



Tiospaye Topa School
HC 76 Box 300
Ridgeview, SD 57652
Phone 605-733-2290 Fax 605-733-2299

New _____
Returning _____

Legal Name: _____ F ___ M ___ D.O.B. _____

Tribe/Reservation _____ Grade _____ School Previously

Attended _____ Is Student on an SPED IEP? _____ Gifted/Talented? _____

Which language did your child learn when they first began to talk? _____ Which language

does your child most frequently speak at home? _____ Which language do you (the

parents/guardians) use more often when speaking with your child? _____

Medical problems or chronic illnesses (food or drug allergies, asthma, seizures, etc.) the School should be made aware of _____.

Medical Consent: I authorize Tiospaye Topa School to give the following services to my child:

_____ Administer Medications _____ Emergency Medical Care _____ Physical Exam _____

_____ Drug/Alcohol Testing in accordance with Cheyenne River Sioux Tribal resolution 68096

_____ Covid Testing

I give permission for my child to participate in school sponsored trips and activities.

YES _____ NO _____

I give permission for my child to be photographed or videotaped for use in education publications. (I.e. newspaper, School Facebook, School web page). YES _____ NO _____

Parent(s)/Guardian(s) information who are responsible for the student.

Name: _____ Relationship _____

Name: _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mailing Address: _____ Physical Address: _____

Email Address: _____ Emergency Contact Name/Phone # _____

If you are NOT the parent, please provide:

Mother's Name _____ Living YES NO

Father's Name _____ Living YES NO

I (We) have legal custody because:

_____ I am (We are) the Parents) _____ Social Service Placement

_____ Court Ordered Placement _____ Guardianship Agreement

_____ Special Custody Issue: Please Explain _____

If you are the court appointed custodial Parent, you must attach appropriate documentation. If the Student does not live with either parent or is a ward of the court or a social service placement or has a guardianship agreement, attach documentation.

I am (We are) applying to enroll my (our) child in Tiospaye Topa School. I (we) understand that the child's enrollment in TTS is not official until all required papers are completed and all required documents are submitted to school officials.

This is to certify that I do give my consent for MEDICAL, PSYCHOLOGICAL, and RELEASE OF EDUCATIONAL RECORDS (to include, birth certificate, social security number, immunization record, Tribal enrollment and transcript) only to the institution stated above.

Parent/Legal Guardian Signature: _____ Date: _____

I have received a copy of the Student/Parent Handbook (please initial) _____

Tiospaye Topa Parent-Student School Compact 2024-2025
Shared Responsibilities for High Student Achievement

Tiospaye Topa Mission Statement

To prepare our students for a positive future in a multi-cultural world by uniting modern technology and learning with Lakota culture and spirituality.

The entire Tiospaye Topa staff will share the responsibility for improved student achievement; therefore, we will do the following:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables our students to meet the South Dakota state content standards in all content areas through aligned curriculum and rigorous assessment.
- Believe that all children can learn
- Respect each student and individual uniqueness
- Be consistent and fair
- Provide a safe, quality learning environment
- Communicate frequently with parents about their children's progress through quarterly report cards, phone calls, emails, and by appointment.
- Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement.

Teacher Signature: _____ **Date:** _____
Principal Signature: _____ **Date:** _____

Parent/Family Agreement

I want my child to reach his/her full potential, therefore I will do the following to support my child's learning:

- Take a positive active role in my child's education
- See that my child attends school regularly in accordance with Tiospaye Topa School attendance policy
- See that my child comes to school on time, well rested and is ready to learn.
- Respect my child, as well as myself, and others responsible for his/her education
- Communicate with the school by promptly reading all notices from the school, either received by my child or by mail.
- Respond promptly to my child's teacher or the school regarding requests and information.
- Stay informed about my child's education

Parent Signature: _____ **Date:** _____

Student Agreement

As a student, it is important that I do the best I can; therefore, I will do the following:

- Come to school each day on time, with my homework completed, and ready to learn.
- Believe that I can learn and I will learn
- Always try to work to the best of my ability
- Show respect for my school, myself, other students, and staff
- Follow all school rules at all times
- Be responsible for my own behavior
- Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school

Student Signature: _____ **Date:** _____

TIOSPAYE TOPA INTERNET USE AGREEMENT
Student Permission Slip

Please read attached agreement carefully before signing.

NAME OF STUDENT: _____

Parent or Guardian Section

As the parent or legal guardian of the student signing below, I have read this Internet Use Agreement and grant permission for my son or daughter to access the Internet. I understand that the school's computing resources are designed for educational purposes. I also understand that it is impossible for Tiospaye Topa to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations.

Parent/Guardian Name (please print) _____

Home Address _____ Phone _____

Parent/Guardian Signature _____ Date _____

Student Section

I have read the Tiospaye Topa Internet Use Agreement. I agree to follow the rules contained in the Internet Use Agreement. I understand that if I violate the rules my account may be terminated, and I may face other disciplinary measures.

User Name (please print) _____ Grade _____

User's Signature _____

Date _____

Internet Use Agreement – 2024-2025

Please read this document carefully before signing it.

Internet access is available to students and staff members at Tiospaye Topa School. We are very pleased to have Internet access, as we believe it offers valuable, diverse, and unique resources to both students and teachers. Our goal in providing this service is to promote educational excellence in the school by facilitating resource sharing, innovation, and communication.

Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with users throughout the world. In addition, the system will be used to increase school communication, enhance productivity, and assist employees in upgrading their skills through greater exchange of information with the local community, including parents, social service agencies, and businesses.

With access to computers and people from around the world, material that may not be of educational value in the context of the school setting also becomes available. Families should be warned that some material obtained via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive. Tiospaye Topa School has taken precautions to restrict access to controversial materials. However, on a global network, it is impossible to control all materials and an industrious user may discover controversial information, either by accident or deliberately. We firmly believe, however, that the benefits to students from online access far outweigh the possibility that users may produce material that is not consistent with our educational goals.

In compliance with the Children's Internet Protection Act (CIPA), Tiospaye Topa enforces a policy of Internet safety that includes measures to block or filter Internet access for both minors and adults to certain visual depictions. All online activities of minors will be monitored.

The purpose of this agreement is to ensure that the use of Internet resources is consistent with Tiospaye Topa School's stated mission, goals, and objectives. The smooth operation of the network relies upon the proper conduct of the students and faculty who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. If a user violates any of these provisions, his or her Internet privileges will be terminated, and future access could be denied in accordance with the rules and regulations discussed with each user during Internet training sessions.

To gain access to the Internet, all students must have a student permission slip signed by the student and a parent or legal guardian. Tiospaye School staff members and other adult Internet users must have a signed permission slip on file in the office. The signatures at the end of these documents are legally binding and indicate that the parties who signed them have read the terms and conditions carefully and understand their significance.

Internet—Terms & Conditions

1. Students and adults are responsible for good behavior on the school computer networks, just as they are in a classroom, or a school hallway. General school rules for behavior and communications apply.
2. The network is provided for students and adults to conduct research and communicate with others. Access to network services is given to students and adults who agree to act in a considerate and responsible manner. Access is a privilege—not a right. That access entails responsibility. Inappropriate use will result in a suspension or cancellation of Internet privileges. The system administrators will deem what is inappropriate use and their decision is final. The administration and/or staff may also request system administrators deny, revoke, or suspend specific user accounts.
3. Users are expected to abide by generally accepted rules of network etiquette and conduct themselves in a responsible, ethical, and polite manner while online. Unauthorized access, including so-called “hacking,” and other unlawful online activities are strictly prohibited.
4. Unauthorized disclosure, use, and dissemination of personal information regarding minors are prohibited.
5. Users are not permitted to use the computing resources for commercial purposes, product advertising, political lobbying, or political campaigning.
6. Users are not permitted to transmit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive, or illegal material.
7. Users are not permitted to engage in social media sites, chat rooms or groups, may not print without permission, and may not download any material without permission.
8. Physical or electronic tampering with computer resources is not permitted. Damaging computers, computer systems, or computer networks intentionally will result in cancellation of privileges.
9. Users must respect all copyright laws that protect software owners, artists and writers. Plagiarism in any form will not be tolerated.
10. Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem in the school’s computers, networks, or Internet connection, you must notify the system administrator. Do not demonstrate the problem to others. Using someone else’s password or trespassing in another’s folders, work, or files without written permission is prohibited. Attempts to logon to the Internet as anyone but you may result in cancellation of user privileges.

11. Tiospaye Topa School makes no warranties of any kind, whether expressed or implied, for the Internet service it provides. We assume no responsibility or liability for any damages a user may suffer. Use of any information obtained via the Internet is at your own risk. We specifically deny any responsibility for the accuracy or quality of information obtained through its services.
12. All communication and information accessible via computer resources shall not be regarded as private property. System administrators may review files and messages and monitor login records to maintain system integrity, to ensure that users are using the system responsibly. Messages relating to or in support of illegal activities may be reported to the authorities.
13. When logging on to any computer at Tiospaye Topa School, the user must agree to the following terms before being granted access:
 - All computer systems may be monitored for all lawful purposes, including but not limited to, ensuring that use is authorized, for management of the system, to facilitate protection against unauthorized access, and to verify security procedures, survivability, and operational security.
 - Any information on this computer system may be examined, monitored, and users of this system are reminded that such monitoring does occur. Therefore, there should be no expectation of privacy with respect to use of this system.
 - By logging into this agency computer system, you acknowledge and consent to the monitoring of this system. Evidence of your use, authorized or unauthorized, collected during monitoring may be used for civil, criminal, administrative, or other adverse action. Unauthorized or illegal use may subject you to prosecution.

Any violations may result in a loss of computer access, as well as other disciplinary or legal action. Users are considered subject to all local, state, and federal laws.

Tiospaye Topa School Google Classroom Parent/Guardian Consent Form

Parent/Guardian,

At Tiospaye Topa School, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Tiospaye Topa School, students will use their G Suite accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the G Suite for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a G Suite for Education account for your child. Not providing consent to use Google services will impact your child's educational experience. For example, students who cannot use Google services may need to use other software to complete assignments or collaborate with peers.

I give permission for Tiospaye Topa School to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

I understand that the video recorded portions of remote learning and online instruction supplied to the course instructor and/or Tiospaye Topa School is meant solely for educational and class related use. These videos will be available for download so that Tiospaye Topa School students can view them online or offline in coordination with their daily instruction.

I understand and agree to abide by the restriction that any use of virtual academic content outside of Tiospaye Topa School's course instructor or administrator approved use, such as uploading or sharing of said video content to a third-party website, personal website, or a social media account is strictly prohibited.

Thank you,

Theresa Young, Chief Administrator

Full name of student

Printed name of parent/guardian

Signature of parent/guardian

Date

G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their G Suite for Education accounts, students may access and use the following “Core Services” offered by Google (described at https://gsuite.google.com/terms/user_features.html):

- Gmail
- Google+
- Calendar
- Chrome Sync
- Classroom
- Cloud Search
- Contacts
- Docs, Sheets, Slides, Forms
- Drive
- Groups
- Google Hangouts, Google Chat, **Google Meet**, Google Talk

The video recorded portions of remote learning and online instruction supplied to the course instructor and/or Tiospaye Topa School is meant solely for educational and class related use. These videos will be available for download so that Tiospaye Topa School students can view them online or offline in coordination with their daily instruction. **Any use of said virtual academic content outside of Tiospaye Topa School’s course instructor or administrator approved use, such as uploading or sharing of said video content to a third-party website, personal website, or a social media account is strictly prohibited.**

All students using internet capable devices from a remote location for the purposes of participating in our temporary remote learning solution also acknowledges they have read, reviewed and agree to abide by the Tiospaye Topa School’s Internet Use Agreement and Parent and Student Home Use Agreement for Chromebook/tablet/laptop.

- Jamboard
- Keep
- Sites
- Vault
- In addition, we also allow students to access certain other Google services with their G Suite for Education accounts. Specifically, your child may have access to the following “Additional Services”: e.g. YouTube, Google Maps.
- Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online at https://gsuite.google.com/terms/education_privacy.html You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, Tiospaye Topa School may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone number for account recovery or a profile photo added to the G Suite for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

How does Google use this information?

In G Suite for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with an G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an G Suite for Education account.

Can my child share information with others using the G Suite for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations and individuals outside of Google unless one of the following circumstances applies:

- With parental or guardian consent. Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.

- With Tiospaye Topa School G Suite for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- For external processing. Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the G Suite for Education privacy notice and any other appropriate confidentiality and security measures.
- For legal reasons. Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:
 - meet any applicable law, regulation, legal process or enforceable governmental request
 - enforce applicable Terms of Service, including investigation of potential violations
 - detect, prevent, or otherwise address fraud, security or technical issues
 - protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

STUDENT'S NAME _____ GRADE _____

PARENT/GUARDIAN _____

Please list up to 4 people that will be allowed to check out your students throughout the school year. If this changes or another person is given permission that is not on this list, you will need to send a written/signed note.

1. _____

2. _____

3. _____

4. _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____



Bureau of Indian Education Gifted and Talented Education Program

PARENTAL NOTIFICATION OF NOMINATION AND PARENTAL CONSENT, 25 CFR § 39.115 B

Tiospaye Topa School
HC 76 Box 300
Ridgeview, South Dakota 57652
605-733-2290

STUDENT INFORMATION

Student Name:		Date of Birth:	
NASIS ID:		Grade Level:	

Dear Parent(s)/Guardian(s),

Congratulations, your child has been nominated for the Gifted and Talented Education Program. To Determine Eligibility the school must obtain consent to gather supporting documentation and/or evaluate your child. Documentation may include

1. Collections of work;
2. Audio/visual tapes;
3. School grades;
4. Judgment of work by qualified individuals knowledgeable about the student's performances (e.g., artists, musicians, poets, historians, etc.);
5. Interviews or observations; or
6. Information from other sources.

Yes, I give consent for the school to determine eligibility for my child to participate in the Gifted and Education Program. I acknowledge that the school will gather supporting documentation and/or evaluate my child.

No, I do not give consent for the school to determine eligibility for my child to participate in the Gifted and Education Program. I do not authorize the school to gather supporting documentation and/or evaluate my child.

Print Parent(s)/Guardian(s) Name(s)	SIGNATURE OF Parent(s)/Guardian(s)	Date

After the school receives the signed consent form, your child will be evaluated for the Gifted and Talented Education Program to Determine Eligibility. After the Multi-Disciplinary Team has completed gathering supporting documentation and evaluation(s) you will be contacted to schedule a meeting to share the results with you and determine if student is eligible to participate. If your student is eligible, you and the team will create a GATE Specific Education Plan that includes goals and services for your student.

SCHOOL USE

Date Received	Click or tap to enter a date.	Received By	
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PEDIATRIC REGISTRATION INFORMATION—TIOSPAYE TOPA SCHOOL

PATIENT'S PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Parent/Guardian Name(s) (please print): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ Social Security #: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

Medicaid #: _____ or Private Insurance: Company _____ # _____

Emergency Contact: _____ Phone: _____

Services provided for your child by Horizon Health Care, Inc. while they are attending Tiospaye Topa School:

- 1. Health care including appropriate nursing examinations, treatments, and immunizations. These treatments may include providing common over-the-counter medications, caring for minor cuts, bruises, and injuries. You will be contacted if the injury is out of the scope of the individual caring for it.
2. Medical care for diagnosis and treatment of acute illnesses including but not limited to ear infections, strep throat, varied skin conditions, allergies, bronchitis, upper respiratory infections, etc.
3. Health education including but not limited to routine health maintenance, healthy living skills, wellness exams, sports physical and head start physicals.
4. Dental, optometric (eye), audiology (ears), developmental, diabetic, scoliosis (curvature of the spine) and other appropriate screenings and referrals.
5. Emergency triage care for accidents, serious illnesses and mental health. Referral to hospital/emergency services will be made if condition warrants it. Ambulance service will be notified for transport if needed. Parent/guardian will be notified as soon as possible.
6. Mental health care including appropriate assessment, intake, diagnosis and treatment. This may include counseling services and medication.

CONSENT TO TREATMENT (please initial) (authorization is valid until child no longer attends school they enrolled in):

I give consent for my child to receive medical services by Horizon Health Care, Inc. as indicated above. I understand these services will include an evaluation by a medical provider and that any recommendations for treatment or follow-up will be communicated to me by phone or a letter.

I give consent for my child to receive mental health services by Horizon Health Care, Inc. I understand that prior to any medications for treatment of mental health conditions with medication, verbal consent from parent or guardian will be obtained.

I give consent for my child to receive mental health medication management by Horizon Health Care, Inc. if appropriate.

Preferred means of communication: _____

I give consent for my child to receive dental services by Horizon Health Care, Inc. These services include exams, cleanings, x-rays, fluoride, and sealants. I understand these services will include an evaluation by a dental provider.

I understand that the clinic will attempt to contact me prior to restorations or extractions being performed. In the event, they are unable to reach me and determine that these services are necessary for child's dental health and well-being

I consent to these services being performed. All recommendations for treatment and follow-up completed will be communicated to parents by phone or a letter.

AUTHORIZATION FOR STUDENT TRANSPORTATION (please initial)

____ I give permission for my child to be transported to Faith Dental clinic for dental services that are unable to be performed at the school based clinic.

FINANCIAL RESPONSIBILITY (please initial)

____ I agree that I am financially responsible for all charges related to services provided by Horizon Health Care, Inc. I agree that HHC will bill and provide necessary health information to any Payers. "Payers" are any health care insurance, private or government health plan, or insurance policy that I have or another third party that will pay the charges I have incurred. I give my authorization for HHC to file claims and request for direct payment of benefits to HHC.

OTHER (please initial)

____ I acknowledge that no guarantees have been made to me and I am aware that I have the right to ask my provider or nurse questions regarding my child's treatment or exam.

____ I give consent to nursing assessment, health supervision, immunizations, and release of information as indicated to Tiospaye Topa School.

____ I authorize Tiospaye Topa School Health Office to share personally identifiable student information with Horizon Health Care, Inc. This information will only be used to coordinate care with Horizon Health Care, Inc. The information shared will be limited to demographic, insurance status, contact information and health history.

____ The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of students' personal information held by educational agencies or institutions.

____ I authorize Horizon Healthcare/Tiospaye Topa School Health Office to: __ Speak only to me __ It is OK to speak to _____, regarding my or _____ (minor's name) health information.

Parent/Guardian Signature: _____ Date: _____



STUDENT HEALTH SURVEY
TIOSPAYE TOPA SCHOOL STUDENTS

Dear Parent or Guardian:

In order to provide the best health care for your child, school health personnel must understand your child's health history. This form requests information which is helpful if medical, dental or behavior health services are provided.

Student Name: _____ DOB: _____ Grade: _____ Sex: _____

Does your child now have OR ever had any of the following? (Check if yes)

- High blood pressure _____ Excessive Worry _____ Tuberculosis (TB) _____
Heart condition _____ Depression _____ HIV/AIDS _____
Asthma _____ Ulcer _____ Epilepsy (convulsions) _____
Severe allergies _____ Chronic abdominal pain _____ Severe Head Injury _____
Dizziness or fainting spells _____ Excessive colds _____ Hearing loss _____
Tumor or cancer _____ Speech problems _____ Intestinal Trouble _____
Diabetes _____ Eye trouble _____ Scoliosis _____
Serious skin conditions _____ Wear glasses _____ Bone or Joint problems _____
Concussion _____ Frequent ear infections _____

Frequent and severe headaches _____

ADD or ADHD _____ (Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder)

Any current providers for mental health?

Any medical problems, injuries or behavioral issues that haven't been mentioned above:

ALLERGIES:

Is your child currently taking any medications? Yes No

If yes, please list them: _____

Will you be administering the medications to your child? Yes No

Will you be providing the medications to the school nurse for administration? Yes No

Does your child have severe bee sting sensitivity? Yes No

If yes, does your child have emergency medications available if needed? Yes No

If yes, will you be providing them to the school nurse? Yes No

Does your child have severe bee sting sensitivity? Yes No

Have you ever been told by a physician that your child need to take antibiotics before every dental visit? Yes No

Has your child ever had any complications following a dental exam? Yes No

Signature of person completing this form: _____ Date: _____

CRST YOUTH DIABETES PREVENTION PROGRAM

PO Box 590
Eagle Butte, SD 57625
(605)-964-7774/7775

"STOP DIABETES BEFORE IT STARTS"

SCREENING & PERMISSION CONSENT FORM

PLEASE PRINT ALL INFORMATION:

Child's Name: _____ MALE / FEMALE__ Age: _____ Grade: _____

E-Mail: _____ School: _____ DOB: _____

Parent/Guardian Name: _____ E-Mail: _____

Mailing Address: _____

Contact #: _____ Emergency Contact #: _____

This consent form will allow your child to participate in the CRST Youth Diabetes Prevention Program, which will include all activities & events during 2023-2024. (Listed below)

- ↓ Transportation – Day and Overnight outings/field trips.
 - Buckle up at all times when riding in an YDPP program vehicle.
 - No Fighting, No Horse Play.
 - No pop, candy, or other unhealthy snacks in the YDPP Program vehicles.
 - Parents/guardians will be notified of all field trips, etc.
- ↓ Fitness Center – Rules & Information
 - Client will utilize all equipment properly.
 - No Fighting or Horse Play.
 - Children under the age of 14 must have an adult supervision.
 - Client is required to wear proper shoes. (Must not be dirty)
 - There will be no outside food or drinks in the fitness room.
 - If the room is occupied you have to wait until the other clients are through with their hour (1). (Fitness room capacity: 7)
- ↓ Swimming – Summer activity.
 - No Fighting or Horse Play.
- ↓ Pictures – Picture release.
 - Some pictures will be used for promoting the YDPP Program, in Grants and the YDPP Quarterly Newsletter.
- ↓ Acanthosis Nigricans (AN) Screening – Thick darkening of skin on back and around the neck. (Looks like a dirty neck.)
- ↓ Newsletter – Quarterly.
- ↓ Hemoglobin A1c testing – If your child's height and weight is found to be at or above the 85th percentile during the screening process, the YDPP staff will then administer an A1c test. The Hemoglobin A1c test will show if your child is at higher risk for diabetes. The YDPP staff recommends that any child with an A1c test result in the pre-diabetes or diabetes range, see his/her Primary Health Care Provider.

The YDPP staff has the right to REVOKE all services and activities sponsored by the Program to anyone (child or parent) who FAILS to follow all Program rules and conditions for participation.

By signing this permission/consent form you and your child agree to abide by all rules.

The YDPP staff will not be held responsible for lost or stolen items, or be held liable for an incident, an accident, or an injury sustained during your child's participation in YDPP sponsored activities or events.

You have the right to refuse screening for your child(ren) and/or withdraw from participation at any time. If you have any questions, please feel free to call the office.

In the event of an accident/injury the parent/guardian will be notified IMMEDIATELY by the YDPP Staff.

YOUTH PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

YDPP OUTREACH WORKER

DATE

For more information, please contact any of the following YDPP staff. Thank You.

Michelle Moran-Walking Elk ~ Program Coordinator

Sharon LeCompte ~ Program Assistant

Amber Laundreaux ~ Outreach Worker

Denise Lightning Fire ~ Outreach Worker

Chris Brave Heart ~ Outreach Worker

Rheta Haskell ~ Fitness Aide

John Finn ~ Nutritionist

Angel Cooper ~ Data Entry Clerk

Date: July 29, 2024

To: All Parents/Guardians, Patrons, and Employees

From: Theresa Young, Chief Administrator

RE: Education Facility Asbestos Management Plan

In compliance with the Asbestos-Containing Materials in School Rule, the architect or project engineer, responsible for the construction of the Tiospaye Topa School, or an asbestos inspector, accredited by the State of South Dakota has certified that either (1) no ACBM was specified as a building material in any construction document for the school building, or, (2) to the best of his or her knowledge, no ACBM was used as a building material in the construction of the school building.

Upon confirmation of the absence of ACBM in the school buildings, an Asbestos Management Plan was developed for the Tiospaye Topa School. This Asbestos Management Plan includes: (1) the certification of the architect or project engineer, responsible for the construction of the Tiospaye Topa School, or by an accredited asbestos inspector that the school buildings are free of ACBM; (2) the document appointing the Asbestos Designated Representative for the Tiospaye Topa School, who is responsible for ensuring that the School District/School adheres to all applicable requirements of the Asbestos Containing Materials in Schools Rule; (3) training information of the Designated Representative; and (4) a dated copy of this notification.

A copy of the Asbestos Management Plan is available for your review in the administrative office of the Tiospaye Topa School during regular office hours. Clint LeCompte at Tiospaye Topa School is the Designated Asbestos Representative for the Tiospaye Topa School. Please direct all inquiries related to the Asbestos Management Plan to him at 605-733-2290.

Theresa Young, Chief Administrator, Tiospaye Topa School