

# Welcome to Kindergarten!!!

We are happy to have your child attending school here at  
Plateau Valley Elementary School  
"A Great Place to Grow"

Below is a checklist to make sure you have provided and filled out all of the necessary paperwork  
to enroll your child in Kindergarten.

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Student's Name

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Date of Birth

## Enrollment Papers

- ✓ Birth Certificate
- ✓ Enrollment Form
- ✓ Custody Statement
- ✓ Pre-enrollment and permission to obtain records (ONLY needed if your child has attended a previous school)

## Health Forms

- ✓ Immunization Record (see enclosed letter for what is required for Kindergarten)
- ✓ Nurse Consent Form (for Over-the-Counter/First-Aid/Immunization Record Consent)
- ✓ Health Questionnaire

## Other Forms

- ✓ Permission for Photographs to be Taken

Office Staff Initials \_\_\_\_\_

Following are the required forms for enrolling in Plateau Valley Schools. In addition to these forms, a birth certificate and immunization record are required in order to attend school.

School Use Only:  
 LASID  
 SASID  
 Bus#  
 Bus Stop:  
 Times:



Plateau Valley School District 50  
 56600 Highway 330  
 Collbran, CO 81624  
 970-487-3547  
 970-487-3150 Fax

Date: \_\_\_\_\_

Please print and fill in all information.

Section 1: Student Information											
<b>Last Name</b>			<b>First Name</b>			<b>Middle Name</b>					
<b>Grade</b>	<b>Gender</b> M__ F__		Has student attended a public U.S. school continuously for more than 3 full academic years? Yes__ No__								
Currently Enrolled in Online School? ____ Yes ____ No			Currently being Homeschooled? ____ Yes ____ No			Are you a Refugee? ____ Yes ____ No					
Resident Address			Temporary Housing Yes__ No__		City		State	Zip	Phone		
Mailing Address (If different)					<b>Parent E-mail Address:</b>						
<b>Date of Birth</b>		<b>Social Security #</b>		<b>Race/Ethnicity: You must answer both parts of the following questions.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Part A:</b>             Do you consider yourself to be of Hispanic/Latino origin?            ____ Yes ____ No         </div> <div style="width: 45%;"> <b>Part B:</b> Which of the following groups describe your race? (you may select more than one)            ____ 1=American Indian or Alaska Native            ____ 2=Asian            ____ 3=Black or African American            ____ 5=White            ____ 6=Native Hawaiian or Other Pacific Islander         </div> </div>							
<b>Birth State</b>		<b>Birth Country</b>									
<b>Preferred Name: (Please Print)</b>											
Is this student subject to a court order regarding school attendance, custody or a major decision making agreement? Yes____ No____ Please complete the attached custody statement.											
Section 2: Parent /Guardian Information											
1. Parent/Guardian Name				Relationship		2. Parent/Guardian Name				Relationship	
Address				Phone Cell		Address				Phone Cell	
Employer				Work Phone		Employer				Work Phone	
List names of brothers, sisters and other school age children living in this home:											
If student does not live with parent/guardian, student lives with: Name _____ Phone _____ Address _____ Relationship _____											
Who makes major educational decisions for student? Both Parents____ Mother____ Father____ Guardian____ Other____ (Specify)											
Section 3: Emergency Information if parent/guardian cannot be reached, please contact:											
1. Last Name			First Name		Phone Home Work Cell		Relationship to Student				
2. Last Name			First Name		Phone Home Work Cell		Relationship to Student				
Section 4: Medical: A Health History Form must be filled out each school year (Form in Registration Packet)											
Section 5: Previous School Information											
Has student ever attended any Plateau Valley School or Preschool? ____ Yes ____ No											
Last School Attended?					City/State						
Has this student ever received special education services? Yes__ No__											
Section 6: Home Language Survey Mark only those that apply to your family (Please don't include languages you've learned in school)											
1. What was the first language spoken by the student?		English ____		Spanish ____		Other					
2. Identify all languages spoken in the home		English ____		Spanish ____		Other					
3. List all languages understood by student		English ____		Spanish ____		Other					
4. Language spoken in the home by student		English ____		Spanish ____		Other					
5. Has your child ever been enrolled in an English as a Second Language Program? No ____ Yes ____											
6. Do you require district information translated in a language other than English? No ____ Yes ____ If yes, what language?											

I request the school to notify me in case of an emergency or serious illness. If I am unable to be reached, I grant permission for the school to contact appropriate emergency agency/facility.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pre-Enrollment Disclosure**  
**Please complete if transferring from another school**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State the reason(s) student has decided to enroll at this school: \_\_\_\_\_  
\_\_\_\_\_

Last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of last attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Cumulative number of credits earned: \_\_\_\_\_

Has student ever been retained? Yes \_\_\_ No \_\_\_ What grade and school? \_\_\_\_\_

Has student attended Preschool, Daycare, or a Headstart program? Yes \_\_\_ No \_\_\_ Specify: \_\_\_\_\_

Circle the number of days absent at previous school: (Current year) 5-10 10-15 15 or more

Reason \_\_\_\_\_

Does student require special education, related services or other accommodations in order to participate in or receive reasonable benefit from school programs or activities? Yes \_\_\_ No \_\_\_ If "Yes", was there and individualized education plan (IEP), Section 504 accommodation plan, or individualized literacy plan (ILP) in place at his/her last school? Please specify: \_\_\_\_\_  
\_\_\_\_\_

*In order to maintain discipline, order, and safety, we require the following questions be answered.*

Has student ever been suspended from school? Yes \_\_\_ No \_\_\_ If yes, list date, school, and reason for each suspension: \_\_\_\_\_

Has student ever been expelled from school? Yes \_\_\_ No \_\_\_ If yes, list date, school, and reason for each expulsion: \_\_\_\_\_

Has student ever been cited for or charged with a violation of the law (exclude minor traffic offenses)? Yes \_\_\_ No \_\_\_ If yes, list date, location, and nature of each citation or charge: \_\_\_\_\_

Has student ever been adjudicated or convicted by a court of committing any act that, if committed by and adult, would have constituted a felony or misdemeanor crime? Yes \_\_\_ No \_\_\_ If yes, list date, place, and nature of each, including name and location of court: \_\_\_\_\_

Has student ever received a deferred prosecution, deferred judgment or diversion to a juvenile justice program with a case before a juvenile or municipal court? Yes \_\_\_ No \_\_\_ If yes, list date, place, and nature of each, including name and location of the court: \_\_\_\_\_

Name of probation officer: \_\_\_\_\_

All information stated above is accurate to the best of my knowledge.

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Enrollment Approval: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

# Plateau Valley School District 50

56600 Hwy 330 Collbran, CO 81624-9776  
(970) 487-3547 (970) 487-3150 Fax

Today's Educational Opportunity for Tomorrow's World

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Date: \_\_\_\_\_

NAME AND ADDRESS OF SCHOOL PREVIOUSLY ATTENDED:

\_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

Dear Registrar:

Please fax the following information for the above named student who has transferred into our district:

- Colorado SASID Number
- Official transcript of credits and grades
- Health records – Complete immunization record
- Attendance record
- Behavior/Conduct Reports
- Standardized Test Results
- Special Education Records, Including IEP (If Applicable)
- All other pertinent information

Please forward all records to: Machele Williams, Registrar  
Fax: 970-487-3150 or email: mwilliams@pvds50.org

Mrs. Joanna Gibbs – Counselor  
Mr. LeRoy Gutierrez – Secondary Principal

*I hereby give my permission for release of the above requested records/information.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# CUSTODY STATEMENT

Name Student Uses: \_\_\_\_\_  
Last First Middle

Name as shown on birth certificate: \_\_\_\_\_  
(Attach copy of birth certificate) Last First Middle

Who has legal custody or major decision making responsibility:  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Does a current legal custody agreement exist? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach a copy of the agreement.

Who does the student live with during the school year:  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Attendance, grades, etc., may be released to the following persons, if requested:  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

If both parents share joint decision-making regarding educational decisions and are unable to reach an agreement for the child, or in the absence of parent authorization, the school will make a decision based on the best interest of the child. Under the Privacy Act of 1974, parents are entitled to copies of their child's records, unless the courts have terminated their rights or the District has received a court restraining order specifically requesting we not release student records to the requesting parent.

PLEASE NOTE: If possible, both parents **must sign** this statement indicating they agree with the above information. If there is only one signature, the District requires an explanation as to why there is only one signature.

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

If only one signature, please explain why:

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# Migrant Education Program

Attn: Molly Greenlee, Coordinator 596 North Westgate Dr. Grand Junction, CO 81505

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Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Telephone: \_\_\_\_\_

Does your family qualify for services?

Please answer 'yes' or 'no' to the following questions.

- 1.) Did your child move and change school districts in the last 18 months? \_\_\_\_\_
- 2.) Was the purpose of the move to obtain work in temporary/seasonal **agriculture (farming, ranching, fishing, dairy, etc.?)** \_\_\_\_\_
- 3.) Was the work an important part of providing a living for the worker and his or her family?  
\_\_\_\_\_

Please return the form to school staff. Questions? Call 970-254-5495

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¿Califica su familia para los servicios del programa?

Favor de contestar las siguientes preguntas, con 'sí' o 'no'.

- 1.) ¿Dentro de los últimos 18 meses, su niño se mudó y cambió de un distrito escolar a otro? \_\_\_\_\_
- 2.) ¿Fue el propósito del cambio para obtener trabajo temporal en la **agricultura (cosecha, ranchos, pesca, lechería, etc?)** \_\_\_\_\_
- 3.) ¿Fue el trabajo una parte importante para proveer económicamente a la familia?

Por favor, devuelva este formulario al personal de la escuela.

¿Preguntas en español? Llame al 970-254-5495.

## Permission for Photographs to be Taken

During the year, I like to take pictures of the children on field trips, at our parties, during guest speaker presentations, and of our classroom plays. I need your permission to take and display these pictures in our classroom.

I give my permission for pictures and/or videos to be taken of my child,

\_\_\_\_\_, for the classroom and for "Thank You"

notes sent to guest speakers.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**RULES & REGULATIONS GOVERNING STUDENTS IN PLATEAU VALLEY SCHOOL DISTRICT 50 VEHICLES:**

**BEFORE LOADING:**

1. Students must be at their designated bus stops five minutes prior to their pick-up time to ensure adherence to the bus schedule.
2. Students must **stay off the roadway at all times** while waiting for the bus to arrive.
3. Students must conduct themselves in a safe manner (no pushing, shoving, or horseplay) while waiting for the bus.
4. Students must show respect for all property at or near the designated bus stops.
5. All students are encouraged to stay off of private property.
6. Students must wait until the bus comes to a complete stop before attempting to get on the bus and be careful when approaching the bus.
7. Students must go directly to the bus after school to avoid being left at school. For safety reasons, the bus cannot stop to board students once the bus has started to move.

**WHILE ON THE BUS:**

1. The bus driver is in charge of the students and the bus. Students must obey the driver's instructions promptly and explicitly.
2. No "horseplay" is permitted in or around the bus.
3. Classroom conduct is to be observed at all times by the students riding the bus.
4. Students must not try to get off the bus or move around while the bus is in motion.
5. Students are not allowed to extend arms or heads out of the bus windows or throw objects of any kind from the bus.
6. NO SKATEBOARDS, ROLLERBLADES, SCOOTERS OR SMALL TOYS are allowed.
7. Glass or heavy metal objects are prohibited. Lunch boxes are acceptable.
8. Animals of any kind are prohibited.
9. Eating and drinking on the bus is at the discretion of the bus driver.
10. Damage to a bus caused by a student must be paid for by the student.
11. Failure to follow these regulations may result in the suspension of bus riding privileges.
12. No profanity or harassment is allowed at any time.

**EXTRA-CURRICULAR TRIPS**

1. All rules and regulations apply to any trip under school sponsorship.
2. Students shall respect the wishes of a competent chaperone appointed by the school.

Parent Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

**AFTER LEAVING THE BUS:**

1. Students will cross the road when necessary **at least 10 feet in front of the bus** only after looking to make sure no traffic is approaching from either direction and upon the OK signal of the driver.
2. Students are asked to help look after the safety and comfort of younger children.
3. Students must be alert to any danger signal from the driver.
4. The driver will not discharge students at places other than the regular bus stop or at school without prior written and approved consent by the parent(s) and the school.

**MISCONDUCT NOTICES:**

FIRST NOTICE – Students must return all required copies, signed by a parent/guardian, to the bus driver or the student may not be permitted to ride the bus again.

SECOND NOTICE – A parent/guardian must call the transportation director's office at 487-3549 extension 274 in addition to the procedures required on the First Notice.

THIRD NOTICE – The student is automatically suspended from school transportation for a minimum of 5 (five) school days until a meeting can be arranged with the following in attendance: The school principal, a parent/guardian, the student, and the transportation director.

FOURTH NOTICE – The student is automatically suspended for up to 60 (sixty) school days. At the end of this period and upon the request of the parent/guardian, a decision by the school officials may be made to determine if transportation may be resumed.

**THE FOLLOWING WILL BE CONSIDERED AN AUTOMATIC**

**THIRD NOTICE:**

1. The use or possession of any and all tobacco products, drugs, or alcohol.
2. The use or possession of matches and/or lighters.
3. The use or possession of laser pointers in or around school buses.

**THE FOLLOWING WILL BE CONSIDERED AN AUTOMATIC**

**FOURTH NOTICE:**

Exiting through an emergency exit door without authorization or fighting/assault. The sheriff may be notified and charges may be filed with the District Attorney.

**THE FOLLOWING OFFENSE MAY RESULT IN A MINIMUM OF A ONE CALENDAR YEAR SUSPENSION OF BUS RIDING PRIVILEGES:**

Possession of any and all explosive devices and/or the possession of any dangerous weapons.

AUTOMATIC ADVANCES IN MISCONDUCT NOTICES MAY BE GIVEN BY SCHOOL OFFICIALS FOR ANY MISCONDUCT, MISBEHAVIOR, OR DANGEROUS OFFENSE.

Date: \_\_\_\_\_

Bus Route #: \_\_\_\_\_



# Plateau Valley School

## Nursing Office

56600 Hwy 330  
Collbran, CO 81624  
(970) 487-3547b  
FAX (970) 487-3876

Dear Parent of a Kindergarten Student:

Welcome to Plateau Valley School! Please find below the necessary health and age verification paperwork that we need before your child attends Kindergarten.

- [ ] Certificate of Birth (Original, not the hospital certificate)
- [ ] Immunization records – required immunizations include:
  - [ ] DTaP (Diphtheria, Tetanus, Pertussis): 5 doses (or 4 doses if the 4<sup>th</sup> dose was given after the age of 4)
  - [ ] Polio: 4 doses (or 3 doses if the 3<sup>rd</sup> dose was given after the age of 4)
  - [ ] MMR: (Measles, Mumps, Rubella): 2 doses, ( the 1<sup>st</sup> must be given on or after the first birthday
  - [ ] Hepatitis B: 3 doses
  - [ ] Varicella: (Chickenpox): 1 doses, the 1<sup>st</sup> dose must be given on or after the first birthday or there must be documented history of the disease from a doctor's office

Immunizations may be obtained at your family physician's office or at the Mesa County Health Department in Grand Junction (appointments are required at the health department and may be made by calling 248-6900).

Children born in Colorado may obtain their birth certificate at Mesa County Health Department, 510 29 ½ Road, Grand Junction (248-6900). If your child was born out of state, the Department of Vital Records in the state your child was born in may be contacted to obtain a Certificate of Birth. There will be a cost for this certificate.

If you have additional questions, please contact the School Nurse.  
Thank you,

## Administering Medications to Students

School personnel shall not administer prescription or nonprescription medications to students unless appropriate administration cannot reasonably be accomplished outside of school hours and the student's parent/guardian is not available to administer the medication during the school day.

Medication may be administered to students by school personnel whom a registered nurse has trained and delegated the task of administering such medication. For purposes of this policy, the term "medication" includes both prescription medication and nonprescription medication. The term "nonprescription medication" includes but is not limited to over-the-counter medications, homeopathic and herbal medications, vitamins and nutritional supplements. Medication may be administered to students by the school nurse or other school designee only when the following requirements are met:

1. Medication shall be in the original properly labeled container. If it is a prescription medication, the student's name, name of the medication, dosage, how often it is to be administered, and name of the prescribing health care practitioner shall be printed on the container.
2. The school shall have received written permission to administer the medication from the student's health care practitioner with prescriptive authority under Colorado law.
3. The school shall have received written permission from the student's parent/guardian to administer the medication to the student.
4. The parent/guardian shall be responsible for providing all medication to be administered to the student.
5. Students are prohibited from possessing or self-administering medical marijuana on school grounds or any school-sponsored event. C.R.S. 22-1-119.3(3)(c).

### Self-Administration of Medication for Asthma, Allergies or Anaphylaxis

A student with asthma, a food allergy, other severe allergies, or a related life-threatening condition may possess and self-administer medication to treat the student's asthma, food or other allergy, anaphylaxis or related, life-threatening condition. Self-administration of such medication may occur during school hours, at school-sponsored activities, or while in transit to and from school or a school-sponsored activity. Student possession and self-administration of such medication shall be in accordance with the regulation accompanying this policy.

Plateau Valley School District 50, Collbran, Colorado

File: JLCD

Authorization for a student to possess and self-administer medication to treat the student's asthma, food or other allergy, anaphylaxis or other related, life-threatening condition may be limited or revoked by the school principal after consultation with the school nurse and the student's parent/guardian if the student demonstrates an inability to responsibly possess and self-administer such medication.

### Use of Stock Epinephrine Auto-injectors in Emergency Situations

The district shall have a stock supply of epinephrine auto-injectors for use in emergency anaphylaxis events that occur on school grounds. Any administration of a stock epinephrine auto-injector to a student by a district employee shall be in accordance with applicable state law, including applicable State Board of Education rules.

The district's stock supply of epinephrine auto-injectors is not intended to replace student-specific orders or medication provided by the student's parent/guardian to treat the student's asthma, food or other allergy, anaphylaxis or related, life-threatening condition.

Student possession, use, distribution, sale or being under the influence of medication inconsistent with this policy shall be considered a violation of Board policy concerning drug and alcohol involvement by students and may subject the student to disciplinary consequences, including suspension and/or expulsion, in accordance with applicable Board policy.

## Administering Medications to Students

If under exceptional circumstances a student is required to take medication during school hours, only the school nurse or the nurse's designee may administer the medication to the student in compliance with the following regulation. In the alternative, the parent/guardian may come to school to administer the medication.

1. All directives of the accompanying policy shall be followed.
2. Written orders from the student's health care practitioner with prescriptive authority under Colorado law shall be on file in the school stating:
  - a. Student's name
  - b. Name of medication
  - c. Dosage
  - d. Purpose of the medication
  - e. Time of day medication is to be given
  - f. Anticipated number of days it needs to be given at school
  - g. Possible side effects
3. The medication shall be brought to school in a container appropriately labeled by the pharmacy or health care practitioner.
4. An individual record shall be kept of medications administered by school personnel.
5. Medication shall be stored in a clean, locked cabinet or container. Emergency medications (such as epinephrine) shall be kept in a secure location accessible to designated school staff.

Unless these requirements are met, medication will not be administered to students at school.

### Self-Administration of Medication for Asthma, Allergies or Anaphylaxis

A school shall permit a student to possess and self-administer medication, such as an inhaler or epinephrine, if all of the following conditions are met:

1. Written authorization signed by the student's health care practitioner must be on file with the school which shall include the student's name; the name, purpose, prescribed dosage, frequency, and length of time between dosages of the medication(s) to be self-administered; and confirmation that the student has been instructed and is capable of self-administration of the medication.

Plateau Valley School District 50, Collbran, Colorado

File: JLCD-R

2. The school nurse or school administrator, in consultation with the school nurse, the student's health care practitioner, and the student's parent/guardian collaborate to make an assessment of the student's knowledge of his or her condition and ability to self-administer medication.
3. A written statement signed by the student's parent/guardian must be on file with the school, which shall include permission for the student to self-administer his/her medication and a release from liability for any injury arising from the student's self-administration of such medication.
4. A written contract between the school nurse, school administrator, the student, and the student's parent/guardian must be on file with the school, assigning levels of responsibility to the student's parent/guardian, student, and school employees.

A treatment plan authorizing a student to possess and self-administer medication for asthma or anaphylaxis shall be effective only for the school year in which it is approved.

A student shall report to the school nurse or designee or to some adult at the school immediately after the student uses an epinephrine auto-injector during school hours. Upon receiving such report from a student, the school nurse, designee, or other adult will provide appropriate follow-up care to the student, which shall include making a 911 emergency call.

Plateau Valley School District # 50  
Health History  
(to be completed by parent/guardian)

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Physician Name \_\_\_\_\_ Telephone \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Overall health of student: ☐ Excellent ☐ Good ☐ Poor (chronic health problems or issues)

Does your child take any medications on a regular basis? (Including medication for asthma or ADHD):

☐ At Home ☐ Needs to take at school

Medication(s): \_\_\_\_\_

Time(s) Given: \_\_\_\_\_

Reason for taking medication: \_\_\_\_\_

**ALLERGIES**

Allergies to Medications: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

**Medical History (Please mark all that apply)**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="radio"/> Frequent Headaches  | <input type="radio"/> Frequent colds           | <input type="radio"/> Asthma          |
| <input type="radio"/> Seizures  | <input type="radio"/> Diabetes                 | <input type="radio"/> Anemia          |
| <input type="radio"/> Frequent ear infections   | <input type="radio"/> Frequent Strep Throat    | <input type="radio"/> Rheumatic fever |
| <input type="radio"/> Hayfever/Seasonal Allergies                                       | <input type="radio"/> Meningitis               | <input type="radio"/> German Measles  |
| <input type="radio"/> Vision problems   | <input type="radio"/> Liver Disease            | <input type="radio"/> Measles         |
| <input type="radio"/> Wears glasses or contacts   | <input type="radio"/> Kidney disease           | <input type="radio"/> Chicken Pox     |
| <input type="radio"/> Hearing problems  | <input type="radio"/> Heart problems           | When? _____                           |
| <input type="radio"/> Wears hearing aids  | <input type="radio"/> Skin rashes/hives/eczema | <input type="radio"/> ADD/ADHD        |
| <input type="radio"/> Pneumonia (RSV, Whooping Cough, other severe respiratory illness) |  |                                       |
| <input type="radio"/> Autism/Aspergers  |  |                                       |
| <input type="radio"/> Other health problems or chronic health concerns:                 |  |                                       |

Any physical limitations or need special equipment? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Past hospitalization/surgeries? ☐ Yes ☐ No

If yes, please describe and include dates: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PVSD Rev 3/08

# Over-the-Counter Medication/First Aid/Immunization Records Consents

## Plateau Valley School District #50

Name of Student	Date of Birth	Grade	Phone
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I, the parent/legal guardian of the above named student of Plateau Valley School District #50 **WANT** my child to be allowed to take the following checked **NON-PRESCRIPTION** (Over-the-Counter) **MEDICATIONS** at school if he/she becomes ill, but could possibly remain in school if given relief by taking it.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	IBUPROFEN (Advil)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2..	ACETAMINOPHEN (Tylenol)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3.	TUMS ANTACID CHEWABLE TABLETS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.	BENADRYL (Diphenhydramine – an antihistamine)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5.	CARMEX (applied to a clean q-tip for chapped lips)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6.	HALLS COUGH DROPS (for coughs and sore throats)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7.	STING KILL (numbing solution for insect bites/stings)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8.	BACITRACIN ANTIBIOTIC OINTMENT
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9.	HYDROCORTISONE CREAM (for itching)

☐ **I DO NOT WANT** my child to be allowed to take any of the above named over-the-counter medications at school.

*ANY MEDICATION NOT LISTED ABOVE (prescription OR non-prescription ) that a student needs to take at school*  
**requires a written consent signed by the parent/guardian AND the prescribing health care provider**

\*\*\*\*\*

☐ Yes ☐ No Qualified school personnel may do a physical assessment to the extent that is appropriate (take temperature, examine ears, throat, breath sounds, abdomen, etc.) for my child in the event of illness or injury.

☐ Yes ☐ No Qualified school personnel may give immediate and temporary FIRST AID to care for my child in the event of illness or injury. 911 will be called in the event of serious or life- threatening illness or injury. All efforts possible will be made to notify a parent if 911 is called.

*If my child is too ill to remain in school, but it is not an emergency, and I cannot be reached, my child will be released only to those people designated on the enrollment form. School personnel may share pertinent health information about my child with this caregiver.*

\*PLEASE MAKE SURE THAT INFORMATION REGARDING WHO YOUR CHILD  
MAY BE RELEASED TO IS KEPT UPDATED AT THE MAIN OFFICE.

My child's primary physician is \_\_\_\_\_ Phone Number \_\_\_\_\_

Any specific health problems that could result in a crisis situation at school are noted (allergies, diabetes, seizure disorder, heart condition or any ongoing medication programs: \_\_\_\_\_

**Permission to share immunization records:** Plateau Valley School District #50 may share the immunization records on file at school for my child with Public Health officials or with my child's Health Care Provider.

☐ Yes ☐ No Comments: \_\_\_\_\_

These permissions are granted/denied, as checked, for the current school year at Plateau Valley School District #50 unless the school is notified in writing to the contrary.

\_\_\_\_\_  
Parent/Guardian Signature  
Rev 10/18/2012

\_\_\_\_\_  
Date

# Information for Parents About Fluoride Varnish



## **What is fluoride varnish?**

Fluoride varnish is one type of topical fluoride. This type of fluoride is painted on the teeth. Fluoride varnish helps to prevent cavities by putting minerals into the tooth enamel, making the tooth stronger.

## **Why do we recommend putting fluoride varnish on children's teeth?**

Cavities are one of the most common preventable diseases seen in children. Cavities can cause pain and effect children's ability to eat, speak, sleep and learn properly. Fluoride varnish is used to help prevent new cavities and to help stop cavities that have already started.

## **Is fluoride varnish safe?**

Yes, fluoride varnish can be used on babies from the time they have their first teeth. Only a very small amount of fluoride varnish is used and little or no fluoride is swallowed by the child. Fluoride varnish is endorsed by the American Dental Association. Although rare, children with allergies to colophony (colophonium) and pine nuts could have allergic reactions to fluoride varnish.

## **How is it put on the teeth?**

The varnish is painted on the teeth. It is quick and easy to apply and does not have a bad taste. Your child's teeth may be dull or yellow after the fluoride varnish is painted on. This is normal, and your child's teeth will be white and shiny again once the fluoride varnish is brushed off the next morning!

# Fluoride Varnish Program

## Parent/Guardian Consent



Dear Parent/Guardian:

A preventive dental program is available for your child. Two times during the school year, a licensed dental provider will provide a free basic dental screening and apply a protective coating called fluoride varnish to your child's teeth as a preventive measure against tooth decay.

To receive these **no-cost** services, you must provide consent.

\_\_\_ **Yes**, I want my child to receive fluoride varnish.

\_\_\_ **No**, I do not want my child to receive these preventive fluoride varnish services.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Age: \_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Is your child allergic to pine nuts or colophony (colophonium)? Yes: \_\_\_ No: \_\_\_

Is your child allergic to Red Dye 40? Yes: \_\_\_ No: \_\_\_

In order to continue providing valuable preventive services at **no-cost** to your family, we ask that you provide your child's dental insurance information so the dental provider may submit and accept fees for services rendered. This will help offset the cost of the fluoride varnish and dental supplies.

Medicaid State ID: \_\_\_\_\_

CHP+ Member ID: \_\_\_\_\_

I understand that fluoride varnish helps to protect teeth from cavities. My child's teeth may look yellow for 24 hours. After receiving a fluoride varnish application, it is acceptable for my child to drink cool liquids and eat soft foods right away. For the treatment to be most effective, I have been advised to avoid serving my child hard, crunchy foods for 6 hours and to wait until the next morning to resume brushing and flossing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Varnish placed on: \_\_\_\_\_ and \_\_\_\_\_ by: \_\_\_\_\_

Comments:

\_\_\_\_\_

*\*\*\*This service does not replace a comprehensive evaluation. It is our recommendation that a dentist regularly examine your child. \*\*\**