

Ch'ooshgai Community School



2021-2022 HEALTH AUTHORIZATION FORM

PURPOSE: To enable parents/guardians to **AUTHORIZE** emergency treatment for a child who becomes ill or injured while under school authority, when parents cannot be reached. Upon completion, this form must be returned to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent/guardian.

PLEASE COMPLETE ALL THREE SECTIONS.

Student's Last Name:	Student's First Name:	Middle:	Gender:	D.O.B
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SECTION ONE-STUDENT EMERGENCY CONTACT INFORMATION

In the event your child becomes sick or injured and needs to be sent home or the ER, the school health office will always attempt to reach the Parent/Guardian listed below **FIRST**. Secondary contacts will be called if the parent/guardian cannot be reached. **PLEASE KEEP THESE NUMBERS CURRENT!**

Parent/Guardian Name: * _____	Address: _____	Phone #1:		
		Phone #2:		
Relationship: _____		Phone #3:		
Parent/Guardian Name: * _____	Address: _____	Phone #1:		
		Phone #2:		
Relationship: _____		Phone #3:		
Emergency Contact List	Relationship	Phone #1	Phone #2	
1.				
2.				
3.				
4.				

SECTION TWO-STUDENT HEALTH HISTORY-PLEASE CHECK APPROPRIATE BOX

My child has NO health conditions including those listed below

<input type="checkbox"/> Allergies <input type="checkbox"/> Seasonal	<input type="checkbox"/> Food Allergy (List): _____	<input type="checkbox"/> Other Allergy (List): _____	<input type="checkbox"/> Has Epi-Pen Prescription <input type="checkbox"/> Needs at School: Y or N
<input type="checkbox"/> ADHD/ADD Needs meds at school: Y or N	<input type="checkbox"/> Migraines <input type="checkbox"/> Asthma Needs inhaler at school: Y or N	<input type="checkbox"/> Stomach/GI <input type="checkbox"/> Long Term Medication(s) (list): _____	<input type="checkbox"/> Dental/ Braces <input type="checkbox"/> Eye/Vision Wears glasses/contacts: Y or N
<input type="checkbox"/> Bladder/GU	<input type="checkbox"/> Dermatologic/Skin	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Any Other Health Conditions: _____			

SECTION THREE-INSURANCE INFORMATION

Student's Insurance:	Subscribers Name:	ID#
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TO GRANT CONSENT

In case of an emergency involving my child **AND I CANNOT BE REACHED**. I understand emergency medical services will be contacted and my child may be transported to the following provider/hospital for emergency medical care:

Healthcare Provider:	Phone:
Dentist:	Phone:
Hospital:	Phone:

If, for any reason, **NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CANNOT BE REACHED**, I understand that appropriate transport and medical care of my child will be arranged to **ANY** appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need. Nothing in this section shall be construed to impose liability on any school official or school employee, who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care. I authorize the school health office staff to contact my child's providers listed above regarding medical management of my child. I understand information on this form will be shared with appropriate personnel on an as-needed basis only. I, also understand health screenings (including vision, hearing, weight, and lice check) may be done by school health personnel unless I provide the school health office with written notification requesting exclusion from these screenings. **Ch'ooshgai Community School is not Authorized to Administer Medication without a Doctor's Authorization Form.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Ch'oooshgai Community School Board of Education, Inc.
SY 2021-2022: Home Language Survey

Student Name:	Date of Birth:	Grade:
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Answer each question by marking either a YES or NO box.	YES	NO
1. Does the student use a language other than English with his/her family and friends?		
2. Do you use a language other than English with the student?		
3. Does the student understand when someone communicates in their native language?		
4. Does the student read in a language other than English?		
5. Does the student write in a language other than English?		
6. Does the student interpret for you or anyone else in a language other than English?		

If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home?

<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Navajo, Diné	<input type="checkbox"/> Zuni
<input type="checkbox"/> Apache	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____

Other Questions
In what language do you prefer to receive communication from our school?
In what language do you prefer to communicate with the school?

Student Clan Information
Maternal Grandmother (Amá Sáni):
Maternal Grandfather (Acheii):
Paternal Grandmother (Análi Asdzáá):
Paternal Grandfather (Análi Hastiin):

 Parent/Guardian Signature

 Date

Board of Directors:
 Jimmy Detsoi, President
 Hoskie Bryant, Vice-President
 Mitzie Begay, Secretary
 Virginia Harvey, Member

Ch'ooshgai Community School Board of Education, Inc.

P. O. Box 321, Tohatchi, New Mexico 87325
 Telephone: (505) 733-2700 Fax: (505) 733-2703



Student Residency Verification Document

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? *Check one box*

Section A	Section B
<input type="checkbox"/> In a shelter <input type="checkbox"/> with more than one family in a house or Apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian) <i>CONTINUE:</i> if you checked a box in Section A, complete #2 and the remainder of this form	<input type="checkbox"/> Choices in Section A do not apply <i>STOP:</i> if you checked this section, you do not need to complete the remainder of this form. Submit to school personnel

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

School: _____

Name of Student _____ Male Female

Birth Date ____/____/____ Age: _____ Social Security# (if appropriate): _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

School Use Only – School Administrator's determination of Section A circumstances:
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If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Contact Person who may know of the family's situation:

_____ Date faxed _____

Ch'ooshgai Community School
BUS Form

SY-2021/22

BUS# _____

AM _____ PM _____

Driver's Name: _____

STUDENT INFORMATION:

Student Name: _____

Grade: _____ Teacher's Name: _____ Room# _____

Address: _____ City: _____ State/Zip: _____

Date of Birth: _____ Home Telephone # _____

****EXACT HOME LOCATIONS** (Directions should be clear.)**

PARENT INFORMATION:

Father's Name: _____ Work # _____

Mother's Name: _____ Work # _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____

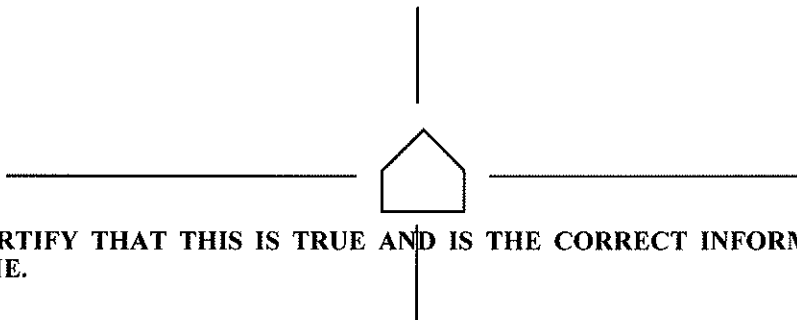
Telephone # _____

Indicate the building below as a local church, school, chapter house or trading post, near your home, that can be easily identified in your community. Give a brief description of mileage and road number.

House #: _____

Color: _____

Model: _____



I CERTIFY THAT THIS IS TRUE AND IS THE CORRECT INFORMATION OF THE MAP OF HOME.

Signature of Parent/Legal Guardian

Date

Signature of Authorized Transportation Personnel

Date