School District to correctly enter parent/guardian information into our records it is necessary to have this legal guardianship form filled out and returned to the school with the rest of the registration packet.

This is very important because there are many students in our community being raised by relatives, (grandparents, siblings, aunt/uncles, etc.) other than, or in conjunction with, parents. Please provide the following:

Child's Full Name _____

DOB _____

Legal Guardian(s) _____

Proof of Guardianship: (please attach to this form)

1. **Notarized** letter from custodial parent or
2. Court copy of guardianship

**Sierra Grande
Transportation Department
Bus Registration Form**

Parent's name: _____ Telephone: _____

Child's Name: _____ Grade: _____

Physical Address: _____

Please provide us with the following information so we can provide reliable transportation to your student.

_____ Mornings: My child will ride from our home to Sierra Grande School.

_____ Afternoons: My child will ride from Sierra Grande School to my home every afternoon. OR

_____ Afternoons: My child will ride from Sierra Grande School to different locations in the afternoons.

(Please complete the table below – must be a designated stop location.)

Days of the Week	Name	Address	Phone #
Monday			
Tuesday			
Wednesday			
Thursday			
Early release days			

**** All bus changes need to be in writing ****

I acknowledge that the above information is correct. I have read and discussed the bus rules with my child. My child and I agree to follow the bus rules.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

To be completed by the school district

Teacher: _____ Bus# _____

**Sierra Grande
Transporte Departamento de
Registro de Autobus Forma**

Nombre de Padres: _____ Telefono: _____

Nombre de Niño: _____ Grado: _____

Dirección Física: _____

Por favor envíenos la siguiente información para que podamos proporcionar un transporte confinable a su estudiante.

_____ Mañana: Mi hijo viajará desde nuestro hogar a Sierra Grande.

_____ Tardes: Mi hijo viajará desde la escuela Sierra Grande a mi casa todas las tardes. O

_____ Tardes: Mi hijo viajará desde la escuela Sierra Grande a diferentes lugares por las tardes. (Por favor complete la tabla a continuación: debe ser una ubicación de parada designada).

Días de la semana	Nombre	Dirección	Telefono
Lunes			
Martes			
Miércoles			
Jueves			
Días de salida temprana			

**** Todos los cambios de busto deben ser por escrito ****

Reconozco que la información anterior es correcta. He leído y discutido las reglas del autobús con mi hijo. Mi hijo y yo acordamos seguir las reglas del autobús.

Firma de los padres: _____ Fecha: _____

Firma del estudiante : _____ Fecha: _____

To be completed by the school district

Profesor: _____ Autobus# _____

Collection Question Format
For Parents/Guardians

Student's name: _____

Grade: _____

<i>CURRENT RACIAL/ETHNIC DESIGNATION FOR STUDENT</i>
--

Part A. **Is this student Hispanic/Latino?** (choose only one)

- No, not **Hispanic/Latino**
- Yes, **Hispanic/Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

*The above part of the question is about ethnicity, not race. **No matter what you selected in Part A above, please provide an answer to Part B** by marking one or more boxes below to indicate what you consider your child's race to be.*

Part B. **Which of the following groups describe the student's race?** (choose one or more)

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: _____

Date: _____

Formato de muestra para recopilar información
de los padres y tutores legales

Nombre del estudiante: _____

Grado: _____

GRUPO RACIAL/ÉTNICO QUE FIGURA EN EL EXPEDIENTE DEL ESTUDIANTE

Parte A. **¿Es este estudiante hispano/latino?** (Marque una sola respuesta.)

- No, no es hispano/latino.
- Sí, es hispano/latino: una persona de origen cubano, mexicano, puertorriqueño, de América del Sur o Central, o de otra cultura u origen español, independientemente de su raza.

*La parte A de la pregunta se refiere al grupo étnico, no a la raza. **Independientemente de la respuesta que haya marcado en la Parte A, conteste la Parte B.** Marque una o más de las opciones a continuación para indicar la raza de su hijo(a) de acuerdo con su opinión.*

Parte B. **¿Cuál de estos grupos describe la raza del estudiante?** (Elija uno o más.)

- Indígena americano o de Alaska:** una persona que descende de cualquiera de los pueblos originarios de América del Norte y del Sur (incluyendo América Central) y que mantiene una afiliación tribal o vínculo con esa comunidad.
- Asiático:** una persona que descende de cualquiera de los pueblos originarios del Lejano Oriente, el Sudeste Asiático o el subcontinente Índico, incluyendo por ejemplo Camboya, China, India, Japón, Corea, Malasia, Paquistán, las Filipinas, Tailandia y Vietnam.
- Negro o afroamericano:** una persona que descende de cualquiera de los grupos raciales negros de África.
- Hawaiano o isleño del Pacífico:** una persona que descende de cualquiera de los pueblos originarios de Hawái, Guam, Samoa u otra isla del Pacífico.
- Blanco:** una persona que descende de cualquiera de los pueblos originarios de Europa, el Medio Oriente o África del Norte.

Firma del padre/madre/tutor legal: _____

Fecha: _____

Colorado MEP Occupational Survey



Your child/children may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's/children's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed below.

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	BIRTHDATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		Do you have more than one child? <input type="checkbox"/> YES <input type="checkbox"/> NO

- 1) In the past three years, has your family moved to another state, city, school district, and/or county?
 YES NO
- 2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?

Mark **YES** and **CIRCLE** all that apply even if the work was only for a short period of time.

YES NO



Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock, etc.)



Agriculture or Field Work
(planting, picking, sorting crops, soil preparation, irrigation, fumigation, etc.)



Dairy & Cattle Raising
(feeding, milking, rounding up, etc.)



Nursery or Greenhouse
(planting, potting, pruning, watering, harvesting, etc.)



Forestry
(soil preparation, planting, growing, cutting trees, etc.)



Fishing & Fish Processing
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions above, please continue below. Otherwise, your form is complete.

HOME ADDRESS:	TODAY'S DATE:	
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		
BEST DAY AND TIME TO CALL:		PREFERRED LANGUAGE:

This form and the data recorded within protected to maintain family and child confidentiality. If you have any questions, please contact:

Southwest Migrant Education Program
1424 2nd street
Alamosa CO, 81101
719-787-1512



Encuesta de Colorado MEP

Sus hijos pueden ser candidatos para recibir servicios suplementarios gratuitos, como tutoría, transporte y útiles escolares, además de otros servicios. Le agradeceríamos responder las siguientes preguntas para poder determinar su elegibilidad. Una vez contestada, envíela a la escuela o a la oficina regional de MEP que se detalla al pie de la página.

NOMBRE DEL MENOR:	APELLIDO DEL MENOR:	FECHA DE NACIMIENTO:
ESCUELA:		GRADO:
NOMBRE DEL PADRE/TUTOR:		Tiene más de un hijo? <input type="checkbox"/> SI <input type="checkbox"/> NO

- 1) Durante los últimos tres años, su familia se ha cambiado a otro estado, ciudad, escuela, y/o condado?
 SI NO
- 2) Usted o alguien de su familia directa está trabajando o ha trabajado durante los últimos tres años, en alguna de las siguientes ocupaciones relacionadas con el trabajo agrícola o pesquero?

Marque **SI** y **CIRCULE** todo lo que corresponda, incluso si el trabajo fue por un período corto.

SI NO



Procesamiento & Empaquetado
(fruta, vegetales, huevos, carne de pollo, cerdo, res, o cualquier otro tipo de ganado, etc.)



Agricultura o Trabajo de Campo
(cosecha, recolección y clasificación de cultivo, preparación del suelo, riego, fumigación, etc.)



Lechería & Cría de Ganado
(alimentar, ordeñar, acorralar/arrear, etc.)



Vivero o Invernadero
(cultivar, plantar, podar, regar, cosechar, etc.)



Silvicultura
(preparación del suelo, cosecha y crecimiento, corte de árboles, etc.)



Pesca & Procesamiento de Pescado
(capturar, clasificar, empacar, transportar pescado, etc.)

Si contestó "sí" a las preguntas anteriores, por favor continúe. De lo contrario, su encuesta está completa.

DOMICILIO:	FECHA:
CIUDAD:	ESTADO: CODIGO POSTAL:
TELEFONO (CON CODIGO DE AREA):	
DIA Y HORA PARA COMUNICARNOS CON USTED:	IDIOMA PREFERIDO:

Esta encuesta y los datos registrados en la misma están protegidos para mantener la confidencialidad de la familia y los menores.

*Si tiene preguntas, comuníquese a:
Programa De Educación Migrante Suroeste
[1424 2nd Street]
[Alamosa CO, 81101]
[719-537-7523]*

Student Medical Information

Nurse's Notes

Last Name: _____ First Name: _____ Grade: _____

Date of Birth: _____ Gender: M F Physician's Name: _____

Last Physical (Date) _____ Hospital Preference: _____

Emergency Contact Name #1: _____ Emergency Contact Number #1: _____

Emergency Contact Name #2: _____ Emergency Contact Number #2: _____

Current Health Status:

1. Does your child have problems with:

- ADD/ADHS Immune System Heart/Blood Toileting/Bladder/Kidney
- Allergies/Intolerance Stomach/Bowels Emotional/Behavioral Vision/Glasses/Contacts
- Asthma/Respiratory Skin Bones/Joints/Muscles Seizure/Migraine/Neurologic
- Diabetes Hearing/Ears Speech Long term/Chronic Illness
- Physical Limitations Adaptive Equipment Other, please describe in space provided below

Explain all that is checked:

2. Is your child currently taking any medication? YES NO

If yes, medication name: _____ If additional space is needed please use back of this form.

Is medication to be given at school? YES NO Dosage: _____ Time Given: _____

If medication is to be given at school, a physician's order is required and Medication Form must be completed.

3. If your child has recent immunization, please provide an updated immunization record to school.

4. If you have any concerns about your child's healthcare needs please contact the school nurse.

5. Please check the medical insurance that applies to your child:

Medicaid Private Health Insurance Child Health Plan Plus (CHP+) No Health Insurance

I agree to allow Medicaid/CHP! Staff to contact me with more information about medical assistance determination process. INITIAL _____

I hereby authorize Sierra Grande School to release information provided in this Student Medical Information form for treatment, payment, health-care operations, and other purposes as permitted by applicable state and federal law, including the Family Educational Rights and Privacy Act and Health Insurance Portability and Accountability Act of 1996, to any health care provider, the school's nursing staff, other persons who are involved in any way with the care of my child, any person or entity which is or may be liable for all or part

of the charges for services, goods, or facilities provided to my child, or any teacher or other school official who has a legitimate education interest in the information. I understand that following release of information, Sierra Grande School cannot control its confidentiality.

I acknowledge that it is my responsibility to notify the schools nurse when there is any change in the student's health condition or medical care.

I authorize officials of Sierra Grande School to contact directly the person I have named as emergency contacts, and give my consent for my child to receive medical and surgical treatment by the physicians I have named as they may deem necessary for my child's condition in an emergency. Reasonable attempts will first be made to contact me at the contact information provided, but in the event that Sierra Grande School is unable to reach me, the named emergency contact or physicians I have provided, then I further give my consent for Sierra Grande School officials to transport and admit my child to a medical facility for the purposes of receiving emergency medical and surgical treatment. I understand that Sierra Grande Schools does not provided any accident or health insurance coverage for my child and that Sierra Grande Schools is not financially responsible for the emergency care and/or transportation for my child. I understand that it is my responsibility to cover the costs of any such emergency care and/or transportation for my child's emergency medical needs.

I understand this consent will remain in force until my child is no longer enrolled his or her current school. I also understand that I may revoke this authorization at any time, in writing, except to the extent that Sierra Grande School has already acted on my permission.

Parent /Guardian Signature

Date

Additional Notes: _____

~~~~~  
Reviewed by School Nurse: \_\_\_\_\_

\_\_\_ Flag Entered

Additional Notes by School Nurse: \_\_\_\_\_

\_\_\_\_\_

**Thank  
You!**



# Nurse's Notes

| Información Médica del Estudiante                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------|
| Apellido:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Primer Nombre:                                                                | Grado:                          |
| Fecha de Nacimiento:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Género:    M            F                                                     | Nombre de Escuela :             |
| Nombre de Médico:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fecha del último examen médico:                                               |                                 |
| Preferencia de Hospital:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Contacto de Emergencia 1:                                                     | Contacto de Emergencia 2 :      |
| Nombre Contacto de Emergencia 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Nombre Contacto de Emergencia 2                                               |                                 |
| <b>Estatus Actuales de Salud</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                 |
| 1. Su hijo tiene problemas con:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                 |
| Síndrome del Déficit de Atención                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sistema Inmunológica                                                          | Corazón/Sangre                  |
| Control de Esfínteres/Vejiga/Riñón                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Alergia / Intolerancia                                                        | Estómago / Intestinos           |
| Emocionales / Comportamiento                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Visión/Lentes/Lentes de Contacto                                              | Asma / Respiratoria             |
| Piel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Huesos/Coyunturas/Músculos                                                    | Convulsión /Migraña/Neurológico |
| Diabetes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Audiencia/Orejas                                                              | Habla                           |
| Limitaciones Físicas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Equipo de Adaptabilidad                                                       | Otro                            |
| Explique cualquiera de los anteriores:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                 |
| 2. ¿Está su hijo tomando alguna medicación actualmente? <span style="float: right;">Si    No</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                 |
| Nombre de Medicación:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Si necesita espacio adicional por favor utilice el dorso de este formulario . |                                 |
| ¿Algún medicamento se da en la escuela?            Sí    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dosis:                                                                        | Tiempo Dado:                    |
| <b>Si el medicamento se tiene que dar en la escuela, es necesario una orden médica y se tiene completar Formulario de Medicación.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                 |
| 3. Si su hijo tiene las últimas vacunas, por favor proporcionar y actualice el registro de inmunizaciones en la escuela .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                 |
| 4. Si tiene cualquier preocupación sobre la salud de su hijo, póngase en contacto con la enfermera de la escuela .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                 |
| 5. <b>Por favor revise el seguro médico que le aplique a su hijo:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                 |
| Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Seguro de Salud Privado                                                       |                                 |
| Child Health Plan Plus (CHP+)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Nada de Seguro de Salud                                                       |                                 |
| <input type="checkbox"/> Estoy de acuerdo en permitir que el personal de Medicaid/CHP se ponga en contacto conmigo con más información sobre el proceso de determinación de la asistencia médica . <input type="checkbox"/> Inicial                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                 |
| Doy permiso para que la información contenida en esta historia de información de salud para compartir con los adultos en la escuela que va a trabajar con mi hijo, en una necesidad de saber base. Doy mi consentimiento y autorizo al distrito escolar a divulgar información relacionada con la salud y otros servicios elegibles de Medicaid para el reembolso de Medicaid para los servicios. Es responsabilidad del padre / guardián de notificar a las enfermeras de las escuelas que cada vez que haya algún cambio en el estado de salud o atención del estudiante. Si en algún momento desea retirar este permiso, póngase en contacto con la enfermera de la escuela .                         |                                                                               |                                 |
| El abajo firmante, autorizo a los oficiales de las Escuelas de la Sierra Grande de contactar directamente con las personas nombradas como contactos de emergencia y autorizar a los médicos nombrados para representar dicho tratamiento como puede ser juzgado necesario en una emergencia, para la salud de dicho niño. En el caso de los médicos u otras personas nombradas y los padres que no puedan ser contactados, los oficiales de la escuela se autorizan de tomar cualquier acción que se considere necesario a su juicio, para la salud de dicho niño. No considerare las Escuelas de la Sierra Grande financieramente responsable para la atención de emergencia y/o transporte para dicho. |                                                                               |                                 |
| Firma del Padre/Guardián & Fecha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                 |
| Reviewed By School Nurse:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | Flag Entered                    |

