



Indian River School District Supplemental Packet

Please complete the supplemental documents at the beginning of each school year.

Required Supplemental Forms:

Student Emergency Treatment Card

Student Health History

Student Code of Conduct and Attendance Policy

IRSD Digital Use Agreement

Military Connected Youth Form

Transportation for Pre-Kindergarten and Kindergarten

Hand Sanitizer Use Consent

2020--2021 INDIAN RIVER SCHOOL DISTRICT- DELAWARE EMERGENCY TREATMENT CARD

GRADE: _____ ID# _____

TEACHER: _____

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: ____/____/____

PARENT/GUARDIAN INFORMATION:

Name:		Name:	
Relationship:		Relationship:	
Date of Birth:		Date of Birth:	
Driver's License ID		Driver's License ID	
Home Street Address		Home Street Address	
City, State, Zip		City, State, Zip	
Alert Now Number:		Alert Now Number:	
Home/Cell Number:		Home/Cell Number:	
Place of Employment:		Place of Employment:	
Work Phone #	Ext.	Work Phone #	Ext.
E-Mail Address:		E-Mail Address:	
Custody Situation: (Must have custody papers)			
*****PLEASE NOTIFY THE SCHOOL IF YOUR PHONE NUMBER OR CONTACT INFORMATION CHANGES DURING THE YEAR*****			

Name/School of other children living in household: _____

IF PARENTS CANNOT BE REACHED, CALL:

1. _____	NAME	RELATIONSHIP TO STUDENT	PHONE	CELL PHONE
2. _____	NAME	RELATIONSHIP TO STUDENT	PHONE	CELL PHONE

 MEDICAL INSURANCE: () Yes () No Type: _____ MEDICAID () Yes () No Type: _____
 Number: _____ Number: _____

School Nurses can give non-prescription and prescription medications with written parental/guardian permission.

The following process will be followed:

- The school nurse must assess the child's complaint and symptoms to determine if other measures can be used before medication.
- All medications sent to school **MUST BE IN THE ORIGINAL CONTAINER/PACKAGE. This is the law.**
- The school nurse will keep a record of the medication given to your child.

I give permission for my child to have medication during school hours.

Please check yes or no below for the medications your child is allowed to have during school hours.

 () YES () NO Acetaminophen/Tylenol (pain/fever) () YES () NO Ibuprofen/Motrin/Advil (pain/fever)
 () YES () NO Antacid (stomach upset) () YES () NO cough drops/chloraseptic spray (Sore throat relief)
 () YES () NO Anbesol/Orajel (mouth pain) List allergies to any medications: _____

**NOTE: Nurses use Antiseptic wash, antibiotic ointment, calamine lotion, and hydrocortisone for routine first aid care.

If you do not want these treatments used on your child, please make the nurse aware.

SCHOOL EMERGENCY PROCEDURES

Your schools have adopted the following procedures in caring for a student when he/she becomes sick or injured at school:

In case of a life-threatening emergency, the school will call 911 and then follow the steps below. In case of other emergencies and/or need of medical or hospital care:

- The school will call the home. If there is no answer,
- The school will call the father's, mother's or guardian's place of employment. If there is no answer,
- The school will call the other telephone number(s) listed and the physician.
- If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility.
- Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
- The school will continue to call the parents, guardians, or physician until one is reached.

 If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician. **HOSPITAL PREFERENCE:** _____

 I have read and understand the information on **BOTH SIDES** of this form and I understand that this information will be shared with staff and administration on a need to know basis unless you notify us otherwise.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE

2020-2021 INDIAN RIVER SCHOOL DISTRICT- STUDENT HEALTH HISTORY UPDATE

This information will be shared on a need to know basis with staff, administration and emergency medical staff in the case of an emergency unless you notify us otherwise.

Date _____ Parent/Guardian's Signature _____

Student _____ DOB: _____ Grade _____ Teacher _____

PLEASE CHECK IF CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING. GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS.

- | | | | |
|---|--|--|----------------------------------|
| 1. <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Bone/Spine | <input type="checkbox"/> Heart | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Infections | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Emotional | <input type="checkbox"/> Physical Disability | |
| <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> OTHER _____ | | | |

Comments: _____

2. Does your child have allergies to medicine, food, latex or insect bites?
NO ☐ YES ☐ To What _____ What happens _____ Treatment _____
3. Has your child had any illnesses since school last ended?
NO ☐ YES ☐ Type of illness, with date(s) _____
4. Has your child had surgery since school last ended?
NO ☐ YES ☐ Type of surgery, with date(s) _____
5. Has your child received any immunizations since school last ended?
NO ☐ YES ☐ List immunizations, with dates _____
6. Is your child being treated or evaluated for any health conditions?
NO ☐ YES ☐ List condition _____
7. Is your child on any medication or treatment?
NO ☐ YES ☐ Name of medication and/or treatment _____
Does your child need medicine during school hours?
NO ☐ YES ☐ ****If yes, please contact the school nurse to make arrangements.***
8. Has your child ever been examined by an eye doctor?
NO ☐ YES ☐ Date of last exam _____
NO ☐ YES ☐ Glasses Prescribed _____
If your child wears glasses or contact lenses, when was the prescription last changed? _____
9. Has your child had any emotional upsets (recent move, death, separation, divorce) since school ended in June?
NO ☐ YES ☐ List _____
10. What is the name of your child's dentist? _____
What is the date of his/her last dental exam? _____
11. What is the name of your child's primary healthcare provider? _____
What is the date of his/her last physical exam? _____
12. Have you, your child or anyone in your household tested positive for COVID-19?
NO ☐ YES ☐ ****if yes, please contact the school nurse.***

IMPORTANT REMINDERS

- *If your child has a medical condition requiring medication, treatment, or specialized care, please contact the school nurse.
- *All medications must be brought into the nurse & cannot be kept with the student during school hours, unless your child has a signed "Permission to Carry" form on file. (Permission to Carry forms must be completed each year)
- *If your child is missing any requirement for attending a public school in Delaware, he/she may be excluded from school.
- *Students in grades 5-9 will have scoliosis screening.
- *Students in grades K, 2, 4, 7, 9 or 10 & new enterers will have vision and hearing screening. (Screenings are per Delaware guidelines)
- *A letter will be sent home with your child if a follow-up with his/her physician is needed.
- *Please contact the nurse's office with any questions or concerns.

Revised 8/20/20

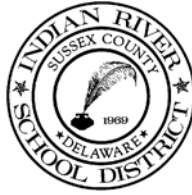
THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM

The Indian River School District is an equal opportunity employer and does not discriminate or deny services on the basis of race, color, national origin, sex, disability, and/or age.

INDIAN RIVER SCHOOL DISTRICT

“A Model of Excellence”

Jay F. Owens, Jr. Ed.D.
Superintendent



Karen T. Blannard
Assistant Superintendent

Acknowledgement: Student Code of Conduct and Attendance Policy

It is the philosophy of the Indian River School District that students need to attend school daily and exhibit safe, orderly, and respectful behaviors to assure the highest educational outcome. The Indian River School District outlines acceptable student codes of conduct within our annual calendar, on the district's website and within school handbooks where available. This allows ample communication to students and parents/guardians about responsible behaviors within the school climate. Students and parents/guardians have the responsibility to know and respect the outlined acceptable codes of conduct.

- The Student Attendance Policy (JE) can be found within the calendar and online at www.irsd.net under ***Parents & Students/Student Policies/Student Attendance tabs.***
- The student code of conduct matrix which outlines various discipline infractions and consequences can be found online at www.irsd.net under ***Parents & Students/Registration/Student Code of Conduct tabs.***

Please review the Student Codes of Conduct and the Attendance Policy with your child and have a discussion regarding school expectations.

This is to confirm that I have reviewed the IRSD Student Code of Conduct and Attendance Policy (JE) with my child. Return the signed sheet to your child's school designee by September 21, 2020, or within ten school days of your child's registration into the Indian River School District.

Student Name (Please Print)

Student Signature/Date

Parent Signature / Date

Please contact the school's main office for a paper copy of these documents if you do not have access to a computer.

31 Hosier Street, Selbyville, Delaware 19975 • (302) 436-1000 • Fax (302) 436-1034

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Jay F. Owens, Jr. Ed.D.
Superintendent



Karen T. Blannard
Assistant Superintendent

IRSD Digital Use Agreement

The Indian River School District (IRSD) expects that all stakeholders, especially students, will make every effort to contribute to our digital community in appropriate and productive ways. The Telecommunications Access Acceptable Use Policy is a large document that explains the rules and consequences in great detail. Below are the important points of that policy that both the student and parent agree to acknowledge and comply with. **The full version of the Acceptable Use Policy is available at <http://aup.irsd.net>. Printed copies may be requested from the school's main office. By signing this agreement, both student and parent affirm that they agree to the full version of the Acceptable Use Policy.**

Use of Technology

Technology improves a student's educational experience. IRSD will provide access to electronic devices, the Internet, and many accounts provisioned by curriculum and service providers. IRSD will protect the students personal information at all times. Parents are giving us permission to use these tools for educational purposes.

Education in the Use of Technology

IRSD uses technology protection measures (or "Internet filters") to block inappropriate information from the Internet or other forms of electronic communication. Instruction will cover (a) safety on the Internet; (b) interacting with other individuals on social networking websites and in chat rooms; and (b) cyber-bullying awareness and response.

Monitoring of Technology Use

Users have no expectation of privacy in their use of and access to any Electronic Resource. Suspected violations of safe usage will be investigated. Everything created electronically in school belongs to IRSD and will be monitored. All Electronic Data, such as documents, data, and information that is stored, transmitted, and processed on the IRSD Network or Electronic Resources are the property of the District. District administrators and authorized personnel monitor the use of Electronic Resources by students.

Violations of Use

Accessing, creating, or posting inappropriate material is NOT permitted. It shall be a violation of this policy for any user to use any Electronic Resource to upload, post, mail, display, store, access, or transmit, any inappropriate material. Inappropriate material is defined as any content, communication, or information that conflicts with the fundamental policies and mission of the District.

Students need to protect their personal information and logins. This requires reasonable steps to protect their privacy and personal information when using Electronic Resources. Students must not disclose personal contact information. It is a violation to use another student's login. Students are not permitted to download/install software without direction from IRSD staff.

Violation of this Policy by a student may result in the revocation or suspension of access to the IRSD Network, as well as other disciplinary and/or legal action. All violations will follow the IRSD Student Code of Conduct.

Student Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

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2020 – 2021 MILITARY-CONNECTED YOUTH STUDENT INFORMATION UPDATE FORM

All Delaware public schools starting with the 2016 – 2017 school year are required to annually identify enrolled students who are “military-connected youth” pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq. in order to possibly provide your student with additional supports and services if needed.

Please read the following statements and check the appropriate box below.

- If you are a parent or a step-parent, only check the box that specifically applies to you, your duty status and branch of the United States armed forces.
- If you are a parent or a step-parent meeting the definition of box one or two, and there is an immediate family member residing in the same household that meets the definition of box three, then both boxes should be checked.
- If your student is not a “military-connected youth”, please check the fourth box, “Non-Applicable”.

PARENTS OR STEP-PARENTS

☐ **“Active Duty”** - I am a parent or step-parent who is an **“active duty”** member of the Armed Forces (United States Army, United States Navy, United States Air Force, United States Marine Corps, or United States Coast Guard) pursuant to 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq.

☐ **“Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action”** - A parent or step-parent ***residing in the same household***, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action, or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

IMMEDIATE FAMILY MEMBER OR ANY OTHER PERSON RESIDING IN SAME HOUSEHOLD

☐ **“Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action”** - An immediate family member, including a sibling or any other person ***residing in the same household***, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

☐ **NON-APPLICABLE**

Student Name: _____

Grade: _____

School Name: _____

Homeroom Teacher Name: _____

Please return this form to your student’s homeroom teacher on or before Monday, September 21, 2020.



Transportation Policy for Pre-Kindergarten and Kindergarten Students

To provide safe transportation and ensure students of pre-kindergarten and kindergarten age are properly monitored, a parent/guardian or caregiver must follow the procedures below during release at the bus stop:

1. Parent/guardian or caregiver must be at the bus stop. Once the bus comes to a complete stop and the doors are opened, the parent should approach the bus to retrieve his/her child. This way the bus driver can ensure that each pre-kindergarten and kindergarten student has a parent/guardian or caregiver present.
2. The bus driver may ask for the name of the child before releasing him/her. (At the start of school year or if there is a substitute driver)
3. If the parent/guardian must cross the road after receiving his/her child, he/she must wait for the bus driver's verbal command to cross.
4. Older students will not be permitted to take pre-kindergarten or kindergarten students home. A parent/guardian or caregiver must receive the child.

In the event a parent/guardian is not present at the bus stop, the driver is required to notify the school and return children to school at the end of his/her route. School administrators should follow the below matrix to ensure compliance:

- **1st Offense:** A letter will be sent to the parent notifying him/her that the child was returned to school. The parent will be told that this is against district policy to not be present to receive his/her child. It will be explained to the parent that if this continues, transportation services may be discontinued.
- **2nd Offense:** A letter will be sent to the parent notifying him/her that the child was returned to school for a second time. The parent will be told once again that this is against district policy to not be present to receive his/her child. It will be explained to the parent that if this infraction occurs again, a five school day bus suspension will occur.
- **3rd Offense:** A letter will be sent stating that transportation services will be suspended for a period of five school days.
- **4th Offense:** A letter will be sent notifying the parent/guardian that transportation services will be suspended for 30 school days.
- **5th Offense:** Transportation services are terminated for the remainder of the school year.

I acknowledge I have received a copy of the pre-kindergarten and kindergarten transportation requirements.

Parent/ Guardian Signature

Date

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Jay F. Owens, Jr. Ed.D.

Superintendent



Karen T. Blannard

Assistant Superintendent

HAND SANITIZER USE CONSENT

Dear Parent/Guardian:

As we implement the ***Reopening and Reimagining: A Plan for a Safe Start***, Indian River School District is committed to ensuring the safety and well-being of our students and faculty.

Part of the plan is to ensure that hand sanitizer stations are available for use in various settings across the school. In accordance with the Center for Disease Control guidance, we must use alcohol based hand sanitizer that contains at least 60% alcohol in order for it to be effective with the COVID-19 virus.

Please note that if this form is not returned, it will be implied that permission is not granted.

If you have any questions or concerns regarding this consent form, please contact the administration or school nurse at your building for assistance. Please check the appropriate statement below with your preference for use of hand sanitizer. As always, we appreciate your commitment to a continued partnership to ensure the safety and well-being of our students and faculty.

Sincerely,

Indian River School District

Name of Student: _____

_____ Yes, my child has my permission to use hand sanitizer in the school building.

_____ Yes, my child has my permission to use hand sanitizer in the school building, but will require assistance with the use of hand sanitizer

_____ No, my child DOES NOT have my permission to use hand sanitizer in the school building. If you choice is based upon any allergies, please make sure the school nurse is made aware of your child's allergy.

Note: This completed form will be valid for the duration of the student's enrollment in the IRSD. A new form must be submitted only if the parent/guardian wishes to change the child's permission status.

Parent/Guardian Signature _____ Date _____

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