

Office Use Only	Birth Certificate: <input type="checkbox"/>	CIB: <input type="checkbox"/>
Date Entered:	Physical: <input type="checkbox"/>	Court Order: <input type="checkbox"/>
By Whom:	Immunization: <input type="checkbox"/>	Other: <input type="checkbox"/>
	State ID:	HR/Adv Teacher:

In-Person Online

**Laguna Elementary / Middle School 2021-2022
Student Data Sheet**

New Student
 Returning Student

Student's Full Name _____ Student's Grade _____

D.O.B. _____

Student's Tribal Affiliation _____ Big Clan _____ Little Clan _____

Mailing Address _____

Physical Address/Directions to Home: _____

Father's Name _____ Cell # _____

Place of Employment _____ Work # _____

Email Address _____ Home Telephone #: _____

Mother's Name _____ Cell # _____

Place of Employment _____ Work # _____

Email Address _____ Home Telephone #: _____

If the child resides with a legal guardian, please indicate and provide all necessary documentation. School abides by the most current documentation on file with the school. Court Order on File: ___YES___ ___NO___

Guardian's Name _____ Cell # _____

Place of Employment _____ Work # _____

Email Address _____ Home Telephone #: _____

Please list all children living in household:

Name	Age	Relation	Grade	School Attending

Last School Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

My child is receiving services for:

GATE: _____ SAT: _____

SPED: _____ LEP: _____

Parent/Guardian Signature: _____

Date: _____

**Laguna Elementary / Middle School 2021-2022
CHECK-OUT FORM**

Student's Name: _____ Grade: _____

Mother's/Guardian: Name: _____

Home #: _____ Work #: _____ Cell #: _____

Father's/Guardian: Name: _____

Home #: _____ Work #: _____ Cell #: _____

Regular school attendance is necessary for student success. Important work begins when the tardy bell rings. Checking a child out early is discouraged as the child will miss valuable instructional time. Please make every effort to schedule all appointments on days that school is not in session.

Please list all individuals you give permission to take your child from school, their relationship and phone number. They will also be used for emergency contacts. No one under **18** will be allowed to take your child. As per LDOE Policy, a person who is listed on the sex offenders list cannot be named as an emergency contact, pick up a child from the program, or participate in any LDOE activity.

NAME	RELATIONSHIP	CONTACT PHONE#
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

<Continue on back if necessary>

For your child's safety, **ONLY THE NAMES YOU HAVE LISTED** will be honored, unless you come to the school personally to make your change(s). Any request for changes must be made by the parent in person at the school. **VERBAL OR TELEPHONE REQUESTS to add another person to the check-out list or to release a student from school WILL NOT BE HONORED.**

NOTE: Parents who have physical custody of their child must provide the school with a copy of the court order which will be placed in the child's cumulative folder. Only the most recent court order, provided by the parent to the school, will be honored. **UNLESS** otherwise indicated, **BOTH father/mother will be allowed to visit the school and check student out.**

Emergency Procedures will be followed in accordance with LDoE Handbook Policies and Procedures.

- The school will have your child transported by ambulance to ACL Hospital in case of extreme emergency such as profuse bleeding, broken bones, breathing stoppage, etc.
- School personnel **CANNOT** administer OTC or other medications to children without a signed permission form. School personnel can administer prescription medication only if the medication is provided in its original container with clear written directions. Parents are responsible to complete the Medication Administration Form provided in the registration packet.
- In minor incidents, the school will contact the parent/guardian(s) first and then contact others listed above. If no one on the list can be contacted, your child will be returned to class or kept in the nurse's office until his/her regular bus run. **NOTE: Please be sure to notify office of updated contact information.**

Parent/Guardian Signature: _____ Date: _____

Laguna Elementary / Middle School School Bus Agreement 2021 - 2022

Please complete one form per family.

<i>Student's Name</i>	<i>Grade</i>

Place of Residence (give description): _____

LDoe Stay Safe Procedures:

- Students are expected to wear masks at the bus stop and on the bus at all times.
- Students are expected to maintain social distancing at the bus stop and on the bus at all times.
- Please **DO NOT** send your child(ren) if they have a fever or are showing any signs of illness.
- Students will be screened prior to boarding the bus. Any student who shows a temperature of ***over 100.4 will NOT be allowed to board the bus and WILL BE SENT HOME.***
- Parents will be called if your child(ren) cannot board the bus. Please be sure to notify the school of updated contact information.
- The bus ***CANNOT wait at the bus stop*** for parents to pick up child(ren).
- Parents are requested to wait at the bus stop until their child(ren) board.

Mother's/Guardian: Name: _____

Home #: _____ Work #: _____ Cell #: _____

Father's/Guardian: Name: _____

Home #: _____ Work #: _____ Cell #: _____

Student safety is the most important component of the LDoe bus transportation policy. School bus transportation is a privilege that can be withdrawn for unsafe behavior. To ensure the safety of the children, the bus driver must be in complete charge of the bus and the occupants at all times. Students riding the bus **MUST** comply with directions given by the driver.

I understand and will abide by the following policies and procedures for student transportation:

1. Students will ride only the bus to which they are assigned.
2. Students will be allowed off and on the bus **ONLY** at their designated stop.
3. Only permanent written requests from a parent or guardian for bus changes can be honored (i.e., change of residence, change of bus stop). All requests must be approved by the Transportation Coordinator for the availability of space for that particular bus route.
4. Disciplinary action will be enforced in accordance with bus conduct policy.
5. **No One-Time** requests for change will be approved.

Parent/Guardian Signature: _____ Date: _____

Laguna Elementary / Middle School 2021-2022
PERMISSION SLIPS

PERMISSION TO PHOTOGRAPH AND/OR VIDEOTAPE

Photographs and/or videotapes may be made during regular and special school activities. These images may be used in program presentations at conferences, as part of teacher dossiers for NM Licensure, staff training or to promote positive classroom management.

We may also use special photographs or videotapes in specific projects such as program brochures or community calendars and social media. Throughout the year, we will publicize events and photos on our website, Facebook, marquee, and in the newspaper.

I hereby grant permission for my child, _____, to have his/her photograph and/or video image taken by the staff of the Laguna Department of Education. I understand that some of these photographs may be used in newsletters, social media, and other publications including the LDoE website. We will not identify any student individually. Some information may be available on the internet but will not identify any student individually. I understand that this permission form is valid for one year from the date signed.

Parent/Guardian Signature: _____ Date: _____

PERMISSION FOR PARTICIPATION ON FIELD TRIPS WITHIN THE LAGUNA RESERVATION

I hereby grant permission for my child, _____, to participate in all Laguna Elementary/Middle School field trips within Laguna Reservation area. I understand that permission slips for other field trips will be sent home prior to each off-reservation field trips. I understand that this permission form is valid for one year from the date signed.

Parent/Guardian Signature: _____ Date: _____

PERMISSION FOR PARTICIPATION IN NATIVE AMERICAN OR OTHER CULTURAL EVENTS

I hereby grant permission for my child, _____, to participate in **Native American and other cultural activities**, which promote acceptance and appreciation of diverse and unique people. I understand that this permission form is valid for one year from the date signed.

Parent/Guardian Signature: _____ Date: _____

Laguna Elementary / Middle School 2021-2022

Student Internet Usage Agreement

Student Internet Policy

CIPA. All users of the Internet must comply with the Children's Internet Protection Act (CIPA), 47 U.S. C 254. Access by minors to inappropriate matter on the Internet and World Wide Web is prohibited on the LDoE network. Using electronic mail, chat rooms, and other forms of direct electronic communications is prohibited on the LDOE network. Unauthorized access including "hacking" and other unlawful activities by minors online is prohibited on the LDOE network. Unauthorized disclosure, use, and dissemination of personal information regarding minors is prohibited by LDOE. Measures designed to restrict minors' access to materials harmful to minors are in place at LDOE.

Internet access to global electronic information resources on the World Wide Web is provided by the Laguna Department of Education to assist students in obtaining school related data and technology. The following guidelines have been established to help ensure responsible and productive Internet usage. All Internet usage is filtered through a web filter and firewall.

All Internet data that is composed, transmitted, or received via our computer communications systems is considered to be part of the official records of the Department and, as such, is subject to disclosure to law enforcement or other third parties. Consequently, students should always ensure that the business information contained in Internet e-mail messages and other transmissions is accurate, appropriate, ethical, and lawful.

Data that is composed, transmitted, accessed, or received via the Internet must not contain content that could be considered discriminatory, offensive, obscene, threatening, harassing, intimidating, or disruptive to any employee or other person. Examples of unacceptable content may include, but are not limited to, sexual comments or images, racial slurs, gender-specific comments, or any other comments or images that could reasonably offend someone on the basis of race, age, sex, religious or political beliefs, national origin, disability, sexual orientation, or any other characteristic protected by law.

The unauthorized use, installation, copying, or distribution of copyrighted, trademarked, or patented material on the Internet is expressly prohibited. Abuse of the Internet access provided by LDoE in violation of law or LDoE policies will result in disciplinary action, up to and including suspension from school. Students may also be held personally responsible for any violations of this policy. The following behaviors are examples of previously stated or additional actions and activities that are prohibited and can result in disciplinary action:

- Sending or posting discriminatory, harassing, or threatening messages or images
- Using the organization's time and resources for personal gain
- Stealing, using, or disclosing someone else's code or password without authorization
- Copying, pirating, or downloading software and electronic files without permission
- Sending or posting confidential material, trade secrets, or proprietary
- Failing to observe licensing agreements

Laguna Elementary / Middle School 2021-2022 Student Internet Usage Agreement

- Engaging in unauthorized transactions that may incur a cost to the organization or initiate unwanted Internet services and transmissions
- Sending or posting messages or material that could damage the organization's image or reputation
- Participating in the viewing or exchange of pornography or obscene materials
- Sending or posting messages that defame or slander other individuals
- Attempting to break into the computer system of another organization or person
- Refusing to cooperate with a security investigation
- Sending or posting chain letters, solicitations, or advertisements not related to business purposes or activities
- Using the Internet for political causes or activities, religious activities, or any sort of gambling
- Sending or posting messages that disparage another organization's products or services
- Passing off personal views as representing those of the organization
- Sending anonymous e-mail messages
- Engaging in any other illegal activities

The I.T. department or designated representatives will provide age-appropriate training for students who use the LDoE's Internet facilities. The training provided will be designed to promote the LDoE's commitment to:

1. The standards and acceptable use of Internet services as set forth in the LDoE's Internet Safety Policy;
2. Student safety with regard to:
 - a. Safety on the Internet;
 - b. Appropriate behavior while on online, on social networking Web sites, and in chat rooms; and
 - c. Cyber bullying awareness and response.
3. Compliance with the E-rate requirements of the Children's Internet Protection Act ("CIPA").

Following receipt of this information, the student will acknowledge that he/she received the training, understood it, and will follow the provisions of the District acceptable use policies.

Laguna Elementary / Middle School 2021 - 2022
Technology Acceptable Use Policy: Student Internet Agreement

Student Name:

Grade:

STUDENT SECTION

As a user of the LDoE computer network, the Internet, and the World Wide Web, I agree to comply with the rules and policies stated below and to use the above in a constructive manner.

Policies for Acceptable Use:

1. Do not install any software, shareware, or freeware.
2. Do not violate copyright laws. (No plagiarism-cite your sources)
3. Do not view, send or display offensive messages or pictures. This includes, but is not limited to, profanity, racist material, and images or text concerning drug abuse and pornography.
4. Save any important data to the designated folder on the network or another media as directed by your teacher. Do not save work to any computer hard drive unless otherwise instructed. Save always, early and often.

Rules for Acceptable Use:

1. Do not use the computer to harm other people or their work.
2. Do not check or send email, enter or participate in chat rooms, check or send Instant Messages while on school computers.

Consequences for Breaking the Rules for Acceptable Use:

1. **First Offense:** 3 week suspension of all computer privileges.
2. **Second Offense:** 6 week suspension of all computer privileges.
3. **Third Offense:** Suspension of all computer privileges for remainder of the school year.
4. **Any further infractions** will result in suspension from school.
5. I acknowledge that I have read and understand the above information and pledge to use the hardware, software and network resources at my disposal responsibly.
Furthermore, I understand that if I misuse the privilege, my access will be denied.

I have read the LDoE's Student Internet Use Policy with my parent. I agree to follow the rules contained in this policy. I understand that if I violate the rules in this policy, my account can be terminated and I shall face other disciplinary measures.

Student's Signature

Date

Laguna Elementary / Middle School 2021 - 2022
Technology Acceptable Use Policy: Parent Agreement

Student Name:

Grade:

PARENT/GUARDIAN SECTION

I have read the LDoE's Student Internet Use Policies listed above with my child and I have read the LDoE Student Internet policy, which is provided as a separate document. I hereby release the LDoE, its personnel, and any instructions with which it is affiliated from any and all claims and damages of any nature arising from the child's use of, or inability to use, the LDoE connection, including but not limited to claims that shall arise from the unauthorized use of the connection to purchase products or services or exposure of potentially harmful or inappropriate material or people.

I understand that I can be held liable for damages caused by my child's intentional misuse of the connection. I shall instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the LDoE policy. I shall emphasize to my child the importance of following the rules for personal safety.

(Please Initial)

I hereby give _____ do not give _____ permission for my child to use the Internet. I understand that this permission includes permission for my child to access information through the Web, receive e-mail communications through a class account, and engage in other educationally relevant electronic communication activities.

I hereby give _____ do not give _____ permission for the school to post the following information and material on the Internet: Student shall use limited student identification (first name and last initial or other school-developed identifier).

I hereby give _____ do not give _____ permission to post my child's picture, whether single or in a group, identified with the limited student identification or in a group not identified on the LDoE Internet website.

I hereby give _____ do not give _____ permission to post my child's works, whether single or in a group, under the copyright policy, on the LDoE Internet website.

Parent/Guardian Signature

Date



STUDENT HANDBOOK

2021 – 2022 PARENT SIGNATURE PAGE



Laguna Elementary / Middle Schools

By signing below, you acknowledge that you have received a copy of the LES/LMS student handbook and that you understand the contents.

Parent Signature: _____

Date: _____

Please list all your children who attend Laguna Elementary and/or Middle Schools below:

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Laguna Elementary School/Laguna Middle School 2021 - 2022 Parent Compact

List all children who attend LES/LMS.

<i>Student's Name</i>	<i>Grade</i>

It is the responsibility for Laguna Elementary School/Laguna Middle School to:

1. Provide high quality instructions and a challenging curriculum.
2. Provide a safe and supportive learning environment.
3. Have and train qualified para-professional, teaching, and support staff.
4. Solicit participation and input in all decisions affecting Laguna Elementary School/Laguna Middle School students.
5. Provide frequent student progress reports to discuss student progress.
6. Provide information about school functions and activities in a timely manner.
7. Welcome parents and guardians as participating and equal partners in their children's education.
8. Inform parents of school rules and disciplinary procedures.

It is the responsibility of the parent/guardians to:

1. Ensure that students are at school every day and on time.
2. Ensure that homework is completed in a timely manner.
3. Support the school and its goals by assisting and volunteering when possible.
4. Participate in decision-making processes when invited.
5. Keep the school informed of all pertinent information that might impact their child's education.
6. Make sure your child comes to school rested, ready for school and clothed for current weather conditions.
7. Ensure that your child is prepared for full participation in all available opportunities for learning.
8. Participate in and attend all sponsored activities to support your child's education.
9. Actively participate in and attend all meeting schedules at school to discuss your child's education.

Parent/Guardian Signature: _____

Date: _____

Administrator Signature: Nimrah Marquez, Principal, LES/LMS

Date: SY 2021-2022

**Laguna Department of Education
Infinite Campus Parent Portal Activation
Request SY 2021-22**

This form must be returned prior to activation of your Infinite Campus Account. All fields must be completed in their entirety before access to the Parent Portal will be activated.

I, _____, as parent/legal guardian of the child(ren) listed below, am requesting access to my child(ren)'s student information on the Laguna Department of Education's Infinite Campus site, accessed through the Parent Portal. I have read the Infinite Campus/NASIS Parent Portal User Agreement, and I agree to abide by its terms.

Please verify the items below by providing your initials:

_____ I have been given a copy of and read Infinite Campus/NASIS Parent Portal User Agreement.

_____ If at any point data that does not pertain to me appears on my Portal, I will notify the school immediately.

_____ I have verified my household information is either correct or has been corrected.

Please list all child(ren) attending LES/LMS:			OFFICE USE ONLY
Student's First Name	Student's Last Name	Student's DOB	Activation Number

Parent/Guardian (Print Name)

Date

Parent/Guardian (Signature)

Email address

Laguna Elementary / Middle School 2021-2022 Immunization Procedure/Requirements for Incoming Students

Student's Full Name _____

Student's Grade _____

All New Mexico schools are required to comply with the NM Department of Health Statutes and Immunization laws. Therefore, parents/guardians **are required** to provide the school with an updated immunization record of their child **during the time of school registration**. Records may be obtained from students' providing IHS hospital or private doctor including those shots received in Head Start.

Students not up to date with immunizations place themselves and others at risk for acquiring serious, otherwise preventable diseases. The school health assistant will review immunization records and notify parents/guardians of children who are not up to date. ***Failure to provide the school with updated required immunizations will result in the student not being allowed to attend school.*** The students will be sent home from school until he/she receives the required immunization(s) for school enrollment. A referral to social services for neglect may be initiated.

The following are **required** immunizations for school enrollment.

Diphtheria/Tetanus/Pertussis (DPT/DTaP/Td)

- One dose required on/after 4th birthday. Four doses are sufficient if last dose given on/after 4th birthday, but five doses are preferred for optimal protection.
- One dose Tdap required for entry into 7th grade. HPV vaccination is also strongly recommended for the prevention of cancer.

Polio (OPV/IPV)

- Students in K-9th grades final dose required on or after 4th birthday. Three doses sufficient if CDC's catch-up schedule used AND last dose was given on/after 4th birthday with at least 6 months between the last two doses

Measles/Mumps/Rubella (MMR)

- Minimum age for valid 1st dose is 12 mos. Live vaccines (MMR, Varicella) must be given on the same day; if not, they must be administered a min. of 28 days apart.

Hepatitis (HepA/HepB)

- Hepatitis A (HepA) - Please be aware that 2 doses will be required for Kindergarten entry in 2020-21.
- Hepatitis B (Hep B) - Two doses adult Recombivax HB is also valid if administered at ages 11-15 and if dose 2 received no sooner than 16 weeks after dose 1.

Chicken Pox (Varicella)

- Min. age for 1st dose is 12 mos. Dose 2 should ideally be given at age ≥ 4 , see note below. Live vaccines (MMR, Varicella) must be given on same day; if not, they must be administered a min. of 28 days apart. For K-4th graders, receipt of vaccine, titer or laboratory-confirmed diagnosis is required as proof of prior disease.

Meningococcal Men (ACWY)

- 1 dose required at age 11-12 for 7th grade entry; booster dose recommended at age 16-18. Men ACWY strongly recommended for ages 13-18.

Parent/Guardian Signature: _____

Date: _____

Laguna Elementary / Middle School 2021-2022

Consent for Administration of non-Prescription medications/First Aid/Sick Care

Student's Name: _____ Grade: _____

I/We, the undersigned parent(s)/guardian(s), hereby give consent to the LDoE Schools to offer/provide my/our child the following non-prescription medication(s) (brand or generic) as needed, by the school staff for minor complaints to enable student to function in the classroom. When it is deemed medically necessary, student will be sent home from the nurses' office. Parent/guardian will be notified immediately.

Does your child have any known drug (such as medicine) allergies? Yes _____ No _____
If yes, describe type and reaction, such as nausea, rash, breathing problem, etc.

1. My child may receive Acetaminophen (Tylenol) or Ibuprofen (Motrin) for complaints of mild headache, body ache, sore muscles, menstrual discomfort or fever over 98.6 degrees F.
Yes _____ No _____
2. My child may receive sore throat lozenges (cough drops) for mild sore throat or cough syrup.
Yes _____ No _____
3. For minor allergies (itchy eyes, runny nose, sneezing) or eye irritation lubricating or itch relieving eye drops may be given to my child. Yes _____ No _____
4. For minor injuries (superficial cuts, scrapes, and abrasions), sore muscles, rashes, insect bites, my child may receive treatment with ointment such as First Aid cream, camphor/menthol, and hydrocortisone 1% cream, Vitamin A & D, Calamine lotion, insect bite or burn relieve gel to relieve minor complaint. Yes _____ No _____
5. My child may receive Tums, Mylanta or Pepto-Bismol for mild digestive or upset stomach, if no symptoms of appendicitis are present. Yes _____ No _____

The following procedures will be followed in accordance with LDoE Handbook Policies and Procedures.

- Referrals will be made as necessary to the appropriate ACL offices for further evaluation or follow-up.
- The school will have your child transported by ambulance to ACL Hospital in case of extreme emergency such as profuse bleeding, broken bones, breathing stoppage, etc.
- School personnel CANNOT administer OTC or other medications to children without a signed permission form. School personnel can administer prescription medication only if the medication is provided in its original container with clear written directions. Parents are responsible to complete the Medication Administration Form provided in the registration packet.
- In minor incidents, the school will contact the parent/guardian(s) first and then the emergency contacts. If no one on the list can be contacted, your child will be returned to class or kept in the nurse's office until his/her regular bus run. NOTE: Please be sure to notify office of updated contact information.

Parent/Guardian Signature: _____ Date: _____

Home #: _____ Work #: _____ Cell #: _____

Laguna Elementary / Middle School 2021 - 2022
Consent of Parent/Guardian for School Health Services

Student's Name: _____ DOB: _____

I, _____, hereby give consent to the Laguna Elementary/Middle School to provide school health services to my child by the designated staff while he/she is in attendance at school, as needed and available. School Health Services consists primarily of:

- First Aid for injuries
- Sick Care
- Follow-up care of illnesses or injuries
- Crisis intervention and mental health
- Suspected child abuse/neglect
- Reproductive health counseling (as needed)
- General health counseling
- Immunization tracking & reporting
- Physical examination record and health questionnaire review
- Health Care Plans for students with medically diagnosed health problem
- Facilitate administering prescribed and non-prescribed medication (as per policy & procedure)
- Screening for head lice (as needed)
- Referrals to the ACL offices (as necessary, or specialty clinics for further evaluation of health problems or screening failures)
- Instruction in health issues such as health promotion/disease prevention, diabetes, asthma, basic dental care, drug, tobacco and alcohol prevention
- EMS/Ambulance services for urgent/emergency care and/or transportation to a local health care facility for emergency medical care
- Weight, height, blood pressure screening as necessary

Note: Parents/guardians will be notified of any referrals made regarding their children. Parents/guardians must update telephone numbers as soon as changes occur.

Please provide the names of two adult relatives or friends who will assure the responsibility of your child in case of illness or accident if you cannot, or until you can, be reached. Please notify these persons for this arrangement.

1.Name: _____ Relationship: _____ Phone #: _____

2.Name: _____ Relationship: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON ¹
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

(Before completing this form, please read information on reverse side.)

Name of Student _____ **Birth Date** _____

I (We), _____
have read the **Consent Form for the Indian Health** to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and/or from another health facility for these services.

I hereby give consent for all of the above services.

Exceptions or Special Instructions: _____

Signed _____

Address _____

Relationship _____

Date _____ **Valid Until:** _____

PLEASE RETURN THIS FORM TO THE SCHOOL

(The third page of this form is for you to keep)

¹ Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

IHS-972 (8/2016)

School Screening, fluoride Varnish, Dental Sealant Consent

Dear Parent or Guardian,

Indian Health Service Dental Program will be offering free dental screenings, fluoride varnish and sealants at your child’s school.

Fluoride Varnish

Procedure: Fluoride varnish is applied directly onto the teeth.

Benefits: Fluoride Varnish coats the outside of the tooth and makes it resistant to a cavity.

Risks: Used in the proper amount, fluoride varnish is safe and effective.

Dental Sealants

Procedure: A Plastic coating is applied on the chewing surface of the back teeth.

Benefits: Sealants help prevent cavity-causing germs from getting stuck in the deep groves in the back teeth.

Risks: There are no known commonly occurring adverse effects or hazards associated with dental sealants.

Preventive Services provided by Indian Health Service at your Child’s school DO NOT replaced a regular dental checkup. We will send a notice home with your child of all retreatment they received in school.

Please list any medical conditions that the school should be aware of (asthma, allergies, chronic illness, etc.): _____

Student Name: _____

Date of Birth: _____

Grade & Teacher _____

Parents Name and Phone Number _____

Parental Permission

I give permission to have a screening, fluoride varnish and dental sealants placed.

Signature of Parent or Guardian

Date

Please check if you DO NOT want your child to participate in all or part of the prevention services:

_____ I DO NOT want my child to participate in the program.

_____ I DO NOT want my child to have a fluoride varnish application.

_____ I DO NOT want my child to have sealants placed.

Note: all procedures rendered at the these visits are billable to Medicaid and third party insurance as authorized in the Indian Health Care Improvement Act.



MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

New Mexico Activities Association
6600 Palomas NE
Albuquerque, NM 87109
www.nmact.org

NOTE: The NMAA does not need a copy of this form. Please return to your school's athletic department.

(Cover sheet)



Medical History – Parent/Guardian please fill out prior to examination.

Student Athlete Name (<i>Last, First, M.I.</i>):			
Home Address:			Grade:
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
DOB:		AGE:	
Name of Parent/Guardian			
Home Address:			Phone: Work:
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
			Cell:
Emergency Contact			Phone: Work:
<i>Name</i>		<i>Relationship</i>	
			Cell:
Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)

Sports/Activities				
<input type="checkbox"/> Baseball	<input type="checkbox"/> Cheer	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dance	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track/Field	<input type="checkbox"/> Other _____

Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form and return the entire packet to the school's athletic department.

Concussion Management

A concussion is a disturbance in the function of the brain that can be caused by a blow to the body or head and may occur in any sport or activity. Effects of a concussion may include a variety of symptoms (headache, nausea, dizziness, memory loss, balance problem) with or without a loss of consciousness. I/we understand there is a concussion management protocol established that includes care and return to play criteria.

Student-Athlete Signature

Date

Parent or Court Appointed Legal Guardian Signature

Date

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD,DO,PA,NP,DC



CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not “feel right”
-

Observed by the Parent / Guardian

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

It's better to miss one game than the whole season.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

RETURN TO PLAY GUIDELINES UNDER SB38

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (10 days).
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 38 AND BRAIN INJURIES

Senate Bill 38:

<https://www.nmlegis.gov/Sessions/17%20Regular/final/SB0038.pdf>

For more information on brain injuries check the following websites:

<https://nfhslearn.com/courses/61059/concussion-for-students>

<http://www.nfhs.org/resources/sports-medicine>

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



DUKE CITY
URGENT CARE

SIGNATURES

By signing below, parent/guardian and athlete acknowledge the following:

- ◆ Both have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*.
- ◆ Both understand the risks of brain injuries associated with participation in school athletic activity, and are aware of the State of the New Mexico's Senate Bill 38; Concussion Law.
- ◆ Athlete has received brain injury training pursuant to Senate Bill 38.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date



DUKE CITY URGENT CARE

We have three Urgent Care Clinics in Albuquerque, NM and Los Lunas, NM. We are located at:

Official Walk-in Medical Provider of



Urgent Care in Albuquerque, NM
(Juan Tabo)

Duke City Urgent Care Clinics

Call (505) 207-3421

Visit 11601 Montgomery Blvd. NE,
Albuquerque, NM 87111

Open Mon – Fri: 9am – 7pm,

Sat – Sun: 10am – 6pm

Urgent Care in Albuquerque, NM
(Louisiana Plaza)

Duke City Urgent Care Clinics

Call (505) 715-6812

Visit 7200 Montgomery Blvd Suite
7121, Albuquerque, NM 87109

Open Mon – Fri: 9am – 7pm,

Sat – Sun: 10am – 6pm

Urgent Care in Los Lunas, NM
(Valencia)

Duke City Urgent Care Clinics

Call (505) 539-1172

Visit 311 Los Lentos Rd SE, Los
Lunas, NM 87031

Open Mon – Fri: 8am – 6pm,

Sat – Sun: 10am – 6pm

Office Use Only	Home Language Survey Results: <input type="checkbox"/> Screen <input type="checkbox"/> Don't Screen		
Date HLS Entered into NASIS:	<i>Place HLS in Student Cumulative Folder</i>		
	Screener Results: <input type="checkbox"/> Qualifies for ELL <input type="checkbox"/> Does not Qualify for ELL		
By Whom:	Parent Notified of Results:	Date:	By Whom:

Laguna Elementary / Middle School 2021-2022 Home Language Survey

Student's Full Name _____ Date: _____

Student's Grade _____ Student's D.O.B. _____

Instructions

- This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling in this school.
- The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school.
- Completion of the survey is optional, though indicating that English was **not** the child's first language may lead to additional resources or supports to assist in your child's development in the English language for academic achievement.

Process

1. If your child is identified as a possible English Language Learner through this Home Language Survey the student will go through a process to make a final determination.
2. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1st -12th WIDA Screener the child will be identified as an English Language Learner.
3. You will receive a Parental Notification Letter of your child's score and the eligibility.
 - a. If your child is identified as English Language Learner you will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language.
 - b. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS).
4. If you have any questions, please contact the school Administrator.

Student Languages / Please check Yes or No

1. Was **English** the **first language** used by this student?
 ___ **Yes:** Go to Question 2
 ___ **No:** Go to Question 3

2. When at home, does this student hear or use a language **other than English** more than half of the time?
 ___ **Yes:** Go to Question 3
 ___ **No:** Student is not eligible for English Language Proficiency (ELP) Screening. HLS is complete.

3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language **other than English** more than half of the time?
 ___ **Yes:** Administer ELP screener. Record other language(s). HLS is complete

If you answered **YES to Question 2 and/or 3:** What language is used by the student or used more than half of the time at home? Language: _____

Parent/Guardian Signature: _____ Date: _____