

APPENDIX

Whitehall School District Forms

(Policy 3225F)

Whitehall School District

Harassment Reporting Form for Students

School _____ Date _____

Student's Name _____

(If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.)

• Who was responsible for the harassment or incident(s)? _____

• Describe the incident(s). _____

• Date(s), time(s), and place(s) the incident(s) occurred. _____

• Were other individuals involved in the incident(s)? yes no

If so, name the individual(s) and explain their roles. _____

- Did anyone witness the incident(s)? yes no

If so, name the witnesses. _____

- Did you take any action in response to the incident? yes no

If yes, what action did you take? _____

- Were there any prior incidents? yes no

If so, describe any prior incidents. _____

Signature of complainant _____

Signatures of parents/legal guardians _____

TO ALL **WHITEHALL** HIGH SCHOOL STUDENTS AND PARENTS:

The Protection of Pupil Rights Amendment (PPRA) requires **Whitehall School District** to notify you and obtain consent, or allow you to opt your child out of participating in student surveys.

By signing and dating below, you opt your child out of participating in these activities.

STUDENT'S SIGNATURE (If over 18 YOA)

DATE

PARENT/GUARDIAN'S SIGNATURE

DATE



Send to: Superintendent's Office
Whitehall School District 4,47,2
P.O. Box 1109
Whitehall, MT 59759

Complaints Concerning Staff or Programs

(This form must be completely filled out.)

This form is to be prepared by an individual from the public who wishes the District to process a complaint about an employee or a program of the District. (If more space is needed, attach additional sheets or use the reverse side.) The right of privacy for all parties involved will be protected. The intent of District Policy provides that the right of privacy outweighs the need to know.

I wish to have the District process my complaint about the services of:

_____ (Individual)

or by: _____ (Program)

Date: _____ Signature: _____

Address: _____

Telephone Number(s): _____

1) These are my specific concerns: _____

2) I have observed the situation myself: Yes _____ No _____

3) I have reviewed/discussed these concerns with the School District employees: _____

4) Proposed: _____

5) Resolution: _____

*****DO NOT SIGN THIS FORM AND RETURN IT TO THE SCHOOL UNLESS YOU WANT THE DISTRICT TO WITHHOLD DIRECTORY INFORMATION ON YOUR SON AND/OR DAUGHTER*****

RELEASE OF DIRECTORY INFORMATION

Student Directory Information Notification

Please sign and return this form to the school within ten (10) days of the receipt of this form ONLY if you do not want directory information about your child disclosed to third parties in accordance with the Family Educational Rights and Privacy Act (FERPA). If we receive no response by that date, we will disclose all student directory information at our discretion and/or in compliance with law.

Date

Dear Parent/Eligible Student:

This document informs you of your right to direct the District to withhold the release of student directory information for _____.

Student's Name

Following is a list of items this District considers student directory information.

- Student's name
-Address
-Telephone listing
-Electronic mail address
-Photograph (including electronic version)
-Date and place of birth
-Major field of study
-Dates of attendance
-Grade level
-Enrollment status (e.g., undergraduate or graduate; full-time or part-time)
-Participation in officially recognized activities and sports
-Weight and height of members of athletic teams
-Degrees
-Honors and awards received
-Most recent educational agency or institution attended

NOTE: If a student's name, grade level, or photograph is to be withheld, the student will not be included in the school's yearbook, program events, or other such publications.

Parent/Eligible Student's Signature _____ Date _____
Name of Student _____

If you do NOT want directory information provided to the following, please check the appropriate box.
[] Institutions of Higher Education [] Potential Employers [] Armed Forces Recruiters []
[] Other

Montana Authorization to Carry and Self-Administer Medication

For this student to carry and self-administer medication on school grounds or for school sponsored activities, this form must be fully completed by the prescribing physician/provider and an authorizing parent, an individual who has executed a caretaker relative educational authorization affidavit, or legal guardian.

Student's Name: _____

Sex: (Please circle) Female/Male

City/Town: _____

Birth Date: ____/____/____

School Year: _____(Renew each year)

Physician's Authorization:

The above named student has my authorization to carry and self administer the following medication:

Medication: (1) _____

Dosage: (1) _____

(2) _____

(2) _____

Reason for prescription(s):

Medication(s) to be used under the following conditions: _____

I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on his own without school personnel supervision. I have provided a written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes and for medication use by this student during school hours and school activities.

Signature of Physician

Physician's Phone Number

Date

Backup Medication - The law provides that if a child's health care provider prescribes "backup" medication to be kept at the school, it must be kept in a predetermined location, known to the child, parent, and school staff.

For Completion by Parent, an individual who has executed a caretaker relative educational authorization affidavit, or Guardian

As the parent, individual who has executed a caretaker relative educational authorization affidavit, or guardian of the above named student, I confirm that this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she has demonstrated to me that he/she understands the proper use of this medication. He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed. If he/she has used an auto-injectable epinephrine, he/ she understands the need to alert an adult that emergency medical personnel need to be called. If he/she has used his/her asthma inhaler as prescribed and does not have relief from an asthma attack, he/she is to alert an adult.

I also acknowledge that the school district or nonpublic school may not incur liability as a result of any injury arising from the self-administration of medication by the student and that I shall indemnify and hold harmless the school district or nonpublic school and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

I agree to also work with the school in establishing a plan for use and storage of backup medication if prescribed, as above, by my child's physician. This will include a predetermined location to keep backup medication to which my child has access in the event of an asthma or anaphylaxis emergency.

Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.

I understand that in the event the medication dosage is altered, a new "self-administration form" must be completed, or the physician may rewrite the order on his prescription pad and I, the parent/guardian, will sign the new form and assure the new order is attached.

I understand it is my responsibility to pick up any unused medication at the end of the school year, and the medication that is not picked up will be disposed of.

Parent/Guardian, Caretaker Relative Signature: _____

Date: _____

**Montana Authorization to Possess or Self-Administer
Asthma, Severe Allergy, or Anaphylaxis Medication**

For this student to possess or self-administer asthma, severe allergy, or anaphylaxis medication while in school, while at a school sponsored activity, while under the supervision of school personnel, before or after normal school activities (such as while in before-school or after-school care on school-operated property), or while in transit to or from school or school-sponsored activities, this form must be fully completed by: 1) the prescribing physician/ physician assistant/advanced practice registered nurse, and 2) an authorizing parent, an individual who has executed a caretaker relative educational or medical authorization affidavit, or legal guardian.

Student's Name: _____ Sex: (Please circle) Female/Male

City/Town: _____

Birth Date: ____/____/____ School Year: _____(Must be renewed annually)

Physician's Authorization:

The above named student has my authorization to carry and self administer the following medication:

Medication: (1) _____ Dosage: (1) _____

(2) _____ (2) _____

Reason for prescription(s):

Medication(s) to be used under the following conditions (times or special circumstances): _____

I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication without school personnel supervision. I have formulated and provided to the parent/guardian or caretaker relative a written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes and for medication use by this student during school hours and school activities.

Signature of Physician/PA/APRN

Phone Number

Date

Authorization by Parent, an individual who has executed a caretaker relative educational or medical authorization affidavit, or Guardian

As the parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian of the above named student, I confirm that this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she has demonstrated to me that he/she understands the proper use of this medication. He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed. If he/she has used epinephrine during school hours, he/she understands the need to alert the school nurse or other adult at the school who will provide follow-up care, including making a 9-1-1 emergency call.

I acknowledge that the school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the self-administration of medication by the student, and I indemnify and hold them harmless for such injury, unless the claim is based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

I agree to work with the school in establishing a plan for use and storage of backup medication. This will include a predetermined location to keep backup medication to which my child has access in the event of an asthma, severe allergy, or anaphylaxis emergency. I have provided the following backup medication: _____

I understand that in the event the medication dosage is altered, a new "self-administration form" must be completed, or the health care provider may rewrite the order on his/her prescription pad, and I, the parent/caretaker relative/guardian, will sign the new form and assure the new order is attached.

I understand it is my responsibility to pick up any unused medication at the end of the school year, and the medication that is not picked up will be disposed of.

I authorize the school administration to release this information to appropriate school personnel and classroom teachers.

Parent/Guardian, Caretaker Relative Signature: _____ **Date:** _____

(Original signed authorization to the school; a copy of the signed authorization to the parent/guardian and health care provider) See, generally, Mont. Code Ann. § 20-5-420.

**Student Technology Acceptable Use Agreement
Whitehall Public School
K-5 Grades**

Whitehall School Districts 4~47~2 provides access to voice, data and video electronic communication systems for educational purposes. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation and communication.

To comply with the Children's Internet Protection Act and to the extent practical, technology protection measures shall be used to block or filter as defined by law.

Filtering is by no means meant to supersede the guidelines and requirements described in this document. Filtered access to some sites may still violate the Technology Acceptable Use Agreement. If users find themselves in an area on the network that is inappropriate they should leave immediately.

If students receive electronic information that is inappropriate they should report it to the adult supervisor of the classroom.

Communication over district networks is not private. Any files, Internet access or communications on Whitehall School District computers or networks may be reviewed or monitored for maintenance and supervision purposes.

Students will not be permitted to access electronic mail through our network unless it is directly supervised and used for educational purposes.

Staff will ensure that students abide by the Whitehall School District Technology Acceptable Use Agreement, will not leave students unattended while they are using the Internet, and will have educationally relevant objectives for each Internet activity.

Parents and guardians have a responsibility to read this policy and convey its meaning and standards to their children when they are using media and technology sources during the school day.

Whitehall School District Terms and Conditions for Responsible Network Use

- I will practice Internet safety.
- I will not use a computer to harm other people or their work, or to do anything unlawful.
- I will not damage the computer or the network in any way.
- I will be polite, respectful and honest when using the computer network.
- I will not give anyone my name, phone number, address or any personal information or of my friends or family members when using the Internet.
- I will promptly report any problems to my teacher.
- If I access an area of the Internet that is offensive, obscene or uses bad language, I will immediately back out of the area or quit the Internet application I am using and report it to my teacher.
- I will not view, send, or display offensive messages or pictures.
- I will not trespass any person's folders, work, or files.
- I will not use electronic mail or chat rooms or other forms of electronic communication while on the Whitehall School computer network unless it is used directly with a teacher's supervision for educational purposes.
- I understand that any files, Internet access or communications on Whitehall Public Schools' computers or networks may be reviewed or monitored. All Internet access is filtered.

**Student Technology Acceptable Use Agreement
Whitehall School Districts 4~47~2**

Kindergarten to Grade 5

- **I will not eat or drink at any school computer.**
- **I will not share my password with another person, or use another person's password.**
- **I will not be a cyber-bully (A good rule to follow is never view, send, or access materials that you would not want your teachers and parents to see.)**

The above lists do not cover every possible situation. If you have any questions, please ask your teacher or librarian. It is understood that a guardian signature is not required for this procedure to be effective. Computer access has become an integral part of the curriculum, and the inability to use this resource may impact your child's educational opportunities.

Please fill out the form provided by your school that you understand this document and the student will abide by the rules. Written notice must be sent by the parent/guardian to the school principal if you do not want your student to use computers in the school. If we receive no response within 10 days of the first day of attendance, we will consider that to be an "opt-in" and will allow your student to have computer access.

Students will be held liable for violations of this agreement. It is understood that the Whitehall School Districts' computer systems and technology resources are intended for educational purposes.

The Whitehall School District staff will exercise reasonable oversight to ensure that the communication and technology resources and facilities are used in an appropriate manner. Whitehall School District makes no guarantee that the functions or the services provided by or through the district system will be error-free or without defect.

The Whitehall School District will not be held responsible for materials acquired on the network. The District will not be responsible for any damage a user may suffer including, but not limited to, loss of data or interruptions of service. The District is not responsible for the accuracy or quality of the information attained through or stored on the system. The District will not be responsible for financial obligations arising from unauthorized use of the system.

Parent/Guardian Opt Out:

Check below if you DO NOT want your student to have access to one or more of the following:

- _____ E-mail systems
- _____ Internet

OPT OUTS remain in effect for the current school year.

If no documentation is on file, it will be assumed that permission has been granted for access to the Internet and e-mail usage.

Student Name _____

Grade _____

Parent/Guardian Signature _____

Date _____