



# Nay Ah Shing Schools/Pine Grove Academy

Enrollment Application  
2017-2018 NEW Students



## Identification

Student Name:		D.O.B:		Grade:	
Address:					
City:		State:	Zip Code:		Gender: M / F
<b>*School Officials Use Only*</b>					
Abinoojliiyag	Kindergarten Immersion		Pine Grove Academy		High School
MARSS #		NASIS #		506: Yes No	

## Legal Guardian(s) / Parents

Name:		Name:		
Primary Address:		Address if not same:		
Phone:		___ Home ___ Work ___ Cell		
Phone:		___ Home ___ Work ___ Cell		
Phone:		___ Home ___ Work ___ Cell		
Student lives with:	___ Mother	___ Father	___ Guardian ___ Other: _____	
Email:				

## Emergency Contact

Name:		Relationship to Student:	
Address:			
Home Phone:		Work Phone:	Cell Phone:
Email:			

## Family Information

Mother:		Father:	
Tribal Affiliation:		Tribal Affiliation:	
Enrollment #:		Enrollment #:	
Employer:		Employer:	

## Educational Information

Former School and Address:	
Date Last Attended:	
Currently on an I.E.P. <input type="checkbox"/> Yes <input type="checkbox"/> No	



# Nay Ah Shing Schools/Pine Grove Academy

Enrollment Application  
2017-2018 NEW Students



Student Name:	Grade:
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## Records Request

Nay Ah Shing Schools are committed to providing the most appropriate and relevant service to students, in an effort to maximize educational success. Therefore, it is imperative that the school has comprehensive and accurate information regarding students. Pursuant to Minn. Stat. § 120A.22, subd. 10 Education Records; (A) A district, charter school, or a non-public school that receives services or aid under sections 123B.40 to 123B.48 from which a student is transferring must transmit the student's educational records within ten (10) business days of request, to the district, charter school, or non-public schools that receive services or aid under sections 123B.40 to 123B.48 must make reasonable efforts to determine that the district, charter school, or the non-public school in which a transferring student is next enrolling in order to comply with this subdivision.

*Please accept this as an official notification that the student has requested enrollment in our school.*

Attendance Data	Behavioral Records and Disciplinary Reports
I.E.P. and Relative Assessment/Referral Information	Academic Reports
National and State Test Scores	MARRS Number
Medical Records and History	Tribal Information
Relevant Social Service Providers	Previous School(s) Attended

I, \_\_\_\_\_, as a parent/guardian request that all information listed above be sent within 10 business days to:

Registrar  
Nay Ah Shing Schools  
43651 Oodena Drive  
Onamia MN 56359  
Phone: 320-532-4695  
Fax: 320-532-4675



**MILLE LACS BAND OF OJIBWE**  
**Enrollment Department**  
**RELEASE OF INFORMATION**

I, \_\_\_\_\_ (NAME), do hereby authorize the Mille Lacs Band of Ojibwe enrollment department to release information and records about me to (List people or institutions you want us to release to)

I request the following to be released (list document or types of information you want released)

I understand that I can withdraw this consent in writing at any time. I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge.

**Signed**

\_\_\_\_\_  
Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign Name (parent of child, etc.)

**Witnessed**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1938 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1938 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)  
Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

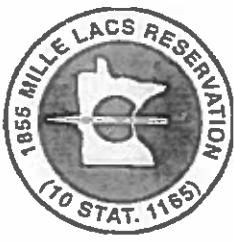
**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_



# Education Department

## Mille Lacs Band of Ojibwe

*The Mission of Nay Ah Shing School is to teach Ojibwe Language, Culture, History, and skills to live in 2 Cultures by: Educating students academically, socially, emotionally, and physically in a safe and supportive environment. Building relationships and socializing skills by teaching respect for themselves, for Elders and for all individuals. Creating strong partnerships with all parents. Accommodation of learning styles and teaching life skills*

### Disciplinary Policy for Violent and/or Aggressive Behavior on the Bus Nay Ah Shing / Pine Grove / Wewinabi

Note: Riding the bus to school is a privilege and not a right or guarantee. Students, parent and guardians are responsible for their behavior. Students may be suspended from the bus or terminated from the bus for failure to follow this policy. Parents may also have their students suspended or removed from the bus if the parent demonstrates aggressive or violent behavior towards staff and/or the bus driver. A student may be suspended or terminated from the bus immediately for severely aggressive acts as determined by the Coordinator/Director.

The bus will only wait ONE minute per bus stop. Time starts when the horn honks.

Our disciplinary policy will begin with an absolute NO HANDS ON POLICY. The only exception to this rule will be if the child is physically endangering another student, staff or themselves.

The following interventions will begin with the first aggressive or violent behavior.

**Aggression:** Verbally threatening or calling another student and/or staff foul or demeaning names.

**Violent Behavior:** Intentionally physically assaulting another student, staff or themselves with the intention of causing bodily harm.

#### 1<sup>st</sup> Incident:

- 1) Intervention with child and/or parent and staff.
- 2) Incident report made out and given to parent.
- 3) Copy of Disciplinary Policy sent home with child.
- 4) If child and staff cannot clear up the behavior and child remains aggressive; parent or an emergency contact will be called to pick up the child.
- 5) Parent and child will sign a copy of Disciplinary Policy acknowledging understanding of the possibility of suspension and/or removal from the bus.

#### 2<sup>nd</sup> Incident:

- 1) Intervention with child/parent and staff.
- 2) Incident report made out and given to parent.
- 3) If child and staff cannot clear up the behavior and child remains aggressive; parent or an emergency contact will be called to pick up the child.
- 4) Parent and child will sign a copy of Disciplinary Policy acknowledging understanding of the possibility of suspension and/or removal from the bus.
- 5) Head Start children will be moved to another seat at this time.
- 6) Other children may be given assigned seats or assigned a new seat.
- 7) School Age students will be suspended for ONE day.

3<sup>rd</sup> Incident:

- 1) Intervention with child, parent, staff and transportation coordinator.
- 2) Incident report made out and given to parent.
- 3) Parent called to pick up child or the child will be returned to the school for the parent to pick up.
- 4) No return until a conference between director/coordinator/principal and parent to discuss the behavioral issues and possible options to control it and/or the possibility of suspension or removal from the bus.
- 5) Head Start children will be suspended for ONE day.
- 6) School Age students will be suspended for TWO days.

4<sup>th</sup> Incident:

- 1) Incident report made out and given to parent.
- 2) Parent called to pick up child or the child will be returned to the school for the parent to pick up.
- 3) Head Start children will be suspended TWO days.
- 4) No return until a conference between director/coordinator/principal and parent to discuss the behavioral issues and possible options to control it and/or the possibility of suspension or removal from the bus.
- 5) School Age students will lose the privilege to ride the bus at this time. A return to bus riding must be agreed upon by the principal, transportation coordinator, bus driver, and parent. There are no 5<sup>th</sup> or 6<sup>th</sup> incidents allowed for school age students.

5<sup>th</sup> Incident (Head Start Only)

- 1) Incident report made out and given to parent.
- 2) Parent called to pick up child or the child will be returned to the school for the parent to pick up.
- 3) Automatic THREE day suspension from the bus
- 4) No return until a conference between the director/coordinator and parent to discuss the behavioral issues and possible options to control it and/or the possibility of suspension or removal from the bus.

6<sup>th</sup> Incident (Head Start Only)

- 1) Incident report made out and given to parent.
- 2) Parent called to pick up child or the child will be returned to the school for the parent to pick up.
- 3) Parents are informed that this child cannot return to the bus without additional intervention to control violent or aggressive behavior.

***It should also be noted. In the event a Violent Behavior cannot be brought under control and other students and or staff are in danger, there is the possibility of calling Tribal Police and/or other Police to bring the situation under control for safety reason.***



# Education Department Mille Lacs Band of Ojibwe

*The Mission of Nay Ah Shing School is to teach Ojibwe Language, Culture, History, and skills to live in 2 Cultures by: Educating students academically, socially, emotionally, and physically in a safe and supportive environment. Building relationships and socializing skills by teaching respect for themselves, for Elders and for all individuals. Creating strong partnerships with all parents. Accommodation of learning styles and teaching life skills*

## Disciplinary Policy for Violent and/or Aggressive Behavior on the Bus Nay Ah Shing / Pine Grove / Wewinabi

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Student Signature

---

Date

---

Parent/Guardian Signature

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Date

---

Director/Coordinator/Principle Signature

---

Date

**"Leaders of the Pack"**  
43651 Oodena Drive, Onamia MN 56359 ·  
High School 320-532-4695 Elementary School 320-532-4690  
Fax: 320-532-4675 Fax: 320-532-4718





*Nay Ah Shing Schools/Pine Grove Academy  
Mille Lacs Band of Ojibwe*

*Commissioner of Education: Ed Minnema  
Middle School/High School Principal: Noah Johnson  
Interim Elementary Principal: Lehtitia Weiss  
Nay Ah Shing School Board: Rich Dunkley, Kimberly Kegg, Semira Kimpson,  
Joseph Nayquonabe, Sr., and Sami Thomas*

**STUDENT REQUEST FOR SCHOOL BUS TRANSPORTATION**

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

Primary Address: \_\_\_\_\_

Student will ride the bus: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Niigaan

Parent/Legal Guardian \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Work Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

AM Stop Location/Address: \_\_\_\_\_

PM Stop Location/Address: \_\_\_\_\_

Alternate Stop Location/Address: \_\_\_\_\_

**All bus passes are to be in by 2:30 p.m. Miigwetch**

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

Nay Ah Shing High School  
P) 320-532-4695  
F) 320-532-4675  
43651 Oodena Drive  
Onamia, MN 56359

***"Leaders of the Pack"***  
Nay Ah Shing Lower School  
P) 320-532-4690  
F) 320-532-4718  
43521 Oodena Drive  
Onamia, MN 56359

Pine Grove Academy  
P) 320-384-7593  
F) 320-384-7584  
63842 Ojibwe Road  
Sandstone, MN 55072



**Nay Ah Shing Schools/Pine Grove Academy**  
**Mille Lacs Band of Ojibwe**

*Commissioner of Education: Ed Minnema*  
*Middle School/High School Principal: Noah Johnson*  
*Interim Elementary Principal: Lehtitia Weiss*  
*Nay Ah Shing School Board: Rick Dunkley, Kimberly Kegg, Semira Kimpson,*  
*Joseph Nayquonabe, Sr., and Sami Thomas*

**Student Waiver Form**

**RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE STUDENT FIELD TRIP PARTICIPATION.**

I, \_\_\_\_\_ a parent/guardian of \_\_\_\_\_  
A student of Nay Ah Shing Schools; gives permission for my child to participate in a field trip to

\_\_\_\_\_

Location

\_\_\_\_\_

Date

I am aware that participating in field trips carries the risk of personal injury, property damage and/or other possible losses.

Thereby fully release and discharge Nay Ah Shing Schools and any other Mille Lacs band Agency, officers, agents, and/or employees from any and all claims for personal injury, property damage and/or other possible loss; resulting in my participation in this field trip.

Thereby assume all risk of personal injury, property damage, and/or other possible loss which may result from my child's participation.

I further agree to indemnify and hold harmless Nay Ah Shing Schools and/or any other Mille Lacs band Agency, Officers, Agents and/or Employees from all claims, suit actions, injuries, damages, and/or other losses sustained by me and arising out of connected with or in any way associated with my participation in this event.

**I HAVE FULLY READ AND UNDERSTAND THE FORGOING**

\_\_\_\_\_  
Student (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Please Print)

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

\_\_\_\_\_  
Date

***"Leaders of the Pack"***

Nay Ah Shing High School  
P) 320-532-4695  
F) 320-532-4675  
43651 Oodena Drive  
Onamia, MN 56359

Nay Ah Shing Lower School  
P) 320-532-4690  
F) 320-532-4718  
43521 Oodena Drive  
Onamia, MN 56359

Pine Grove Academy  
P) 320-384-7598  
F) 320-334-7584  
63842 Ojibwe Road  
Sandstone, MN 55072



# Nay Ah Shing Schools/Pine Grove Academy

Enrollment Application  
2017-2018 Returning Students



## Media Release Consent Form

Nay Ah Shing Schools will update student directories, yearbooks and class lists/webpages to provide information that include student images in photos and videos. In addition, photos and videos are taken of students participating in wide variety of school-related activities, including performances, school-wide events and recognition of outstanding work. This media may be used for web pages on social media outlets, as well as in local or tribal newspapers, television and radio news.

Please check if you **DO** or **DO NOT** want your child's photo, name, likeness and/or academic work to appear in the media listed above, please sign this form and return this sheet to your child's homeroom teacher.

<input type="checkbox"/>	I DO NOT WANT MY CHILD'S (CHILDREN'S) PHOTO, NAME LIKENESS AND/OR ACADEMIC WORK RELEASED FOR SCHOOL/TRIBAL PUBLICITY PURPOSES FOR THE FOLLOWING SCHOOL YEAR 2016-2017 SCHOOL YEAR
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<input type="checkbox"/>	I WANT MY CHILD'S (CHILDREN'S) PHOTO, NAME LIKENESS AND/OR ACADEMIC WORK RELEASED FOR SCHOOL/TRIBAL PUBLICITY PURPOSES FOR THE FOLLOWING SCHOOL YEAR 2016-2017 SCHOOL YEAR
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Student Name(s):
School:
Grade/Homeroom Teacher:
Parent/Guardian Name (Please Print):
Parent/Guardian Name (Signature):
Date:

# ANNUAL HEALTH INFORMATION

TO BE FILLED OUT FOR EACH STUDENT (NEW & RETURNING) and RETURNED IMMEDIATELY

PRINT Student Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_

Entering Grade in Fall \_\_\_\_\_ Returning Student  New Student

Your student's health history is important to provide the best care at school. It is the responsibility of the parent/guardian to notify the school of new or existing health concerns. If your student is prescribed medication or requires treatment at school, it is the responsibility of the parent or guardian to notify the school and provide the medication or necessary equipment for use at school.

**Parent/Guardian Consent for Release of Information:** The disclosure of health information within the school is limited to information necessary to serve the student's health and education interests. Your *voluntary* agreement gives permission for school health staff to inform select school personnel (their teacher, lunch staff, bus driver, etc), of precautions and procedures necessary to protect your child at school and foster academic success as well as allows the school health staff to exchange student personal health information with the providers listed below.

I Agree  I Disagree Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider and Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Last Exam \_\_\_\_\_

Specialist and Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Last Exam \_\_\_\_\_

Dentist and Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Last Exam \_\_\_\_\_

Eye Care Provider and Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Last Exam \_\_\_\_\_

Does the student wear glasses or contacts? \_\_\_\_\_

Does the student wear a hearing aid? Yes  No

My child has no special health concerns and does not require medication in school.

YES, my child is diagnosed with a special health concern that may require routine or emergency medication and treatment while in school.

Check ALL that apply, and take REQUIRED CARE PLAN to Medical Provider to Complete.

Asthma: Intermittent \_\_\_\_\_ Exercise Induced \_\_\_\_\_ Uses inhaler? \_\_\_\_\_ Asthma Action Plan Required

Diabetes: Type 2 \_\_\_\_\_ Type 1 \_\_\_\_\_ Uses a pump/Insulin? \_\_\_\_\_ Diabetes Management Plan Required

Seizure: Type \_\_\_\_\_ Seizure Care Plan Required

Allergies: (check all that apply below) Allergy Care Plan Required

Plant \_\_\_\_\_ Food \_\_\_\_\_ Drugs \_\_\_\_\_ Animals \_\_\_\_\_ Bee/Insects \_\_\_\_\_ Other \_\_\_\_\_

Please describe the specific trigger, reaction and interventions that you have found to be helpful:

## Medication

Is medication needed for any condition: At home? Yes \_\_\_ No \_\_\_ At School? Yes \_\_\_ No \_\_\_

Please list name, amount and time of day (use back of page if needed) \_\_\_\_\_

**\*\*\* Any medication to be given during school hours must be listed on the "Medication Administration Request Form" and be signed by caregiver and physician\*\*\***

Forms listed can be found on Nay Ah Shing School website at: <http://www.nas.k12.mn.us>

Click on Department Pages - School Nurse - find necessary form(s) or you may contact the office for a form



# Nay Ah Shing Schools/Pine Grove Academy

Enrollment Application  
2017-2018 NEW Students



## Medication Administration Request Form

Please complete this form only if your child needs to have prescription based medication or over-the-counter medication administered during school hours.

- ✓ Parent/Guardian(s) of student(s) requesting that prescription medication be administered during school hours are required to provide: *physician's order (below), parental release and the medication supplied in its original container.*
- ✓ Any over-the-counter medication requested to be administered during school hours must be supplied by parent/guardian and provided to the school health staff labeled and in its original container with this form completed by parent/guardian. (Requires parent/guardian signature only)
- ✓ Orders must be updated yearly.
- ✓ Whenever possible medication should be given at home & every effort should be made to avoid school hours.
- ✓ Parent/Guardian(S) are responsible for notifying the school of a students need for medication during school hours and informing the school of any changes to prescriptions throughout the school year.
- ✓ For the safety of your child and other students; ALL medication must be stored in the nurse's office and should not be carried by a student *except* for rescue medications with the nurse approval.
- ✓ Dispensing of medications to students shall be done by authorized school personnel.

### Physician's Order for Medication Administration

Student Name:

Grade:

Parent/Guardian Name:

Daytime Phone:

Medication:	Strength:	Dose:	Time:	Reason:	Possible side effects:
1					
2					
3					
4					

Doctors Signature:

Date:

Clinic Name & Address:

Phone:

### Parental Order for Medication Administration

I request this medication to be given as directed above. I understand the district is rendering a service and does not assume any responsibility for this matter. I release school personnel from liability in the event of any reactions resulting from this medication. If necessary the school may request additional information from the physician regarding this illness or medication.

Parent/Guardian Name:

Date:



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- ✓ Whenever possible medication should be given at home & every effort should be made to avoid school hours.
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Medication:	Strength:	Dose:	Time:	Reason:	Possible side effects:
1					
2					
3					
4					

Doctors Signature:

Date:

Clinic Name & Address:

Phone:

### Parental Order for Medication Administration

I request this medication to be given as directed above. I understand the district is rendering a service and does not assume any responsibility for this matter. I release school personnel from liability in the event of any reactions resulting from this medication. If necessary the school may request additional information from the physician regarding this illness or medication.

Parent/Guardian Name:

Date:

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

**Medical History** (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Vision Problems        | <input type="checkbox"/> Kidney/Bladder problems        |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Hearing Problems       | <input type="checkbox"/> Bleeding Disorder              |
| <input type="checkbox"/> Heart Condition               | <input type="checkbox"/> Dental Problems        | <input type="checkbox"/> Menstrual Problems             |
| <input type="checkbox"/> Seizures/Epilepsy             | <input type="checkbox"/> Color Blindness        | <input type="checkbox"/> Eczema                         |
| <input type="checkbox"/> Depression                    | <input type="checkbox"/> Frequent Nose bleeds   | <input type="checkbox"/> Anorexia/ Bulimia              |
| <input type="checkbox"/> Hyper Activity                | <input type="checkbox"/> Frequent Stomach Aches | <input type="checkbox"/> Mental Health Diagnosis        |
| <input type="checkbox"/> ADD/ADHD                      | <input type="checkbox"/> Frequent Headaches     | <input type="checkbox"/> Emotional/ Behavioral Concerns |
| <input type="checkbox"/> FAS/FAE                       | <input type="checkbox"/> Frequent Sore Throat   | <input type="checkbox"/> Physical Handicap              |
| <input type="checkbox"/> Speech Problems               | <input type="checkbox"/> Orthopedic Conditions  | <input type="checkbox"/> Concussion                     |
| <input type="checkbox"/> Other (Please describe) _____ |   |   |

If you marked any of the above, please explain \_\_\_\_\_

Please describe any restrictions or modifications needed (Gym, sports, diet, etc.) \_\_\_\_\_

**Immunizations**

For the protection of all students, Minnesota State Law (M.S. 123.70) requires that all children who are enrolled in school be vaccinated against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B and varicella (chicken pox), allowing for certain exemptions. Before students can attend school, each student must provide proof that the immunization schedule is in process or has been completed. Please include a copy of immunization records.

**Medical and Authorizations Release**

Authorization for emergency Medical Care and Medical Treatment. My child has permission to be administered minor first aid on school grounds during the school day by school personnel. In case a student becomes sick or injured during the school day, you will be notified. In the event that we are unable to reach you, we will attempt to contact persons listed as emergency contacts. If we cannot contact you or the emergency contacts listed, we will be sure the student receives the needed medical attention. It is extremely important that you verify that we can take your child to the doctor in attendance at Ne-la-Shing Clinic or the nearest hospital for medical attention. School personnel will accompany the student to the clinic until you or emergency contact arrives. The school is in no way responsible for the medical bills incurred. I hereby authorize the medical providers at Ne-la-Shing Clinic or the nearest hospital to provide the necessary treatment to the student and release medical information as needed for insurance purposes.

Accept  Decline  Initials

**Medication Administration**

No medications, over-the-counter or prescribed, will be given to a student without proper written authorization. All prescribed medications given at school by designated school personnel will need to have a "Medication Administration Request form" completed and signed by both physician and parent/caregiver. All medication must be brought to the school nurse or appropriate staff member in its original container, labeled by a pharmacist in accordance with law. Over-the-counter medications should be unopened and labeled with student's name. All medication taken by students must be kept in the school nurse office.

Accept  Decline  Initials