Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

2019-2020 Program Checklist

Thank you for your interest in Pivot Charter School! To ensure that you provide us with all of the information we need to begin processing your student registration, we ask that you refer to this list of required documents.

- ☐ **All pages of this enrollment form are complete**
- ☐ **Immunization Records**
- ☐ **Birth Certificate**
- ☐ **Proof of guardianship (Caregiver Affidavit or other legal document), if you are not the legal parent or guardian**
- ☐ **Transcript with year-end grades, progress report, or report card, withdrawal grades**
- ☐ **Proof of Residency-- Utility Bill, Rental/Mortgage Agreement, or Other Proof of Residency**
- ☐ **Copy of IEP – if applicable**
- ☐ **Copy of any legal custody documents – if applicable**
- ☐ **Copy of previous school expulsion or suspension paperwork – if applicable**

I certify that all of the required paperwork is included and all statements and information provided are true and correct to the best of my knowledge.

Parent Signature: _____ Date: _____

If you have any questions about the enrollment requirements, please contact:

Anna Toso
Admissions Coordinator
2999 Cleveland Avenue, Suite D
Santa Rosa, CA 95403
Phone: 707.843.4676
Email: atoso@pivotcharter.org

Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

Student Registration Form 2019-2020

Pivot Use Only
Form #:
Date Received: Date Complete:

First Name:	Middle Name:	Last Name:	Suffix:
Alias First Name:	Alias Middle Name:	Alias Last Name:	Alias Suffix:

Gender:	Grade level:	Birthdate:	Birth City:	Birth State:	Birth Country:

Home Phone:	Student Cell Phone:	Student E-mail Address:

☐ Student has previously been a Pivot Charter School student.

☐ Student has a sibling that is either currently enrolled or was previously a Pivot Charter School student.

Physical Address

Street Address:	City:	State:	Zip:

Housing Type:

☐ Permanent Housing
☐ Temporarily Doubled Up
☐ Temporarily Unsheltered
☐ Temporary Shelters
☐ Hotels/Motels
☐ Unknown
☐ Foster Family Home/Kinship Placement
☐ State Hospital
☐ Residential School/Dormitory
☐ Other: _____
☐ Health Institution
☐ Licensed Children's Institution
☐ Development Center
☐ Incarceration Institution

County of Residence:

School District of Residence:

Proof of residency documentation provided?

☐ Yes ☐ No

Mailing Address

Street Address: ☐ check if same as physical address	City:	State:	Zip:

☐ Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth

☐ Check here if foreign student temporarily schooling in the U.S.

☐ Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.

Ethnicity

* New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below:

☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

☐ **Not Hispanic or Latino**

Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

Race
* In addition to ethnicity, at least one race must also be selected below: ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. ☐ Asian Indian ☐ Chinese ☐ Japanese ☐ Laotian ☐ Other Asian ☐ Cambodian ☐ Filipino ☐ Korean ☐ Vietnamese ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa. ☐ **Mexican American** ☐ **Middle Eastern** **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. ☐ Guamanian ☐ Samoan ☐ Other Pacific Islander ☐ Hawaiian ☐ Tahitian ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. ☐ Decline to State

Previous School / Enrollment Details			
Name of Previous School:	Address of Previous School: ☐ out of state ☐ out of country	School District of Previous School:	Last Day at Previous School:

Previous School Type (please select one)

☐ Public School

☐ Charter School

Private School

☐ Non-religiously-affiliated

☐ Religiously-affiliated

☐ Home Schooling

☐ Institution (ex: correctional facility)

Date First Enrolled in a U.S. School:	☐ Check here if enrolling in school for first time ever (i.e., no previous school) ☐ Check here if from a foreign country *without* schooling interruption ☐ Check here if from a foreign country *with* schooling interruption

Home Language Survey	
What language did the student first learn to speak?	What language does the student most frequently read/speak at home?
What language does the parent/guardian most frequently speak to the student?	What language is most often spoken by adults in the home?

Is the student fluent in English? ☐ Yes ☐ No

Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

Dashboard Alternative School Status Survey

Our school may qualify for the DASS program as an alternative school that serves high-risk students. **By taking the time to fill out this DASS survey, you can help us provide the appropriate resources necessary to serve all of our students.**

☐ Expelled (Ed. Code 48925[b]) including situations in which enforcement of the expulsion order was suspended (Ed. Code 48917)

☐ Suspended (Ed Code 48925[d]) more than 10 days in a school year

☐ Wards of the court (WIC 601 or 602) or dependents of the court (WIC 300 or 654)

☐ Pregnant and/or parenting

☐ Habitually truant (Ed. Code 48262) or habitually insubordinate and disorderly (Ed Code 48263), and whose attendance at the school is directed by a school attendance review board (SARB) or probation officer (Ed. Code 48263)

☐ Retained more than once in kindergarten through grade 8

☐ Recovered dropout based on EC Section 52052.3(b) as students who: (1) are designated as dropouts pursuant to the exit and withdraw codes in the California Longitudinal Pupil Achievement Data System (CALPADS), or (2) left school and were not enrolled in a school for a period of 180 days

☐ Student is credit deficient (i.e., students who are one semester or more behind in the credits required to graduate on-time, per grade level, from the enrolling school's credit requirements)

☐ Student has a gap in enrollment (i.e., students who have not been in any school during the 45 days prior to enrollment in the current school, where the 45 days does not include non-instructional days such as summer break, holiday break, off-track, and other days when a school is closed)

☐ Student has high level transiency (i.e., students who have been enrolled in more than two schools during the past academic year or have changed secondary schools more than two times since entering high school)

☐ Foster Youth (EC Section 42238.01[b])

☐ Homeless Youth

Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

Household Income Data Collection

Student Last Name:	Student First Name:	Student Birthdate:
School: Pivot Charter School North Bay	Grade:	School Code: 0138065

Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do not include them.

What is included in "Total Household Income"? Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income**: Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

Household Size (Total number of adults and children living in the household): _____	Total Annual Household Income: $ _____

Home Phone Number:	Cell Phone Number:	E-Mail Address:

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

_____	_____	_____
Signature of adult household member completing this form	Printed name of adult household member completing this form	Date

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at http://www.fns.usda.gov/cnd/guidance/default.htm.

Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

Enrollment Enhancements / Accommodations / Modifiers	
Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis? If yes, include ID number: _____	☐ Yes ☐ No
Is immunization information included with this enrollment information?	☐ Yes ☐ No
Is the birth certificate included with this enrollment information?	☐ Yes ☐ No
Parent / Guardian Release	
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160) * California public high schools are required to submit a Cal Grant high school Grade Point Average (GPA) for all graduating seniors, unless the student or parent has opted out of the submission process. Students who do not opt out will have their GPA submitted to the Commission to be considered for a Cal Grant award. ☐ Opt-out of Cal-Grant GPA Submissions	
Parent wishes to opt-out of Release of Directory Information * Pivot Charter Schools does not currently have a directory that is shared with other families, however when teachers and parents are making attempts to organize special events, directory information is sometimes shared. If you wish to opt out, please let us know. ☐ Opt-out of Release of Directory Information	
I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.	☐ Yes ☐ No
Student Discipline	
Has your child been suspended? * If yes, a copy of the suspension paperwork must be included with your enrollment paperwork	☐ Yes ☐ No
Is your child pending expulsion? * If yes, a copy of the expulsion paperwork must be included with your enrollment paperwork	☐ Yes ☐ No
Has your child ever been expelled? * If yes, a copy of the expulsion paperwork must be included with your enrollment paperwork	☐ Yes ☐ No

Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

Individualized Education Plan (IEP) and Section 504 Plan Information

Does student currently have an Individualized Education Plan (IEP)? * If yes, please include a copy of the IEP with your enrollment paperwork	☐ Yes ☐ No
Does student currently have a Section 504 Plan? * If yes, please include a copy of the Section 504 with your enrollment paperwork	☐ Yes ☐ No
Has the student ever been referred and/or evaluated to receive special education services?	☐ Yes ☐ No
Has the student ever attended a Special Education class?	☐ Yes ☐ No

If yes to above questions:

What services has your child received? ☐ Resource (RSP) ☐ OT ☐ PT ☐ Special Day Class (SDC) ☐ 504

☐ Speech/Language ☐ Adaptive PE ☐ Other: _____

What was the last date your child was in a special education class or received services? Month _____ Year _____

School name and address where special education referral, assessment, or IEP was developed.

School Name: School Address:

I certify that all statements are true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

Parent / Guardianship Information

☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other: _____

Is the above (checked) person(s) the student's LEGAL guardian? ☐ Yes ☐ No

If no, please complete the "Caregiver Affidavit".

If there is a legal custody agreement regarding this student, then please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

Shared percentage of custody: Father: _____% Mother: _____% Other: _____%

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN

*If student has more than two legal guardians, please attach information for guardian(s) not included below

CUSTODY ISSUES: Absent a copy of a court order, we will assume that both parents have custody of the child. If there are problems of custody which might involve the school, please give us the necessary documents. Specific custody restrictions must be verified by providing the school a copy of the COURT ORDER.

Parent/Guardian 1

Name:		Relationship to Student:	Lives with Student?
Physical Address: ☐ check if same as student	City:	State:	Zip:
Mailing Address: ☐ check if same as student	City:	State:	Zip:

Home Phone:	Cell Phone:	E-mail Address:	
Employer:	Employer Address:	Work Phone:	Federal Employee?
Active Duty Military?	Military Branch or Service:	Duty Station:	Send Student Mailings?

Highest Level of Education:

□ Graduate Degree - Holds MA, MS, PhD or EdD
□ College Graduate - Holds BA or BS
□ Some College - Holds AA or has completed 2 full years at a 4-year university
□ High School Graduate - Holds diploma or GED
□ Not a high school graduate
□ Decline to state

Parent/Guardian 2

Name:		Relationship to Student:	Lives with Student?
Physical Address: ☐ check if same as student	City:	State:	Zip:
Mailing Address: ☐ check if same as student	City:	State:	Zip:

Home Phone:	Cell Phone:	E-mail Address:	
Employer:	Employer Address:	Work Phone:	Federal Employee?
Active Duty Military?	Military Branch or Service:	Duty Station:	Send Student Mailings?

Highest Level of Education:

□ Graduate Degree - Holds MA, MS, PhD or EdD
□ College Graduate - Holds BA or BS
□ Some College - Holds AA or has completed 2 full years at a 4-year university
□ High School Graduate - Holds diploma or GED
□ Not a high school graduate
□ Decline to state

CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5 through 8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birth date: _____
3. My name: _____
   (adult giving authorization)
4. My home address: _____
   _____
5. [ ] I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):
   [ ] I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
   [ ] I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth: _____
8. My California driver's license or identification card number: _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ Signed: _____

NOTICES

1. **This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.**

2. **A person who relies on this affidavit has no obligation to make any further inquiry or investigation.**

3. **This affidavit is not valid for more than one year after the date on which it is executed.**

ADDITIONAL INFORMATION

TO CAREGIVERS:

1) "Qualified relative", for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.

2) The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.

3) If the minor stops living with you, your are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.

4) If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1) Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.

2) The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1) No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those dated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.

2) This affidavit does not confer dependency for health care coverage purposes.

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A Program of Pivot Charter School North Bay

Verification Proof of Residency

Part A: Parent/Guardian Statement

I , _____, hereby certify that _____ is presently living in
(Parent/Guardian Name) (Student Name)

my home at _____.
(Street Address, City, and Zip Code)

Parent/Guardian Signature: _____ Date: _____

(Please attach current copy of utility bill or other proof of residency for verification)

Part B (Complete **ONLY** if living in a residence other than your own)

I , _____, hereby certify that I am the parent/guardian of
(Parent/Guardian Name)

_____ and we are presently living with _____.
(Student Name) (Name and Relationship)

who resides at _____, _____.
(Street Address, City, and Zip Code) (Phone Number)

Parent/Guardian Signature: _____ Date: _____

Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

Emergency Card / Contact Information

Student Name:	Gender:	Grade:	Birthdate:	Age:

Physical Address:	City:	State:	Zip:

Parent/Guardian 1

Name:	Relationship to Student:	Lives with Student?

Physical Address: *If different from student	City:	State:	Zip:

Home Phone:	Cell Phone:	Work Phone:	Email:

Parent/Guardian 2

Name:	Relationship to Student:	Lives with Student?

Physical Address: *If different from student	City:	State:	Zip:

Home Phone:	Cell Phone:	Work Phone:	Email:

Emergency Contacts
(Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)

Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:
Contact 2 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:

Other Children in Family

Name	Gender	Year Born	School Currently Attending	Over 18?	Relationship to student

Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

Health Information

Medications taken by student at school or at home (written authorization from doctor required for medication taken at school):

Other Health Condition:

What action is to be taken if student has a complication due to their allergic condition or other health condition (please be specific):

Known Conditions:

☐ Asthma	☐ Heart Condition	Hearing	Vision
☐ Bee Sting Allergy	☐ Nut Allergy	☐ Known hearing problems	☐ Glasses to be worn at all times
☐ Diabetes	☐ Seizures	☐ Wears heading aid	☐ Known eye condition/defect in vision
☐ Epilepsy			☐ Wears contact lenses
☐ Other: _____			☐ Wears glasses

Health Insurance Carrier:	Insurance ID or Policy #:	Hospital Preference:
Name of Primary Care Physician:	Address:	Phone:
Name of Ophthalmologist/Optometrist (Vision):	Address:	Phone:
Name of Audiologist (Hearing):	Address:	Phone:

In case of accident or other emergency, if parent/guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as they consider necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named above to undertake such acts and treatments of my child as they consider necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I certify that all of the statements and information given above are true and correct to the best of my knowledge. I also agree to bear all costs incurred as a result of medical treatment or transportation required for such. This authorization will remain in effect until revoked by the undersigned in writing.

Parent/Guardian Signature: _____ Date: _____

Caspar Creek Learning Community

A Program of Pivot Charter School North Bay

Release of Records

In accordance with the Family Educational Rights and Privacy Rights Act of 1974 and California State Law, please release to the school named below all records, including:

Cumulative Record
Transcripts of Completed Work Including Grades to Date
CELDT Scores and Related EL Information
Any Other Educational Information
Immunization Records
CSIS Student Number
IEP/504 Information

For Parent to Complete

Student Name: _____ Birthdate: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Name of Last School Attended: _____

Fax Number of Last School Attended Registrar Office (to request records): _____

Address of Last School Attended: _____
(Street Address, City, State, and Zip Code)

Dates Attended: _____ ☐ Student was not previously enrolled in school

Pivot Charter School Use

Please **FAX** the following records **(student has not officially started yet)**:

Transcript **Immunizations** **Withdrawal Grades** **Discipline Records** **Other:_____**

Please **MAIL** the cume file at your earliest convenience.

(Student is officially enrolled with a start date of: _____)

Receiving Registrar

Please complete the following in response to education records, sign and date, and return either by FAX or by MAIL.

Please check the appropriate box(es):

☐ Expulsion Dates: From _____ To _____

☐ Expulsion Pending ☐ E.C. #49079 Advise Teacher Regarding Violent Pupil

☐ IEP ☐ 504 ☐ Student is/has been recently suspended

REGISTRAR - PLEASE FORWARD THE STUDENT CUMULATIVE RECORDS TO:

Pivot Charter School North Bay
2999 Cleveland Ave, Suite D
Santa Rosa, CA 95403
(P) 707-843-4676 (F) 707-544-2908 Email: atoso@pivotcharter.org

Authorization for Medication at the Resource Center or Field Trips
Academic Year 2019-2020

Dear Parent/Guardian,

Any student requiring medication during school hours *or* during a field trip will need written consent by *both* the parent/guardian and the healthcare provider; this includes over-the-counter medications.

Please note that forms are needed for **each** medication your child will take at school and must be filled out **completely** (if needed, you may copy the forms provided, or obtain more from the resource center).

Please complete the following form(s) as they pertain to your student's medications:

For all students taking medication at our resource center or during field trips:
Form: *Medication Authorization for Pivot Charter Schools Students*

If your student is planning on self-administering the medication (not applicable to controlled medications), ***please also complete****:*
Form: *Authorization for Student Self-Administration of Medication*

Please note - If your student has diabetes, a new Diabetic Medical Management Plan is needed at the start of the school year.

New forms will be required with any changes, and at the start of each school year, to ensure we have updated information. The completed forms will be attached to your student's file and serve as a resource in the event of an emergency.

Even if your child does not routinely take medication to school, but may need it for one of our overnight field trips, please consider turning the forms in at the start of the school to prevent potential ineligibility for a trip.

Your time is appreciated. Thank you for your prompt attention to this matter.

Kareen Poulsen
Pivot Charter School, Program Director
(707) 843-4676
kpoulsen@pivotcharter.org

Andria McNamee
Pivot Charter School, RN
(530) 370-6444
amcnamee@pivotcharter.org

Medication Authorization for Pivot Charter School Students

School Name _____Phone #:_____ Fax #:_____

To the parent or guardian of _____ Birthdate_____

In order to help protect your child's health, your consent and written authorization from a licensed healthcare provider are required when it is necessary for your child to take either prescription or non-prescription medications at the Pivot Charter School campuses. No medication assistance will be given to your child at school until this authorization has been received. A separate form is required for each medication. New authorization forms are required every year at the beginning of school, whenever the dose or directions change, or when a new medication is prescribed. It is your responsibility to provide all medications to be given at school. Each medication must be in an appropriately labeled original container from the pharmacy or healthcare provider's office. Most pharmacies will provide an extra container for school use upon request. Administration of non-prescription medications at school is discouraged.

PARENT/GUARDIAN'S PERMISSION: I give permission for my child to take the medication described below during school hours. I understand that it is my responsibility to purchase and supply this medication, and that the staff member assisting my child may not be a licensed healthcare provider. On behalf of my child, I absolve the Pivot Charter School Board of Education and their agents and employees from any and all liability whatsoever that may result from my child taking this medication at school. I authorize Pivot Charter School to communicate with the Authorized Healthcare Provider when necessary.

Signature of parent or guardian Date Contact number

FOR LICENSED HEALTHCARE PROVIDER USE ONLY: (Please write legibly using lay terms)

Medication prescribed: _____Strength/dose/method: _____

Purpose of medication: _____

Relationship to meals, if applicable: _____

How often and at what time (hour): _____

When to discontinue medication: _____

Specify side effects or adverse reactions: _____

Other instructions (including emergency situations):_____

Please check all appropriate items. If the first item is checked, *Authorization For Self-Medication By Pivot Students* must be completed.

❑ Please allow this student to self-administer this medication while at school during school hours

OR ❑ This student needs supervision/assistance taking this medication (NOT AUTHORIZED TO SELF-CARRY/ADMINISTER)
❑ This medication is to be used for emergencies only

It is necessary for this student to receive this medication during school hours in order to maintain or improve health and to benefit from school attendance. Please notify the Site Administrator and parents/guardians if there are any problems.

Signature of Healthcare Provider Date Telephone Fax

Please print Provider's last name **Practice name** **Address**

Date Received by Staff: _____

Adapted from cms.k12.nc.us

AUTHORIZATION FOR SELF-MEDICATION BY PIVOT STUDENTS

Student's Name:_____ **Birthdate:**_____

Medication:_____ **for** _____

Eligibility: In accordance with Pivot Charter Policy, Medication Administration, and CA Education Code, only students who meet the following descriptions may possess and self-administer medications: (1) Students with special medical needs such as asthma and/or severe allergies or who are subject to anaphylactic reactions and may require emergency medications (i.e., asthma inhaler or epinephrine auto-injector ["Epi-pen"]); and (2) Students who require frequent administrations of non-prescription medications or prescription medications that are not controlled substances.

Healthcare Provider: The student named above has (1) asthma or an allergy that could result in an anaphylactic reaction and may require emergency medications; or (2) a condition that requires frequent administration of a prescription or non-prescription medication. The medication is not a controlled substance. This student is capable of, has been instructed on the procedures for, and has demonstrated the skill to self-administer this medication as directed on the form *Medication Authorization for Pivot Charter School Students*. Please allow him/her to self-administer the medication during school hours and as otherwise documented by their healthcare provider.

This student will not require adult supervision while taking this medication.

Physician signature/date_____

Parent/Guardian: I give consent to Pivot Charter Schools to allow my child to self-administer this medicine at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. If the medication that is prescribed for my child is for the treatment of asthma or anaphylactic reactions, I agree to provide a supplementary supply of the medication that will be kept by the school in a location to which my child has immediate access. I absolve the Pivot Charter School Board of Education and their agents and employees from any and all liability whatsoever that may result from my child possessing or taking this medicine at school. I further consent for the information about my child's health condition and related medications to be shared with appropriate school staff as necessary for the safety of my child.

Parent or Guardian signature/date_____

Student: (please initial and sign)

_____ I am capable of taking this medicine as recommended and accept this responsibility.

_____ I will keep it secure at all times and will not share it with others. I further acknowledge it is inappropriate and dangerous to share medications with peers, and that any such action will result in the Site Administrator notifying my parent/guardian and possible loss of self-administration privileges.

_____ I agree to verbally notify an Educational Coordinator/Teacher if there is a problem with any medication, supplies or equipment, and/or I need assistance with any aspect of taking my medication during school hours.

Student signature/date_____

Adapted from cms.k12.nc.us