

CHEYENNE-EAGLE BUTTE DORMITORY APPLICATION

THE FOLLOWING **MUST** BE ATTACHED TO THE DORM
APPLICATION TO BE CONSIDERED **COMPLETE**.

1. School Registration, child must be enrolled & attending class in the C-EB school system.
2. COPY OF DEGREE OF INDIAN BLOOD
3. Copy of Custody Order(if child is living with guardian)
4. Copy of dorm student Immunization record.
5. Completed Medical/Physical form.

FOR MORE INFORMATION CONTACT:

BOYS DORM: 964-4475

GIRLS DORM: 964-2345

**DORMITORY REGISTRATION
CHEYENNE-EAGLE BUTTE SCHOOL
_____SCHOOL YEAR**

**AGREEMENT
Parent/Guardian and Student**

This agreement is between _____, parent/guardian of the following Student, _____ and the Cheyenne-Eagle Butte School Dormitory.

1. The Cheyenne-Eagle Butte Dormitory a five day residency, with the students arriving Sunday between 4:00PM and 7:00PM, or Monday before 8:00AM and stayed until after school on Friday. We expect your child to stay the entire week. We strongly discourage checking your child out in the middle of the week except under emergency circumstances. The application for admission or re-admission is subject to room availability. **Your child must have a local guardian to be eligible for the dormitory.**

2. My child will make all roll calls on time. If a roll call is missed (15 minutes), and dormitory staff does not know where my child is, my child will be reported as a AWOL and tribal police will be contacted.

Please initial each of the following items acknowledging that you agree with these requirements as conditions for your student to be enrolled into the dormitory.

I agree:

- _____ 1. To be enrolled in the dormitory and my child must be enrolled in the C-EB school.
- _____ 2. The dormitory program requests a completed medical examination and a copy of my child's immunization record and a copy of my child's asthma action plan attached to this application.
- _____ 3. My child is capable of living in a group living situation, and does not require a personal assistant to function in a dormitory setting.
- _____ 4. My child in grades 3-12 have agreed to follow all dormitory rules and expectations. My child in grades 1-2 will be taught in the rules during their first months in the dormitory.
- _____ 5. That my child's hair will be checked weekly for head lice and nits and if necessary. I will be required to check my child out of the dormitory to clean his/her hair.
- _____ 6. That all clothing and personal items must have my child's name marked on them before entering the dormitory.
- _____ 7. That the dormitory has no individually locked areas in my child's room to secure items. Any item brought to the dormitory; including clothes are the responsibility of my child. If my child loses something the dormitory is not responsible for the loss or replacement of lost items.
- _____ 8. That the dormitory staff has the right to do reasonable searches, including personal property brought by my child.
- _____ 9. That the dormitory has rules for my child to follow (i.e., general, dress, gym. And etc.) The home Living Assistants will handle rule infractions. Discipline is used in the dormitory. Also the home Living Assistant deal with the following behaviors: insubordination, willful disobedience, disruptive conduct, vulgarity, computer misuse and/or abuse of the internet and equipment, unauthorized presence on school premises, and beepers, pagers, laser pointers, cellular phones, audiocassettes, CD's,

and electronic devices. Audiocassettes, CD's, and DVD's need approval at check in. Note: Repeated offences will be reviewed by the residential/dormitory Manager and residential/dormitory assist team.
_____10. Absolutely no gang activity, harassment and violence will be tolerated. Per your request, a description of each discipline will be provided.

_____ Request _____ Not Requested

_____11. That we have counseling life skills and social skills classes in the dormitory and the content may include health topics/issues, and may include sexual information.

_____12. The dormitory manager, Dormitory Assist Team reviews and determines action. The interventions for the following incidents: physical assault on faculty or physical assault student to student, distribution and/or purchase of narcotics, dangerous drugs, controlled substances, or alcoholic beverages on school campus or school functions, use of and/or possession of and/or being under the influence of narcotics, drug paraphernalia, dangerous drugs, controlled substances, alcohol beverages on school campus or at school functions, physical aggression, vandalism, stealing, extortion, the use possession of tobacco, lighter, matches on school campus or designated area without authorized permission, gang & gang-related activity or behaviors, harassment and violence, threatening a staff, false fire alarm, bomb threat, starting a fire, getting into a vehicle or riding a vehicle.

_____13. That when my child is ill, I will be required to check him/her out of the dormitory.

_____14. That all staff is required, by law to report any suspected abuse, including physical, mental or sexual to include corporal punishment, emotional abuse, and neglect to the proper authorities.

_____15. My child is required to check in on Sunday between 4:00PM and 7:00PM or Monday morning by 8:00AM and stay for the entire week, unless there is a documented emergency. My child is not allowed to ride the ride during the week.

_____16. The dormitory requests all asthma related attached or accompany dorm application material such as asthma action plan, inhaler, and nebulizer with medication.

_____17. I have received a copy of the dormitory Student/parent handbook for this school year, and have read and understand its contents.

_____ Residential/Dormitory Child

_____ Date

_____ Parent/Guardian

_____ Date

_____ Residential/Dormitory Staff

_____ Date

DORMITORY REGISTRATION
CHEYENNE-EAGLE BUTTE SCHOOL
_____ **SCHOOL YEAR**

Student: _____

DOB: _____

Grade: _____

Sex: _____ Male _____ Female

SS Number: _____

Tribal Affiliation: _____

Home Agency: _____

Degree of Indian Blood: _____
(attach documentation)

Enrollment#: _____

Reason child is being placed into the dormitory:

Father's Information

Mother's Information

Name: _____

Name: _____

Address: _____

Address: _____

Tribal Affiliation: _____

Tribal Affiliation: _____

Home Agency: _____

Home Agency: _____

Degree of Indian Blood: _____

Degree of Indian Blood: _____

Telephone: Home _____

Telephone: Home _____

Work: _____ Other: _____

Work: _____ Other: _____

Physical Address: _____

Physical Address: _____

Legal Guardian (if other than parent)

(Legal Guardianship papers must be copied for the dormitory before the student is accepted)

Name: _____

Address: _____

Telephone: Home _____

Work _____ Other _____

Relationship to student: _____

Physical Address: _____

School Previously Attended:

Name of School: _____ City: _____

Last grade completed: _____ dates attended: _____

Reason for leaving: _____

Health Information:

Does your child have any health problems? Does he/she take prescription medicine? What? Please give residential/dorm staff explicit instructions/directions concerning medications or health problems.

TO YOUR KNOWLEDGE	Yes	No	Don't Know
1. Does your child use alcohol?	_____	_____	_____
2. Has your child been mentally, sexually, or physically abused?	_____	_____	_____
3. is your child suicidal?	_____	_____	_____
4. Has your child seen a counselor about any Serious issue?	_____	_____	_____
5. Has your child been involved in gang activity?	_____	_____	_____
6. Has your child missed 8 or more days of School this year or last year?	_____	_____	_____
7. Has your child been involved with the court System or on probation?	_____	_____	_____
8. Does your child have health or any special Condition that may effect his/her stay in the dormitory?	_____	_____	_____
9. has your child been served by state/BIA Social Services?	_____	_____	_____
10. Is your child in Special Education, Gifted/Talented, or Section 504? (circle)	_____	_____	_____

Please explain in more detail any of your "yes" answers, and share any other information that may help the dormitory staff better serve your child:

**DORMITORY REGISTRATION
CHEYENNE-EAGLE BUTTE SCHOOL
_____ SCHOOL YEAR**

**BUREAU OF INDIAN AFFAIRS
PARENT CONSENT FORM**

STUDENT NAME _____ DATE OF BIRTH _____

1. RECORDS (Confidential)

I grant permission for the following records to be released to the Cheyenne-Eagle Butte dormitory:

Attendance Records, Academic records, Health records, records on disciplinary actions, Health records, including Immunization records, Psychological Evaluations, Court Records, Records from Group Homes or Treatment Centers.

_____ yes _____ no Limitations: _____

2. Field Trips

I hereby grant permission for my child to participate in any organized school and DORMITORY sponsored activity trip. I understand my child will be chaperoned and all normal precautions will be taken to insure his/her safety. The dormitory staff has my permission to sign school permission slips in loco parentis for my child.

_____ yes _____ no Limitations: _____

3. Medical (in addition to the enclosed signed releases)

I hereby grant permission for the following procedures:

_____ The dormitory staff may administer medication (prescriptions and over-the-counter) to my child as long as it is documented.

My child is allergic to: _____

4. Title 19

My child receives Title 19 medical services. Primary Care Provider is:

_____ In _____ .SD

The doctor is: _____

I AS THE PARENT/LEGAL GUARDIAN HAVE READ THIS CONSENT FORM AND FULLY UNDERSTAND AND AGREE TO ITS CONTENT.

SIGNATURE OF PARENT/GUARDIAN

DATE

**DORMITORY REGISTRATION
CHEYENNE-EAGLE BUTTE SCHOOL
_____ SCHOOL YEAR**

PERMISSION SLIP

I, _____, hereby authorize the following persons to check out my child from the Cheyenne-Eagle Butte dormitory: Anyone who checks out my child(ren) must be 21 years or older. Persons on the check out list must be informed about checking this student out/in. Persons on this list must have working phone numbers and must list their physical addresses.

1. _____
2. _____
3. _____
4. _____

BUS STUDENTS

Children that live on existing bus routes that wish to return home on the week-end or/school vacations may do so by riding the school bus. I, _____, will meet my child or have a responsible person meet my child upon arrival at home. Upon arrival back at school via the school bus, your child will report directly to the dormitory and sign in. I fully understand the above agreement and agree to the stated conditions. I request that my child be granted home leave for:

_____ Every week-end, Fridays or other check-out days.

Bus Route: _____

_____ I will contact the residential/dormitory staff and make a request each time I want my child to return home on the following bus route: _____

Parent/guardian signature

Date

**DORMITORY REGISTRATION
CHEYENNE-EAGLE BUTTE SCHOOL
_____SCHOOL YEAR**

**HEALTH SERVICES
CONSENT OF PARENT OR LEGAL GUARDIAN**

Name of Student _____ Date of Birth _____

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

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. Eye examinations for emergency care and eye glasses.
4. Mental health services including evaluation and treatment as necessary.
5. Emergency health care for accidents or illness.
6. Transportation of my child to and/or from another health facility for these services.

This agreement is good until end of the current academic year, or until my student is no longer enrolled in the Dormitory this academic year.

_____ I hereby give consent for all of the above services.

_____ Exceptions or Special Instructions: _____

Signature: _____

Address: _____

Relationship: _____

Date: _____

**DORMITORY REGISTRATION
CHEYENNE-EAGLE BUTTE SCHOOL
_____ SCHOOL YEAR**

PERMISSION SLIPS

I give permission for my child to engage in the following activities:

ROLLER BLADE: I give permission for my child to roller blade while in the dormitory. I understand that the dormitory does not have helmets or pads and there is some risk of injury when roller blading. I give permission for my child to roller blade with supervision.

_____ yes _____ no _____ conditions: _____

SKATEBOARDING: I give permission for my child to skateboard when checked into the dormitory. I understand that the dormitory does not have helmets or pads and there is some risk of injury when engaged in this activity. I give permission to go to the skateboard park with supervision.

_____ yes _____ no _____ conditions: _____

USE OF INTERNET SERVICES: I give permission for my child to use the Internet. My child agrees to abide by the Cheyenne-Eagle Butte School Internet policy or written supervision.

_____ yes _____ no _____ conditions: _____

ATTEND SWEAT LODGE CEREMONY: I give permission for my child to attend Sweat Lodge Ceremony. I understand that other program, such as the Four Bands Alcohol Healing Center, provides this activity with dormitory staff supervision.

_____ yes _____ no _____ conditions: _____

SWIMMING: I give permission for my child to swim while enrolled in the dormitory. I understand that swimming is available at the Cheyenne-Eagle Butte School swimming pool at the beginning of the school year, and also during some field trips out of town with dormitory supervision.

_____ yes _____ no _____ conditions: _____

PARENT/GUARDIAN

DATE

**CHEYENNE-EAGLE BUTTE DORMITORY
ISEP REGISTRATION CHECK LIST
_____ SCHOOL YEAR**

**THE FOLLOWING DOCUMENTS ARE REQUIRED AND MUST BE ATTACHED TO THE DORMITORY
APPLICATION**

CIRCLE ONE BB BG LB LG

Name of Child

Complete (check)

_____ **1. School Registration (child must be enrolled and attending class in the C-EB School system)**

_____ **2. copy of Degree of Indian**

_____ **3. Copy of Custody Order (if child is living with a guardian)**

_____ **4. Copy of Dorm Student Immunization record.**

_____ **5. Completed Medical/Physical Form.**

Parent and/or legal Guardian

Date

Residential/Dormitory Home Living Assistant/Staff

Date

Residential/Dormitory Manager

Date

NAME OF DORM STUDENT _____

STUDENT CHECK LIST

1. PANTS/5pr. _____

2. SHIRTS/5 _____

3. SOCKS/5pr. _____

4. UNDERWEAR/5 _____

5. SLEEPWEAR/1 _____

6. SWEATER OR LIGHT JACKET/1 _____

7. BRUSH/COMB _____

8. SHAMPOO AND CONDITIONER _____

9. WARM JACKET _____

10. TOOTHBRUSH AND TOOTH PASTE/ _____

Other Items

All the above items must be marked with your child's name.

Parent Signature: _____

Staff Signature: _____

CHEYENNE-EAGLE BUTTE SCHOOL CONDITIONS AND TERMS OF USE OF THE INTERNET

Please read documents carefully before signing attached form.

All users are expected to use the resource in a responsible, ethical manner which includes but is not limited to the following:

- 1) All use of the internet must be in support of the mission for the Cheyenne-Eagle Butte School.
- 2) Be polite and use appropriate language in your messages to others. Obscene, abusive, sexually explicit, or threatening language will not be tolerated. Access is a privilege not a right and inappropriate use will result in cancellation of the privilege. Students who engage in the above may be subject to immediate cancellation of privileges for up to one year.
- 3) Never reveal your own or anyone else's personal address, phone number or password.
- 4) Recognize that electronic mail is not guaranteed to be private and may be accessed by others and messages relating to or in support of illegal activities will be reported to the authorities.
- 5) Use only your own account, if this service is available. You may not access any other person's materials, information or files without their permission.
- 6) Do not harm, destroy, or alter the data of another user, including the uploading of or the creation of computer viruses to any computer.
- 7) Do not send "chain letters" or "broadcast" messages of lists of individuals that would result in congestion of the network or otherwise interfere with the work of others.
- 8) Do not place unlawful information on the network.
- 9) Student will not have e-mail or chat line privileges.
- 10) All staff needs to keep e-mail messages, remaining in your mailbox to a minimum to conserve disk space.
- 11) Abide by all copyright and license agreement, including obtaining the approval for the use of another person's intellectual property.
- 12) You are prohibited from accessing, uploading, downloading, distributing, viewing or possessing any pornographic, obscene or sexually explicit material or language.
- 13) You must abide by all local and federal rules and regulations. You are responsible for the possession of unlawful materials.

- 14) Commercial use of the schools' access to the internet is prohibited. No financial transactions of any kind will be allowed by students.
- 15) Any attempt to log-on to the internet as a system administrator will result in immediate cancellation of user's privileges.
- 16) Prospective users will sign an Internet users Contract.
- 17) Youth under eighteen (18) will also be required to have written parental or guardian permission to access the internet.
- 18) Educational use will take precedence over information use.
- 19) Time and space and age limits will be observed:
 - A. You may be required to sign up in advance for ½ hour blocks of time for individual use of the internet.
 - B. If no one is signed up for a block of time, staff or students may use the computer without a reservation.
 - C. Approximately two people will be allowed at the computer at one time.
 - D. Elementary students must have a parent, guardian, teacher or adult child care provider with them when accessing the internet.

The staff reserves the rights to notify parents or guardians if minors access inappropriate materials on the internet and to ask the user to leave if one is behaving inappropriately.

The school specifically denies any responsibility for the accuracy, validity or reliability of information obtained through the internet.

The school makes no warranty – expressed or implied, for the internet access it is providing. We will not be responsible for any unauthorized financial obligations resulting from the use of the internet.

Any violation of these terms will result in loss of access to the internet. Additional disciplinary action may imposed and will be determined on an individual basis in keeping with existing school rules and policies. When applicable law enforcement agencies may become involved.

Adopted
Amended July 10, 2000

CHEYENNE-EAGLE BUTTE SCHOOLS INTERNET USE POLICY

Extent of Coverage

All terms and conditions as stated in this document are applicable to all users of the computer network and internet. These provisions reflect an agreement of the parties and shall be governed and interpreted in accordance with the laws of South Dakota and the United States of America.

I HAVE READ the Cheyenne-Eagle Butte Schools Acceptable Use Policy terms and conditions. I understand and will abide by the stated terms and conditions. Should I commit any violation, my access privileges will be limited, suspended, or revoked and school disciplinary actions as outlined in the staff Handbook/Student Handbook and/or appropriate legal action will be taken.

User Name (please print): _____

User Signature: _____

Date: ____/____/____

Supervisor Signature: _____

Date: ____/____/____

Parent's or Guardian's Agreement

PARENT OR GUARDIAN: As the parent or guardian of this student, I have read the terms and conditions of the Cheyenne-Eagle Butte Schools Acceptable use Policy. I understand that the Cheyenne-Eagle Butte Schools campus wide computer network and access to the internet is designed for educational purposes. I recognize it is impossible for Cheyenne-Eagle Butte Schools to restrict access to all materials accessed through the internet. I hereby give my child permission to have computer network and internet access.

Parent or Guardian (please print): _____

Signature: _____

Date: ____/____/____

MEDICATION POLICY FOR DORMITORY STUDENTS

To promote the health and safety of our dormitory students, C-EB DORMITORY program requires that students and their parents follow these guidelines concerning medications in the dormitory setting:

- Prescription medication must be checked in with the dormitory staff on duty. Students are not allowed to keep and self administer prescription medications. The dormitory staff on duty and the student will develop a plan for daily administration. The dormitory staff will implement this plan while monitoring the effectiveness and potential side effects of the medication.
- All medications are dispensed accordingly to directions written by a doctor. Students are not allowed to keep and self administer any medication including over the counter medications.
- To prevent harmful medication reactions, ALL MEDICATIONS BROUGHT TO C-EB DORMITRY FROM HOME MUST HAVE INGREDIENTS IDENTIFIED IN ENGLISH. This will include medication name, ingredients and doctor/parent instructions for use. Medications must be kept in their original container. Medications must be used as directed on the label. If a student takes any medication(s) from the international source the dormitory staff will not administer to the student unless the above information is supplied.
- Students are not allowed to keep and self administer vitamins, herbal supplements, or nutritional supplements. These will be checked in with dormitory staff on duty for administration and storage. The dormitory staff and student will develop a plan for daily administration. This plan will be implemented by the dormitory staff.
- Students will be allowed to keep emergency medications for self administration such as asthma medication inhalers ALBUTEROL ONLY or epinephrine for severe allergies. Students will be allowed to self administer medications for confidential, reproductive health, but must be checked in with the dormitory staff first.
- If a student takes daily medication and will be staying away from the dormitory, only the correct number of dose/doses will be given to designated chaperone.

We have read and agree to comply with the above management of medications for the school year. We will ask the dorm staff for assistance if we have any questions concerning medication use. My signature also gives consent for the dorm staff to administer medications or vitamin supplements to my child that have been brought from home.

Parent signature _____

Date _____

Student signature _____

Date _____

Dormitory staff _____

Date _____

DORMITORY CONTRACT AGREEMENT (18 YEARS OLD)

_____ 1ST QTR. _____ 2ND QTR. _____ 3RD QTR. _____ 4TH QTR. _____

CHECK-IN DATE _____

DROP DATE _____, REASON _____

RE-ENTER DATE _____.

I, _____, Agree to follow the dormitory policy/rules and regulations.

I, UNDERSTAND THAT I CAN BE CHECKED-IN AND CHECK-OUT BY THE ADULTS LISTED ON MY ENROLLEMENT FORM. ANY DEVIATION FROM THIS WOULD NEED PRIOR APPROVAL BY THE PARENT/GUARDIAN AND DORMITORY MANAGER.

THIS CONTRACT IS EFFECTIVE STARTING TODAY;

Day of the week _____, Month _____, Date _____

Year _____.

STUDENT SIGNATURE _____, Date _____

PARENT/GUARDIAN

SIGNATURE _____, Date _____

ON-DUTY

DORMITORY STAFF _____, Date _____

MANAGER _____, Date _____

Cheyenne-Eagle Butte Dormitory
School Year _____

PARENTAL CONSENT (7-12 GRADES ONLY)

“PASS TO LEAVE CAMPUS”

I hereby give permission for _____ to
(Student Name)

Leave school campus premises with a pass.

I, _____, take full responsibility
(Parent/Guardian Name)

For _____, actions/behavior during
(Student Name)

His/her absence from school campus premises.

Parent or Guardian Signature

Date

Student Signature

Date

STUDENT AGREEMENT

I _____ agree to abide to the following rules and conditions while a student in the Cheyenne Eagle Butte Residential/Dormitory Program. These rules and condition are in the Dormitory Handbook which has been provided to me by the Residential Dorm Staff. All students including 18 years old and older students, must follow the Residential/Dorm rules.

-----I agree to attend school daily and use the daily scheduled study hour and tutor time.

-----I agree to make all roll calls on time

-----I agree not to use drugs, tobacco or drink alcohol or other illegal substances while checked in the Dormitory, I agree not to bring cigarettes, lighters to the Residential/Dormitory

-----I agree not to fight or bring any weapons or anything that can be used as a weapon into the dormitory or into the school while checked into the Residential/Dormitory

-----I agree not to ride in any vehicle unless it is school authorized vehicle while checked into the dormitory.

-----I agree that my behavior toward the Dormitory staff will be respectful and agree not to threaten or use any foul language toward any Dormitory Staff or students.

-----I agree not to be in violation of the CRST gang ordinance. I understand there is a zero tolerance for anything gang, including pictures walking talking, dressing, belts, actions, writings, etc. I will change clothes if asked by the Dormitory staff.

-----I will be respectful toward all school/ government property and understand I can be charged with destruction of government property.

-----I agree to do my assigned details and do weekly cleaning.

-----I understand I cannot check out with anyone that is NOT on my check out list

-----I agree to abide by the rules/ regulations and procedures concerning cell phones, tablets, games and other electronics.

Signature of Dormitory student: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Cheyenne Eagle Butte Dormitory
DORMITORY HANDBOOK CONTRACT

POLICY

Student and their Parent-Guardian must sign this contract at the time of Enrollment
Signatures will indicate that a review of these policies, Rules and Regulations has occurred, and they
except the conditions and intend to comply.

CONTRACT

The Dormitory Handbook contract states:

I _____ and I/We
Student's name

_____, hereby consent
Parent-Guardian Name (s)

to and agree that I will adhere to the policies, Rules, Regulations and conditions as documented in the
Cheyenne-Eagle Butte Dormitory Handbook. I understand that if I violate this contract, I am subject to
disciplinary action, up to and including expulsion from the Dormitory. I further understand that if I
am/when I turn 18 years of age, I agree to abide by the policies, rules, regulations and conditions as
documented in this handbook.

This contract is in effect upon admission through the end of the School Year.

Student: _____ Date: _____

Parent-Guardian: _____ Date: _____

C-EB Dorm Staff Signature

Date

Cc: Form file

CHEYENNE EAGLE BUTTE DORM PHYSICAL EXAMINATION 2022-2023

NAME: _____ Other names _____

Date of Birth: _____ Sex: _____ Age: _____ Height: _____ Weight: _____

Parent or Legal Guardian: _____

Normal	Abnormal	Not Evaluated

Eyes
Ears
Teeth
Glands
Heart
Lungs
Abdomen
Genitals
Posture

Physical findings which are of significance
to the School:

Recommendations and Restrictions:

_____ Pulse _____ Blood Pressure Eye Screening: L _____ R _____

List allergies(food, medications, other): _____
 Type of reaction: _____ Treat reaction with: _____
 If student uses an EpiPen or Benadryl they **MUST** bring updated medication to school with them.

Immunizations: Record any immunizations given at this office visit – list type and date:

Attach a copy of immunization record(s) for review – MUST show documentation of 2 MMRs.

Date of last eye exam by an optometrist: _____ . Uses glasses: _____ Contacts: _____

Significant Personal Medical History with dates: (Current medications/diagnosis, asthma, anemia, birth control, h/o fractures/plates or pins, surgeries, hospitalizations, concussions, prosthetic). You **MUST** bring current medications to school.

Social/Behavioral Health History: (Current medications/diagnosis, ADD/ADHD, anxiety, insomnia, dates of Behavioral hospitalizations or CD treatment). You **MUST** bring current medications to school.

SPORTS PARTICIPATION RECOMMENDED FOR:

- _____ Cleared for ALL (collision, contact/endurancesports, and other sports)
- _____ Cleared only for contact/endurance sports and other sports
- _____ Cleared only for other sports

Definition: (Collison=Football and Wrestling);(Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Soccer, Tennis, Track, Volleyball, Competitive Cheer and Competitive Dance); (Other Sports=Golf)

- _____ Cleared for ALL , but with recommendations for further evaluation or treatment of: _____
- _____ Above clearance to be granted only after _____
- _____ Clearance cannot be given at this time because _____

Signature of Examining Physician _____ Date _____
 Medical Facility _____
 Address/City/State _____ Phone: _____