

Student Name: _____

St. Joseph's Indian School



St. Joseph's Indian School

We serve and teach, we receive and learn.

PO Box 89

Chamberlain, SD 57325-0089

(605) 234-3300 • www.stjo.org

1st – 12th Grade Consent Package

(If you need assistances in filling out the consent package, please contact your Family Service Counselor)

2020-2021 School Year

Student's Name: _____

On the lines below, please list the individuals to whom you grant permission to take your child off campus. **Please put your own name(s) first.** This authorization by you is valid for the entire time your child is enrolled at St. Joseph's Indian School. Changes to this list can be made through the Family Service Counselor.

[illegible]

Witness: _____ **Date:** _____

Student Name: _____

ST. JOSEPH'S INDIAN SCHOOL
Consent for the Release of Information

Your child will be assigned to a team of child care professionals who will insure his/her educational, emotional and social growth. The team will consist of Child Care Workers, Teachers and a Family Service Counselor. It is important that all of these individuals have access to information that is relevant to the care of your child. Therefore, we ask for your consent authorizing the release of the following information to your child's team and its administrators. Information regarding your child will always be treated with respect to its confidentiality.

Social History
Student Profile
Application for Admissions
Counseling Summaries
Medical History
Evaluation/Testing Results
Family Contacts
Legal Documentation (Birth Certificates, Court Orders, etc.)

Revocation and Expiration of Consent:

This consent to disclose may be revoked by me at any time except to the extent that information has been released in reliance on this authorization prior to notification of its revocation.

I understand that if I revoke this authorization, St. Joseph's ability to provide quality service to my child will be diminished and my child will likely be dismissed from St. Joseph's Indian School.

This consent shall remain in effect throughout students enrollment at St. Joseph's Indian School.

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____

Student Name: _____

ST. JOSEPH'S INDIAN SCHOOL
Consent Package 2019-2020 School Year
Parent/Guardian Agreement and Consent

***Consent means that the Parent/Guardian has been fully informed of information relevant to the activity for which consent is sought. The Parent/Guardian understands and agrees in writing to the carrying out of the activities for which consent is sought.**

*This consent shall remain in effect throughout your child's entire enrollment
at St. Joseph's Indian School.*

I understand that my child may be subject to alcohol and drug testing based on 'reasonable suspicion' as deemed warranted by the School Administration. Decisions to conduct reasonable suspicion testing must be based on specific observations reported by Child Services Staff, concerning appearance, behavior, speech or body odors consistent with drug or alcohol use. I understand that I will be notified if this does occur.

Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

ST. JOSEPH'S INDIAN SCHOOL
7th-12th grade only-REQUIRED Random Alcohol and Drug Testing
Parent/Guardian Permission Form

Students enrolled in St. Joseph's Indian School's 7th – 12th Grade Program are required to participate in the monthly Random Alcohol and Drug Testing.

Your child's name will be entered into a "pool" of names for random selection of alcohol and drug testing. St. Joseph's will contact you if your child's name is selected for testing.

A separate Student Alcohol and Drug Testing File shall be maintained for each student and all documents, records, reports, and test results pertaining to a student shall be placed and kept therein. **The record keeping and results of all testing will be held in the strictest confidence.**

I understand that periodically on a random basis a drug dog may be used to search the campus area (including students' rooms) for illegal drugs.

Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Student Name: _____

ST. JOSEPH'S INDIAN SCHOOL

Parent/Guardian Agreement and Consent

Parent/Guardian: Please review each item and be sure to sign form on the following page.

*This consent shall remain
in effect throughout your child's entire enrollment at St. Joseph's Indian School.*

1. I have received and reviewed a copy of the "Mutual Rights and Responsibilities" and this "Parent/Guardian Agreement and Consent".
2. I understand that I am to work with the Family Service Counselor and my child's team to resolve any issues regarding service provided to my child.
3. I have been informed that in order to initiate a grievance, I must contact the Family Service Counselor, either verbally or in writing, and request the "Grievance/Complaint" form.
4. I have been notified of the people to contact regarding the care of my child.
5. I understand that if my child becomes or is judged to be potentially harmful to him/herself or others, appropriate measures will be taken to insure the safety of my child and others in the immediate area.
6. I understand that St. Joseph's Indian School utilizes surveillance cameras in public areas (i.e., hallways, offices, general access areas, public spaces in the homes, etc.) to further enhance the safety and security of students.
7. I understand that I am expected to have a current working phone number or address in case of an emergency with my child. If guardianship status would change, I will contact St. Joseph's Indian School with the updated information and necessary paperwork.

Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

The following items are optional. Please initial the line preceding if you give your permission for these activities.

Horses are a part of campus life. I give permission for my child to interact with the horses under the supervision of the Equine Specialist. ☐ Yes ☐ No

I grant permission for my child to participate in the Children Count Mentor Program. ☐ Yes ☐ No
(Please note that student participation in this program is based upon referral and availability of mentors).

Occasionally, opportunities for involvement in community activities are presented to our 1-8th grade students (i.e., flag football, gymnastics, soccer, Spelling Bee, Star Base, Game-Fish-Parks events, and university opportunities).

If an opportunity should arise, I grant permission for my child to participate. ☐ Yes ☐ No

Occasionally, opportunities for out of state travel are presented to our 5th-12th grade students (i.e., donor luncheons, educational trips, etc.). Please note that travel is based upon referral, grade level, academic standing, etc.

If an opportunity should arise, I grant permission for my child to apply. ☐ Yes ☐ No

*Consent means that the Parent/Guardian has been fully informed of information relevant to the activity for which consent is sought. The Parent/Guardian understands and agrees in writing to the carrying out of the activities for which consent is sought.

This consent shall remain in effect throughout your child's entire enrollment at St. Joseph's Indian School.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Student Name: _____

ST. JOSEPH'S INDIAN SCHOOL
Media Consent

I understand that the following in regards to media coverage:

- Photos of my child may be taken at public activities/events/outings and published for news release purposes. Examples may include: sporting and academic events such as Spelling Bee's, Star Base, Lakota Circles of Hope, university opportunities, etc.
- My child may participate in public performances and may make public statements that express gratitude toward St. Joseph's Indian School. Positive, noteworthy events and activities about my child may be submitted to regional newspapers for coverage.
- St. Joseph's Indian School, as well as its affiliated entities (including Native Hope) may use pictures and work projects of my child in its fundraising efforts, which includes but is not limited to print and online mediums such as direct mail, websites, social networking sites, video and others. All such images and likenesses shall become exclusive property of St. Joseph's Indian School and its affiliated entities (including Native Hope). I further understand that these pictures and work projects may be used for St. Joseph's purposes even after my child graduates or is no longer a student at the school.

*Consent means that the Parent/Guardian has been fully informed of information relevant to the activity for which consent is sought. The Parent/Guardian understands and agrees in writing to the carrying out of the activities for which consent is sought.

*This consent shall remain in effect throughout your child's entire
enrollment at St. Joseph's Indian School.*

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Student Name: _____

Student Name: _____

Spiritual and Cultural

Child's Name: _____

Has your child been baptized? Yes _____ No _____

Religious denomination/faith: Catholic _____ Episcopal _____ Native American _____
Lutheran _____ Other (what) _____ None _____

If you have no religious affiliation or have been unable to have your child baptized, would you like your child to be baptized and receive the sacraments in the Catholic Church? Yes _____ No _____

If your child has been baptized Catholic, but not received First Communion, would you like your child to participate in sacramental preparation? Yes _____ No _____

I grant permission for my child to participate in sweat ceremonies. Yes _____ No _____

I grant permission for my child to have his/her hair cut. Yes _____ No _____

Parent/Guardian Signature

ST. JOSEPH'S INDIAN SCHOOL			
Health, Mental Health, & Medical Procedures			
Student's Name: _____			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Address _____			
<i>P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Date of Birth: _____		Social Security No: _____	
Parent/Guardian	Name: _____		
	Email Address: _____		
	Phone: _____		
Alternate Person to Contact	Name: _____		
In Case of an EMERGENCY	Phone: _____		
Childs Medicaid #: <u>(list number)</u> _____ (copy of card-front and back)			
Insurance: _____		IHS: _____	
Group #: _____		ID #: _____	
(copy of card-front & back)			

In the care of your child, it may be necessary to provide the following health, mental health and medical services:

- I grant permission for 1 dental exam, cleaning and necessary dental work.** **Yes** **No**

I give my permission for St. Joseph's to provide the services stated above.

Witness: _____ Date: _____

5/18/2020

Student's Name: _____
Last
First
Middle

Date of Birth:_____ **Social Security No:**_____

As well, the medical staff at St. Joseph's Indian School may need to view the medical records of the health care provider to whom your child was referred.

I give permission for St. Joseph's Indian School to release information from my child's medical files to other health care providers. I also give permission to other health care providers (clinics, hospitals, etc.) to release medical information concerning my child to the medical staff at St. Joseph's Indian School. Transmission of records may take place by mail and/or by fax.

Witness: _____ Date: _____

5/18/2020

NEED SIGNED CONSENT FOR EACH CHILD

**THIS GIVES CONSENT TO ADMINISTER THE INACTIVATED
INFLUENZA SHOT FOR 2019-2020**

I have been given a copy and have read the vaccine information statement about influenza vaccine. I have asked or called the health center about any questions I may have about the influenza vaccine. I believe and understand the benefits and risks of the influenza vaccine and request that it be given to me or to the person named below for whom I'm authorized to make this request. **I understand and give my consent, that if my child is 8 years old or younger and has never received a flu vaccination, that he/she will need two vaccinations, one month apart.**

Last Name	First Name	Birthdate	FOR CLINIC USE ONLY		
St. Joseph Indian School			Date of Vaccination		
Chamberlain, S.D. 57325			Manufacturer & Lot Number		
<u>SIGNATURE AND DATE of Legal Parent/Guardian or person receiving vaccine</u>			Site of Injection		
			Right	Left	Deltoid
Person Administering vaccine Kim Thomas or Ronda Klein LPN or Savanah Glaus Michelle Eggers RN or Jenna McDonald RN					

Vaccine Information Statements: Inactive Influenza: 8/07/20 (Shot)

Mutual Rights and Responsibilities

You are expected to:

- Transport your child to St. Joseph's at the beginning of the school year.
- Pick up your child from St. Joseph's when called upon to do so. (Break times when transportation is not provided or weekend checkouts, etc.)
- Pick up your child from St. Joseph's at the end of the school year.
- Make a voluntary commitment to work with the staff of St. Joseph's to help further your child's growth while attending St. Joseph's.
- Provide historical data on your child that is relevant and important to your child's growth while attending St. Joseph's.
- Attend important meetings that may arise concerning your child.
- Support the policies of St. Joseph's Indian School.
- Advocate and support your child's regular attendance in school.

You can expect St. Joseph's to:

- Respect the child's and family's right to confidentiality.
- Meet all the basic living skills.
- Provide quality academic opportunities for your child.
- Provide special services for your child (counseling, speech, psychological, etc.) if needed.
- Provide spiritual and cultural education and opportunities for your child.
- Provide you with updated information regarding your child's growth.
- Notify you in case of an emergency.
- Work with you and your child to make St. Joseph's a positive growing experience.

There are cases when a child's placement at St. Joseph's Indian School is discovered to be inappropriate. In such cases a child may be dismissed from St. Joseph's Indian School. The parent/guardian will be notified of the reasons behind the dismissal and attempts will be made to assist the family in the transition of the child back into the home or referring the child to another service agency.

When difficulties do arise with a child, every attempt will be made to work with the child and family to correct the issues of concern. Typically, there is an adjustment period for any new student and St. Joseph's takes this into account when working with the child. The parent/guardian can be assured that the staff of St. Joseph's will always base their decisions with the best interest of the child in mind. If recommendation for medical treatment, psychological or psychiatric service is made, it is the right of the parent/guardian to refuse treatment of their child. The parent/guardian should know that in cases of refusal of treatment, the child may no longer be appropriately placed at St. Joseph's and will likely be dismissed.