

EXPLANATION: KRS 61.823 (4) (B) ALLOWS A PUBLIC AGENCY TO NOTIFY MEMBERS AND MEDIA ORGANIZATIONS OF SPECIAL CALLED MEETINGS VIA EMAIL IF A WRITTEN REQUEST IS ON FILE. THIS OPTIONAL NEW FORM MAY BE USED TO SATISFY THAT REQUIREMENT FOR BOARD MEMBERS, COUNCIL MEMBERS OR MEMBERS OF COMMITTEES APPOINTED BY A BOARD OR COUNCIL.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.44 AP.21

Request to Receive Special Meeting Notification by Email

Name: _____

Agency: _____

Address: _____

Telephone number: _____

Email address: _____

Check if you are: ☐ Member of Board or Council or of Board/Council Committee
☐ Media Organization (with written request on file)

I prefer to receive and specifically authorize the furnishing of electronic mail notification of special called meetings in lieu of notice by personal delivery, facsimile machine, or mail.

Signature _____ Date _____

This form shall be submitted to, and kept on file by, the Central Office or School Office, as appropriate.

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EXPLANATION: THE 2013 GENERAL ASSEMBLY ENACTED A NEW SECTION OF KRS CHAPTER 158 TO EXEMPT SCHOOL EMERGENCY PLANS AND DIAGRAM FROM PUBLIC ACCESS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

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POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.6 AP.2

Request to Examine and/or Copy District Records

NOTE: When a document is submitted that provides information requested by this form, there is no need to require the applicant to complete this form.

PUBLIC ACCESS

Records of the Board, except those specifically exempted by statute, are open to public inspection at the Office of the Superintendent. Persons desiring to examine records that are not exempt from public disclosure may do so during regular working hours.

RECORDS EXEMPTED FROM PUBLIC ACCESS

1. Records of a personal nature where public disclosure is an invasion of personal privacy.
2. Records or information confidentially disclosed to the Board whose disclosure would permit an unfair advantage to competitors.
3. Records or negotiation of real estate transactions until such time as property has been acquired.
4. Test questions and scoring keys before an exam, examinations that are to be reused, and tests that are copyrighted.
5. Records of law enforcement agencies or agencies involved in administrative adjudications.
6. Preliminary drafts and recommendations.
7. Student records that are prohibited from being released by the Family Educational Rights and Privacy Act and/or the Kentucky Family Education Rights and Privacy Act
8. Any record, the disclosure of which would have a reasonable likelihood of threatening the public safety.
9. Emergency plan and diagram of a school.

RECORDS REQUESTED FROM:

Records Custodian: _____ District Name: _____
District Address: _____

RECORDS REQUESTED BY:

Name (MUST BE PRINTED): _____

Address: _____

Phone #: _____ Date: _____

Are you the parent/guardian of a child enrolled in one of the District's schools? ☐ Yes ☐ No

If Yes: Child's Name _____ School _____

Specify in detail the record(s) requested. (Attach another page if necessary.)

Signature of Person Requesting Record(s)

Month/Day/Year

Please attach requests made by letter or FAX to this form.

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POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.6 AP.2
(CONTINUED)

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Request to Examine and/or Copy District Records

Any fees associated with the cost of copying shall be collected at the time copies are made. Fees shall not exceed actual copying costs. Copying cost per page shall not exceed 10 cents and postage may be charged if the requester does not pick up the copies.*

* The Board may charge an additional fee for making copies of nonexempt public records for noncommercial or commercial purposes. The fee for noncommercial use would include the costs of the media and any mechanical processing cost but would not include the cost of staff unless the requestor asks the Board to produce the record(s) in nonstandard format or to tailor the format. The fee for commercial use could include: (1) the cost of the media, mechanical processing, and staff time; (2) cost to create, purchase, or otherwise acquire the records; or (3) both (1) and (2).

NOTE: Except when individuals designated by the Superintendent are reviewing records, an authorized school employee shall provide appropriate supervision while records are being inspected.

FOR OFFICE USE ONLY

Records Request received by _____ Date _____

Records Request referred to (if applicable) _____ Date _____

Records Request complied with by _____ Date _____

Records request ☐ Approved ☐ Not approved (explanation attached)

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EXPLANATION: CHANGES NOTED ARE SUGGESTED TO REFLECT REQUIREMENTS OF RECENTLY REVISED 703 KAR 5:225. THESE CHANGES HAVE BEEN REVIEWED BY THE KDE OFFICE OF NEXT GENERATION SCHOOLS AND DISTRICTS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

ADMINISTRATION

02.442 AP.21

School Improvement Plan Reports

The council, or Principal in a school without a council, shall organize the school improvement planning process in accordance with Board policy and the following procedures. Selection of committee members shall reflect reasonable minority representation and encourage active minority participation and include input from parents, faculty and staff.

PROCESS GUIDELINES

Consistent with requirements of 703 KAR 5:225, the council/committee shall:

1. Analyze performance data for the school's students, including an annual review of disaggregated assessment data.
2. *Review gap targets* established by the Board. (Upon agreement of the Superintendent and SBDM council, or the Principal if there is not a council, the Board shall establish a biennial target for the school for reducing identified gaps in achievement.)
3. *Conduct a comprehensive needs assessment for the school.*
4. Document progress notes ~~Conduct implementation and impact check(s)~~ to evaluate plan activities and achievement of plan goals and objectives, with results to be reported to the council/committee and to the Board via the Superintendent.

The council/committee also shall provide information and updates, as directed by the Superintendent/designee, to promote communication and coordination between the District Planning Committee and school councils.

5. *Schedule an review and update* of the plan by the council/committee at least once a year, as determined by the committee.
6. *Submit updated plan* to Superintendent, Board and community for review and comment.
7. *Maintain copies of the plan for five (5) years and other documentation to illustrate compliance with state and federal requirements.*

School Improvement PlanningFORMAT OF WRITTEN PLAN

COMPONENT	PERSON(S) RESPONSIBLE	TARGET DATE	DATE COMPLETED
MISSION STATEMENT			
GOALS (FOCUSING ON STUDENT PERFORMANCE AND ACHIEVEMENT GAPS)			
OBJECTIVES (SCHOOL CHANGES NEEDED TO REACH GOALS)			
PRIORITY NEEDS:			
▪ addressing student performance weaknesses			
▪ closing achievement gaps			
ACTION COMPONENTS (STRATEGIES & ACTIVITIES) CONSISTENT WITH BOARD/COUNCIL ROLES			
PLAN ACTIVITIES/METHOD TO EVALUATE PLAN			
METHOD TO EVALUATE PLAN			
SCHEDULED IMPLEMENTATION & IMPACT CHECK(S) INCLUDING REPORTS TO COUNCIL/COMMITTEE AND BOARD – RECOMMENDED AT LEAST ONCE ANNUALLY			
ASSURANCE SUMMARY-OF PROCESS USED TO DEVELOP PLAN			
OTHER PROCESS COMPONENTS REQUIRED BY 703 KAR 5:225:			

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EXPLANATION: AMENDED FEDERAL FAMILY AND MEDICAL LEAVE REGULATIONS WENT INTO EFFECT IN MARCH CONCERNING MILITARY CAREGIVER LEAVE AND QUALIFYING EXIGENCY REQUESTS.

FINANCIAL IMPLICATIONS: COST OF REPRINTING FORMS

PERSONNEL

03.12322 AP. 21

Request for Family and Medical Leave of Absence

FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322/03.22322.

Name _____ Position/School _____ Hire Date _____

I request Family and Medical Leave for the following reason:

- | | |
|--|--|
| <input type="checkbox"/> My personal serious health condition | <input type="checkbox"/> Covered Qualified exigency in connection with a family member's covered active duty or call to active duty in the Armed Forces/Reserves in support of a contingency plan: |
| <input type="checkbox"/> Serious health condition of my parent | <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent |
| <input type="checkbox"/> Birth and care of my newborn child | <input type="checkbox"/> Covered service family member or veteran has incurred or aggravated an serious injury or illness in the line of duty while on active duty in the Armed Forces that may render the family member medically unfit to perform duties of his/her office, grade, rank or rating that I believe qualifies me to take FMLA military caregiver leave: |
| <input type="checkbox"/> Placement by the state of a child with me for foster care | <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> next-of-kin |
| <input type="checkbox"/> Serious health condition of my child | |
| <input type="checkbox"/> Serious health condition of my spouse | |
| <input type="checkbox"/> Adoption of a child(ren) | |

☐ Extension of leave requested earlier on _____

The leave/extension requested will begin on _____ Date _____ and end on _____ Date _____

If the request is for Family and Medical Leave on a reduced or intermittent basis for recurring medical treatments for a child, parent, spouse, or yourself, specify dates requested: _____

- ☐ I wish to reserve sick leave days (maximum of ten (10) allowed) for future use.
☐ I do not wish to reserve any of my sick leave days.

Employee's Signature

Date

IF YOUR SPOUSE IS EMPLOYED BY THE DISTRICT AND ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.

Spouse's Name _____ Position/School _____ Hire Date _____

S/he has requested Family and Medical Leave for the following reason: ☐ Birth/care of child
☐ Illness of child ☐ Adoption/foster care of a child(ren) ☐ Military service injury/illness

Spouse's Signature

Date

This form was received by the following person:

Superintendent's/designee's Signature

Date

Attach completed copy of certification required by notice of eligibility and rights and responsibilities.

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PERSONNEL

03.12322 AP. 21
(CONTINUED)

Request for Family and Medical Leave of Absence

NOTES

- FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement that provides greater family or medical leave rights.
- Employees may file a complaint with the U.S. Department of Labor concerning an FMLA issue.

Maintenance Checklist

School/Site _____ Date _____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item "acceptable" or "needs attention." All "needs attention" items shall include location, and the date corrected shall be noted. This form shall be sent to the District Superintendent/designee. A copy shall be kept by the employee making the inspection.

<u>Area Inspected</u>	<u>Location(s)</u>	<u>Condition</u>		
		<u>Acceptable</u>	<u>Needs Attention</u>	<u>Date Corrected</u>
<u>Inside Electrical</u>				
<u>Switches</u>				
<u>Receptacles</u>				
<u>Lights</u>				
<u>Inside Plumbing</u>				
<u>Toilets</u>				
<u>Sinks</u>				
<u>Drains</u>				
<u>Fixtures</u>				
<u>Inside Carpentry</u>				
<u>Windows</u>				
<u>Doors</u>				
<u>Floors</u>				
<u>Painting</u>				
<u>Outside Electrical</u>				
<u>Lights</u>				
<u>Power</u>				
<u>Lines and Poles</u>				
<u>Outside Plumbing</u>				
<u>Sewer</u>				
<u>Gutter</u>				
<u>Drains</u>				
<u>Downspouts</u>				
<u>Outside Carpentry</u>				
<u>Roof</u>				
<u>Painting</u>				
<u>Doors</u>				
<u>Windows</u>				

SCHOOL FACILITIES

05.2 AP.21
(CONTINUED)**Maintenance Checklist**

<u>Area Inspected</u>	<u>Location(s)</u>	<u>Condition</u>		
		<u>Acceptable</u>	<u>Needs Attention</u>	<u>Date Corrected</u>
<u>Grounds</u>				
<u>Shrubs</u>				
<u>Trees</u>				
<u>Fencing</u>				
<u>Playground</u>				
<u>Playground Equipment</u>				
<u>Playground Poles</u>				
<u>Downspouts</u>				
<u>Other</u>				
<u>HVAC</u>				
<u>Air Filters</u>				

Comments:

A COPY OF THIS CHECKLIST SHALL BE FORWARDED TO THE PRINCIPAL/SITE SUPERVISOR

Signature of RecipientDate Received

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EXPLANATION: BOOSTER CLUB REQUIREMENTS HAVE BEEN REVISED IN THE ACCOUNTING PROCEDURES FOR KENTUCKY SCHOOL ACTIVITY FUNDS ISSUED BY THE KENTUCKY DEPARTMENT OF EDUCATION.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SCHOOL FACILITIES

05.3 AP.1

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Community Use of School Facilities

PRIMARY PURPOSE

School facilities are for the primary purpose of meeting the educational needs of school-age youth in the District. However, with reasonable policies and procedures, the school can assist the community in meeting social, civic, recreational, and cultural needs by effective utilization of school facilities.

PRIORITY FOR USE OF SCHOOL FACILITIES

PRIORITY	EXAMPLES OF GROUPS	APPROVAL	SCHEDULING	FEES CHARGED	PROOF OF LIABILITY INSURANCE
I - School Groups (Requires approval of Principal and supervision by school personnel)	Educational programs that are an outgrowth of classroom instruction including, but not limited to, science fairs, plays, exhibits, and concerts Interscholastic activities including athletic teams, speech and debate, band competition, and academic competition Any school group that requires a faculty sponsor including, but not limited to, all school-sponsored clubs, homerooms, honor societies, and student council.	Principal	Principal	None	None required
II - School-Related Groups (Requires presence of Principal/designee)	District Adult/Community Education Programs Parent-Teacher Association/Organization Booster Groups - academic, athletic, and band 4-H Clubs Scout groups County Recreation Programs Little League and/or comparable groups including, but not limited to, YMCA Adult farmers	Principal	Principal	Supervisory and custodial fees, if designated in contract	For activities designated by the Superintendent/designee NOTE: All external support/booster organizations are required to carry separate insurance for general liability with appropriate coverage to operate their organization. (Accounting Procedures for Kentucky School Activity Funds)

SCHOOL FACILITIES

05.3 AP.1
(CONTINUED)

Community Use of School Facilities

PRIORITY FOR USE OF SCHOOL FACILITIES (CONTINUED)

PRIORITY	EXAMPLES OF GROUPS	APPROVAL	SCHEDULING	FEES CHARGED	PROOF OF LIABILITY INSURANCE
III - Community Interest Groups (Requires presence of Principal/designee)	Civic clubs Industrial groups Church groups Homemakers Farm Bureau Historical Society	Principal	Principal	Usage, custodial, and supervisory fees, as designated in contract	For activities designated by the Principal/designee Organizations will be required to sign a release and indemnity agreement relieving the Board of any liability in accordance with Board Policy 05.3.
IV - Meetings of General Public (Requires presence of Principal/designee)	General meetings of various community groups including, but not limited to, political parties	Principal	Principal	Usage, custodial, and supervisory fees, as designated in contract	For activities designated by the Principal/designee Organizations will be required to sign a release and indemnity agreement relieving the Board of any liability in accordance with Board Policy 05.3.

FOOD SERVICE

Eligible groups may contract for meals to be served in school dining areas. Use of kitchen equipment requires the presence of a School Food Service employee.

PUBLIC ELECTIONS

School facilities may be used for public elections without charge.

SPECIAL/EMERGENCY USE

Special/emergency use of facilities may be approved by the Principal/designee. The Superintendent will be consulted.

INCLEMENT WEATHER

Unless special arrangements are made with the Principal/designee, all use of facilities by outside groups shall be automatically cancelled when schools are closed due to inclement weather or other emergency conditions.

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EXPLANATION: THE LATEST ADVICE FROM THE KENTUCKY CENTER FOR SCHOOL SAFETY* IS THAT STUDENTS SHOULD NOT TAKE POSSESSIONS SUCH AS BOOKBAGS OR BACKPACKS WITH THEM DURING A BOMB DRILL.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SCHOOL FACILITIES

05.43 AP.1

Bomb Threat Drills/Response

DRILLS

The Principal shall schedule bomb threat drills two (2) time(s) during each school year and shall complete Procedure 05.41 AP.2.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

- 1) Plan/Coordinate all drills to minimize disruption of the educational process.
- 2) Provide a plan of pre-drill and pre-training instruction, including but not limited to, warning signals, assessment of threat protocol, and designation of safe areas for all staff and students.
- 3) Prepare and keep on file a report on all drills and forward a copy to the Superintendent, as required.
- 4) Put into action the following procedures when a bomb threat has been received:
 - a) Implement assessment process to determine whether to evacuate the building.
 - b) Evacuate building, if so indicated by the assessment process, and call 911/local emergency, fire department, and law enforcement personnel, as appropriate. Make building accessible to agency representatives who respond, by providing the search team with a floor plan and keys to unlock rooms.
 - c) Notify Superintendent/designee.
 - d) If the decision is made to evacuate the building, ascertain whether or not building is safe to re-enter in conjunction with law enforcement officials. Immediately notify Superintendent/ designee if any damage occurs.
 - e) Notify Superintendent/designee if transportation or evacuation to another facility may be necessary.
- 5) If an actual bomb is discovered on school grounds:
 - a) Immediately report the bomb by calling 911, local/state police and the fire department.
 - b) Evacuate the bomb site to at least 850 feet away; do not permit re-entry by employees or students until each device has been removed or disarmed by the bomb squad.
 - c) Remind all persons that cell phones or radios are not to be used as this may cause detonation.
- 6) Determine, in conjunction with the Superintendent, the need for schools to be dismissed early.

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Bomb Threat Drills/Response**FACULTY/STAFF RESPONSIBILITIES**

The faculty and staff shall:

1. Post in each room and discuss with each class rules for bomb threat evacuation, including student responsibilities. These will include directions on the designated exits, alternative exits, assigned evacuation area(s), and designated safety precautions such as a ban on cell phone or radio use during a bomb threat drill or evacuation.
2. If a written bomb threat is received, the employee receiving it should preserve it for investigation by the police for possible fingerprints by handling it as little as possible while placing it in a protective envelope.
3. Maintain order during the evacuation and arrange for the assistance of students with disabilities. Leave doors and windows open.
4. ~~Direct students to take all personal items with them when an evacuation is ordered.~~
5. ~~4.~~ Scan the area, noting any items that appear to be out of place, and report same to Principal/designee. Do not touch or move any unusual item but notify the head of the search team.
6. ~~5.~~ Take roll book and check roll when the class is in its evacuation area. Other than adults authorized to check the premises, no person is to remain in the building during a bomb threat or bomb threat drill.
7. ~~6.~~ Report to the Principal any student who is missing.

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RELATED PROCEDURES:

05.41 AP.2
05.43 AP.2

EXPLANATION: THE 2013 GENERAL ASSEMBLY ENACTED A NEW SECTION OF KRS CHAPTER 158
CONCERNING SCHEDULING OF EARTHQUAKE DRILLS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SCHOOL FACILITIES

05.47 AP.1

Earthquakes

DRILLS

The Principal shall schedule a minimum of two (2) earthquake and safe area evacuation drills two (2) times during each school year and shall complete Procedure 05.41 AP.2. Drills shall be held during the first thirty (30) instructional days of the school year and in January. Whenever possible, first responders shall be invited to observe emergency response drills. After each drill, Procedure 05.41 AP.2 shall be completed and submitted to the Superintendent.

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RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

1. Provide a plan of pre-drill and pretraining instruction, including but not limited to, warning signals and safe areas for all staff and students.
2. Plan/coordinate all drills to minimize disruption of the educational process.
3. Prepare and keep on file a report on all drills and forward a copy to the Superintendent, as required.
4. Notify Superintendent/designee if transportation or evacuation to another facility may be necessary.
5. Determine, in conjunction with the Superintendent, the need for schools to be dismissed early.

FACULTY/STAFF RESPONSIBILITIES

Faculty/staff shall post in each room and discuss with each class rules for earthquake preparedness, including student responsibilities; maintain order during the drill or quake and arrange for the assistance of students with disabilities; and report to the Principal any student who is missing.

A. If indoors

1. Drop and take cover under desks, tables, or other heavy furniture, in interior doorways or narrow halls, or against weight-bearing inside walls.
2. Stay away from windows, light fixtures, and suspended objects.
3. Under no circumstances should persons rush through or outside the building, exposing themselves to falling debris, live wires, etc.
4. After the tremors have ceased, evacuate the building and move all personnel to safe areas.

B. If outdoors

1. As appropriate, move away from building.
2. Avoid utility poles and over-head wires.
3. Do not enter any building that has sustained damage until competent personnel have examined the building and declared it safe.
4. Before students and staff are permitted to re-enter a building, the building must be checked for structural soundness, including but not limited to, the integrity of electrical wiring, heating and fuel systems, and water distribution system.

RELATED PROCEDURE:

05.41 AP.2

EXPLANATION: CLARIFICATION IS PROVIDED CONCERNING NOTIFICATION OF PARENTS/STUDENTS ABOUT ISSUANCE OF A COURT ORDER OR SUBPOENA; AND DISCLOSURE TO A PARTY WITH WRITTEN CONSENT FROM A PARENT OR ELIGIBLE STUDENT IS NOT REQUIRED TO BE LOGGED.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.14 AP.11

Family Educational Rights and Privacy Act

The following rules and procedures shall be complied with relative to disclosure of student records:

1. The District shall annually notify parents of students currently in attendance, or eligible students currently in attendance, of their rights under the Family Educational Rights and Privacy Act (FERPA).

The notification also shall be furnished to parents of all new students and to all new eligible students by the Principal at the time of enrollment.

2. Unless the parent or secondary school student requests in writing that the District not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters upon their request.

Subject to federal opt-out rights, directory information shall be made available to Armed Forces recruiters on the same basis as it is provided to the public.

3. Parents or eligible students who wish to review educational records may make a request on the appropriate form. Forms are available at the school and in the Central Office. Access shall be provided within a reasonable time frame, not to exceed forty-five (45) calendar days of District receipt of the request. Because, a shorter timeline is required in certain situations involving IDEA students, staff shall adhere to the District's special education procedures for responding to such requests.

If circumstances effectively prevent a parent or eligible student from exercising inspection rights, copies of the requested records shall be provided within the above stated time frame.

Until any questions are resolved, no student record held by the District shall be discarded when the record is under an outstanding request to inspect or review.

4. School authorities shall make a documented effort to notify the parent or eligible student prior to complying with a court order or subpoena that directs the disclosure of information concerning the student. In compliance with FERPA, notice to the parent is not required unless when a court order provides directs that the parent/eligible student is not to be notified, or when the order is issued in the context of a dependency, neglect, or abuse proceeding in which the parent is a party.

As noted in the District's annual FERPA notice, parent consent/notification is not required to release student records to another school district or post-secondary institution in which a student seeks or intends to enroll or is already enrolled.

5. The District shall disclose personally identifiable student information to an organization designated to conduct a study for or on behalf of the District only when a written agreement has been established with the organization. Such disclosure does not require parent/eligible student consent.

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Family Educational Rights and Privacy Act

6. The parent or eligible student must sign a request and consent form before a student's records are to be transferred to an agency or individual not authorized under law to receive them.
7. A log shall be maintained of student records requests and disclosures, including emergency disclosures in response to an actual, impending, or imminent articulable and significant health/safety threat. The log requirement does not apply to the following:
 - a. Disclosures made to parents or eligible students,
 - b. Records released pursuant to written consent,
 - c. Access by school officials and others having a legitimate educational interest under FERPA,
 - d. Disclosure to a party with written consent from a parent or eligible student.
 - e. Disclosures of directory information, or
 - f. Disclosures of records made pursuant to a subpoena or court order where a court order or other law provides that the parent or student are not to be notified.
8. Upon request, the Superintendent/designee shall arrange for a record amendment hearing in compliance with 702 KAR 1:140.

RELATED PROCEDURES:

All 09.14 procedures

EXPLANATION: CLARIFICATION IS PROVIDED CONCERNING NOTIFICATION OF PARENTS/STUDENTS ABOUT ISSUANCE OF A COURT ORDER OR SUBPOENA AND REQUIREMENTS FOR RELEASE OF STUDENT INFORMATION THAT IS PART OF OUTSOURCED SERVICES OR FUNCTIONS.

FINANCIAL IMPACT: NONE ANTICIPATED

STUDENTS

09.14 AP.111

Notification of FERPA Rights

Distribute this notice annually to parents and students.

The Family Educational Rights and Privacy Act (FERPA) affords parents and "eligible students" (students over 18 years of age or students who are attending a postsecondary institution) certain rights with respect to the student's education records. They are:

1. ***The right to inspect and review the student's education records within forty-five (45) days of the day the District receives a request for access.***

Parents or eligible students should submit to the school Principal/designee a written request that identifies the record(s) they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the record(s) may be inspected.

2. ***The right to inspect and review logs documenting disclosures of the student's education records.***

Except for disclosure to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosure to the parent or eligible student, FERPA regulations require the District to record the disclosure.

3. ***The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or in violation of the student's privacy or other rights.***

Parents or eligible students may ask the District to amend a record that they believe is inaccurate, misleading, or in violation of privacy or other rights. They should write the school Principal, clearly identify the part of the record they want changed, and specify why it is inaccurate, misleading, or in violation of their privacy or other rights.

If the District decides not to amend the record as requested by the parent or eligible student, the District will notify the parent or eligible student of the decision and advise him/her of the right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

4. ***The right to provide written consent prior to disclosure of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.***

Exceptions that permit disclosure without consent include:

- a. Disclosure to school officials with legitimate educational interests. A "school official" is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school Board; a volunteer, or an outside person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks.

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Notification of FERPA Rights

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his/her professional responsibility to the District. This may include contractors, consultants, volunteers, and other parties to whom the District has outsourced services or functions.

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- b. Upon request, disclosure of education records without parent/eligible student notice or consent to officials of another school district or post-secondary institution in which a student seeks or intends to enroll or is already enrolled or to other entities authorized by law so long as the disclosure is for purposes related to the student's enrollment or transfer.
- c. Disclosure of information to those whose knowledge of such information is necessary to respond to an actual, impending, or imminent articulable and significant health/safety threat.
- d. Disclosure to state and local educational authorities and accrediting organizations, subject to requirements of FERPA regulations.

Designated Kentucky State agencies may be permitted access to student record information, which will depend on the authority granted to their particular agency.

- 5. The right to notify the District in writing to withhold information the Board has designated as directory information as listed in the annual directory information notice the District provides to parents/eligible students.

To exercise this right, parents/eligible students shall notify the District by the deadline designated by the District.

- 6. *The right to prohibit the disclosure of personally identifiable information concerning the student to recruiting representatives of the U. S. Armed Forces and its service academies, the Kentucky Air National Guard, and the Kentucky Army National Guard.*

Unless the parent or secondary school student requests in writing that the District not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters upon their request.

- 7. *The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA.* The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

EXPLANATION: INCLUDING STUDENT INFORMATION SUCH AS NAME, PICTURE, ETC., IN SCHOOL/DISTRICT PUBLICATIONS THAT ARE PRODUCED FOR FUND-RAISING PURPOSES REQUIRE PRIOR PARENT PERMISSION. THESE CHANGES PROTECT A STUDENT'S PUBLICITY RIGHTS UNDER LAW.

STUDENTS

09.14 AP.12

Student Directory Information Notification

Consistent with the Family Educational Rights and Privacy Act (FERPA), parents (or students 18 or older) may direct the District not to disclose directory information listed below. We are required to disclose a student's name, address, and telephone listing at the request of Armed Forces recruiters, unless a parent or secondary school student, regardless of age, requests that this information *not* be disclosed.

Date

Dear Parent/Eligible Student,

This letter informs you of your right to direct the District to withhold release of student directory information for the following is a list of items that the District considers

Student's Name

student directory information. If you wish information to be withheld, please choose one (1) of the two (2) options below in both Sections I and II. Choose Option 1 if the District may not release any item of directory information; Option 2, if the District may release only selected items of information. Then check those items that may be released. Please be advised that parents cannot prevent the school from using directory information on District-issued ID cards or badges.

If we receive no response within thirty (30) days of the date of this letter, all student directory information will be subject to release without your consent. If you return this signed form on time, we will withhold the directory information consistent with your written directions, unless disclosure is otherwise required or permitted by law. Once there has been an opt-out of directory information disclosure, the District will continue to honor that opt-out until the parent or the eligible student rescinds it, even after the student is no longer in attendance.

Student Directory Information Listing

Section I Third Parties, Limited to Institutions of Higher Education & Potential Employers (Parent or student 18 or older may sign below to direct the District to withhold information in this section.)		Section II Armed Forces Recruiters (Parent or secondary school student, regardless of age, may sign below to direct the District to withhold information in this section.)
CHOOSE ONE OF THE OPTIONS BELOW: <input type="checkbox"/> Option 1: The District MAY NOT RELEASE ANY information listed below. <input type="checkbox"/> Option 2: The District MAY RELEASE ONLY the information checked below.		Choose one of the Options below: <input type="checkbox"/> Option 1: The District MAY NOT RELEASE ANY information listed below. <input type="checkbox"/> Option 2: The District MAY RELEASE ONLY the information checked below.
<i>If you choose Option 2, check the item(s) of information listed below that the District may release.</i>		<i>If you choose Option 2, check the item(s) of information listed below that the District may release.</i>
<input type="checkbox"/> Student's name <input type="checkbox"/> Student's address <input type="checkbox"/> Student's school email address <input type="checkbox"/> Student's telephone number <input type="checkbox"/> Student's date and place of birth <input type="checkbox"/> Student's major field of study <input type="checkbox"/> Information about the student's participation in officially recognized activities and sports	<input type="checkbox"/> Student's weight and height (if a member of an athletic team) <input type="checkbox"/> Student's dates of attendance <input type="checkbox"/> Degrees, honors and awards the student has received <input type="checkbox"/> Student's photograph/picture <input type="checkbox"/> Most recent educational institution attended by the student <input type="checkbox"/> Grade level	<input type="checkbox"/> Student's name <input type="checkbox"/> Student's address <input type="checkbox"/> Student's telephone number (if listed)

NOTE: IF DIRECTED TO WITHHOLD A STUDENT'S NAME, GRADE LEVEL, OR PHOTOGRAPH IS TO BE WITHHELD, THE THAT INFORMATION WILL NOT BE INCLUDED IN THE SCHOOL'S YEARBOOK, PROGRAM EVENTS, OR OTHER SUCH ANY SCHOOL OR DISTRICT PUBLICATION RELEASED TO THE PUBLIC. A PARENT WISHING TO PERMIT SUCH INFORMATION ABOUT HIS/HER CHILD (NAME, PICTURE, ETC.) TO BE INCLUDED IN A SCHOOL OR DISTRICT PUBLICATION (YEARBOOK, SPORTS PROGRAM, ETC.) THAT IS SOLD FOR FUND-RAISING PURPOSES MUST PROVIDE WRITTEN CONSENT FOR SUCH PURPOSES.

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Parent/Student Signature

Date

EXPLANATION: CLARIFICATION DIRECTING THAT FEDERAL FERPA REGULATIONS DO NOT REQUIRE THAT DISTRICTS LOG INFORMATION ABOUT RELEASE OF DIRECTORY INFORMATION, OR RECORDS RELEASED WITH WRITTEN PARENT OR ELIGIBLE STUDENT CONSENT. FINANCIAL IMPLICATIONS: COST TO REPRINT LOGS

STUDENTS

09.14 AP.22

Student Record Logs

INSPECTION/RELEASE TO OTHER AGENCIES/DISTRICTS

Student's Name: _____	Date of Birth: _____
-----------------------	----------------------

NOTES:

- Any agency or individual inspecting, reviewing, or receiving copies of any student records under the authority of the Family Educational Rights and Privacy Act, is cautioned that the Act provides that personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information except as allowed by law.
- This form need not be completed for disclosures made to parents or eligible students, records released to District employees having a legitimate educational interest under FERPA, records released pursuant to written parent or eligible student consent, release of directory information, or disclosures of records made pursuant to a subpoena or court order where a court order, issuing agency, or other law provides that other individuals are not to be notified.
- KDE uploads District student records on a daily basis.

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Date of Request	Name of Requesting Agency/District/Individual	Legitimate Interest	Records Accessed/Released	DISTRICT RESPONSE: #1 Copied Provided #2 Records Inspected/Reviewed #3 Request Denied	Employee Initials/Date
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
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				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/

STUDENTS

09.14 AP.22
(CONTINUED)

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Student Record Logs

EMERGENCY RELEASE DOCUMENTATION

As required by the Family Educational Rights and Privacy Act (FERPA), for each instance of employee disclosure of information from this student's educational record made in response to an actual, impending, or imminent articulable and significant health/safety threat, documentation shall be made as follows:

INFORMATION DISCLOSED	EMPLOYEE INITIALS/DATE	BASIS FOR DISCLOSURE	RECEIVING PARTY(IES)
	/		
	/		
	/		
	/		
	/		
	/		
	/		

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EXPLANATION: A NEW FEDERAL REGULATION ALLOWS DISTRICTS TO OBTAIN PARENT CONSENT ON A ONE TIME BASIS FOR MEDICAID BILLING PURPOSES. ADDITIONAL CONSENT WILL NOT BE NECESSARY.

FINANCIAL IMPLICATIONS: USE OF THIS FORM WILL SAVE STAFF TIME AND FACILITATE MORE TIMELY RECEIPT OF MEDICAID REIMBURSEMENTS TO THE DISTRICT.

STUDENTS

09.14 AP.24

Authorization for Release/Inspection of Student Records/Medicaid Consent

TO THIRD PARTY

Date: _____

Name of School: _____

The _____ Schools are hereby authorized to:

☐ Release or copy

☐ Permit the inspection of

the records listed below for _____, who was born on

Student's Name

_____. The individual or agency requesting to whom this information is to be released is _____.

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

RECORDS	REASON/PURPOSE
<input type="checkbox"/> All cumulative records	
<input type="checkbox"/> Attendance record only	
<input type="checkbox"/> Grade records only	
<input type="checkbox"/> Standardized test data only	
<input type="checkbox"/> Special education records only	
<input type="checkbox"/> Other: _____	

This release is effective only for the specified records or types of records on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following ONLY if you want to authorize the further release of educational records as indicated.)

☐ I authorize **on-going release** of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials _____)

☐ I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials _____)

*Signature of Parent/Guardian or Individual Acting as Parent under FERPA**

Date

Signature of Student, 18 or Older or Attending Post-secondary Institution

Date

*Living in the student's home in the absence of the parent on a day-to-day basis

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STUDENTS

09.14 AP.24

(CONTINUED)

Authorization for Release/Inspection of Student Records/Medicaid Consent

TO THIRD PARTY

MEDICAID CONSENT

- ☐ I have received my Annual Notification of Parent Rights regarding Medicaid billing, and I understand and agree that the District may access my child's or my public benefits or insurance to pay for services under the Individuals with Disabilities Education Act. (This also authorizes release of education records as specified above.)

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Signature of Parent/Guardian

Date

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EXPLANATION: CHANGES ARE RECOMMENDED TO CLARIFY THAT IF THE IMAGE, VOICE, OR WORK OF A STUDENT IS TO BE INCLUDED IN A PUBLICATION AS PART OF A COMMERCIAL, FOR-PROFIT, OR FUND-RAISING ENDEAVOR (INCLUDING YEARBOOKS), AFFIRMATIVE AUTHORIZATION OF THE PARENT/GUARDIAN OR ELIGIBLE STUDENT MUST BE OBTAINED. FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.14 AP.251

Publication Consent Form

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.

Dear Parent/Guardian:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness or fund-raising purposes.

~~Under 09.14 AP.12, the District has designated student photographs as "directory information". Consistent with that annual notice, a photograph of an individual student may be released to others and/or reproduced in school yearbooks as long as the parent or adult student has not submitted written notice indicating that they do not wish photographs of the student to be released.~~

This form covers permission for the District to record and use the recorded image, voice, or work of the student (photographed, filmed, taped, or digitally recorded) and name for public awareness purposes, including publication on the school District's web site, school yearbooks, and/or other District publications and media outlets.

Please review this form carefully, sign and date the form, and submit the form to the school.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preference by notifying the Principal in writing of your request.

As the parent (s)/guardian(s) of _____, I/we give the

Student's Name

Nelson County School District permission to release my/our child's name, photograph, work, audio/video reproduction and/or other publishable materials for publication to the general public concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/Guardian(s) (Please print): _____

Parent/Guardian's Signature

Date

NOTE: If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian or eligible student must be obtained.

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STUDENTS

Student Medication Guidelines**STUDENT SELF-MEDICATION**

Students may be authorized to carry on their person and independently take their own medication (prescription or nonprescription), provided the parent/guardian has written approval on file with school personnel. Such approval shall assure school personnel that the child has been properly instructed in self-administering the medication. If prescription medication is involved, written authorization of the student's physician/health care provider also is required.

ALL OTHER MEDICATIONS

1. Medication should be given at home when possible. Medication that must be given at school **and that is not to be carried and self-administered by the student**, should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope and given to designated school personnel immediately upon arrival.
2. Prescribed oral medications in pill or tablet form shall be counted and the number recorded on the Medication Administration Record. **Whenever possible, two (2) school personnel or the parent/guardian in the presence of authorized school personnel, shall count and initial the quantity of medication.**
3. School personnel authorized to give medications must be trained in accordance with KRS 156.502 and 702 KAR 1:060.
4. Except for emergency medications (including, but not limited to Diastat, Glucagon, and EpiPens) and medications approved for students to carry for self-medication purposes all medications shall be kept in a safe, locked, secure place accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
5. School personnel who administer medication shall arrange for the child to take the medication at the proper ~~proper~~ **prescribed time. Should the student miss their prescribed medication time, authorized school personnel shall make a documented attempt to contact the parent/guardian.**
6. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication must keep a written record **or be able to document the administration into the state student information system.**

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PRESCRIPTION MEDICATIONS

Parents/guardians and health care providers shall complete the required forms before any person **authorized District personnel** administers prescription medication to a student or before a student self-medicates.

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Student Medication Guidelines**PRESCRIPTION MEDICATIONS (CONTINUED)**

Prescription medications shall be administered only as prescribed on the physician/health care provider's written authorization. ~~Prescription medications shall be sent to school in one (1) week increments unless otherwise approved by the Principal or designee.~~ Parent/guardian shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed.

All prescription medication, original or refill, should be sent to school in a pharmacy labeled container that includes the student's name, date dispensed, medication, dosage, strength, date of expiration, and directions for use including frequency, duration, and route of administration, prescriber's name, and pharmacy name, address, and phone number. Labels that have been altered in any way will not be accepted. Per KRS 218A.210, "A person to whom or for whose use any controlled substance has been presented, sold, or dispensed by a practitioner or other persons authorized under this chapter, may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same."

Changes in the dosage and/or times of administration must be received in the form of a written order from the physician/health care provider OR a new prescription bottle from the pharmacy indicating the change and a ~~note~~ **new Prescription Medication Administration Consent form completed by** ~~from~~ the student's parent/guardian.

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NONPRESCRIPTION MEDICATIONS

Nonprescription (over-the-counter) medications may be accepted on an individual basis as provided by the parent or legal guardian when a completed authorization to give medication form is on file. **An order from the physician/health care provider must be provided for OTC medication to be administered by school personnel other than the school nurse.**

DOCUMENTATION OF ADMINISTRATION

Except for medications approved for self-administration, all medication given must be documented on a medication log. Records must be kept on file in the student's cumulative folder **or documented in the student's medical record in the state's student information system.** Documentation should be complete, reflecting beginning and ending dates and notations of missed doses and absences. Subject to confidentiality requirements in Policy 09.14 and accompanying procedures, medication recording sheets shall be filed in the student's cumulative folder when completed or when the medication is changed/discontinued.

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Student Medication Guidelines**DISPOSAL OF UNUSED MEDICATION**

Parents/guardians shall be notified via phone ~~Notice shall be mailed to the parent/guardian~~ prior to the end of the school year informing them that their child has **prescription** medication remaining and that it must be picked up by the parent/guardian. If the medication is not retrieved, the school nurse or designated staff member, with a witness present, shall count the number of any pills or tablets remaining and document the amount on the Medication Log. Leftover prescription medication shall then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle. Both parties shall sign the Medication Log when this is completed. All medications shall be destroyed if the parent/guardian does not pick them up.

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MEDICATION REFUSAL

If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) will be contacted and medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.

MEDICATION ERROR

If an error in the administration of medication is recognized, initiate the following steps:

1. Keep the student in the first-aid location. If the student has already returned to class when the error is recognized, have the student accompanied to the first-aid location.
2. Assess the student's status and document.
3. Identify the incorrect dose/type of medication taken by the student.
4. Immediately notify the school administrator and school nurse, if appropriate, of the error, who shall notify the student's parent/guardian.
5. Notify the student's physician/health care provider.
6. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
7. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or physician/health care provider, and the student's status.
8. Complete a "Medication Administration Incident Report" form.

RELATED POLICY:

09.2241

RELATED PROCEDURES:

09.2241 AP.21

09.2241 AP.22

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DRAFT (05/02/13)

STUDENTS

09.224 AP.21

Emergency Information Form Guidelines

SCHOOL HEALTH STAFF CANNOT TREAT YOUR CHILD IN THE EVENT OF ILLNESS OR INJURY UNLESS THIS FORM IS ON FILE

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Please PRINT clearly using PEN and return to your child's teacher, school front office, or School Health Clinic

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Last Name: _____ First Name: _____

Middle: _____ Prefers to be called _____

DOB: _____ ☐ Male ☐ Female

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Parent/Guardian Email address: _____

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Please list all prescription medications your child is presently taking (include dosage information): ****THIS INFORMATION IS HELPFUL TO THE NURSE IN ASSESSING YOUR CHILD AND ENSURING APPROPRIATE TREATMENT!** *Remove Caps!*

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My child uses an inhaler:

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☐ Yes, inhaler is to stay in School Health Clinic (please see your School Nurse for paperwork to complete)

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☐ Yes, student will be carrying inhaler (please see your School Nurse for paperwork to complete)

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☐ No

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It is a violation of school policy for students to carry an inhaler without having documentation in the school health clinic.

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My child will be taking prescription medication at school

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☐ Yes (please see your School Nurse for paperwork to complete)

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☐ No

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Medication consents expire at the end of each school year and must be completed again even if your child's medication has not changed since the previous school year.

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Physician Documentation is required for all allergies your child may have that require special intervention at school

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My child is allergic to: ☐ Latex ☐ Bee Stings ☐ Peanuts ☐ Fish

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☐ Other: _____ Foods _____

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_____ Medications _____

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Please describe reaction: _____

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My child has an Epi Pen:

☐ Yes (please see your School Nurse for paperwork to complete)

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☐ No

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Emergency Information Form Guidelines

My child has: (mark [x] those things below that apply):

- ☐ Glasses (full time wear/ reading only/ distance use) ☐ Contacts ☐ Hearing Aid(s)
☐ Braces on teeth ☐ Orthopedic brace/aid ☐ Other (list) _____

Primary Physician Name: _____ Physician Phone: _____

Primary Physician Address: _____

Health Insurance Name: _____

Policy Number: _____

State Medical Card Number: _____

Card Type: Medicaid/Passport/KCHIP _____

Please mark the conditions below that currently apply to your child:

DO NOT include past conditions. Please only include conditions your child is CURRENTLY receiving treatment for by a Physician ADD/ADHD – currently diagnosed only	Anxiety (diagnosed by a doctor)	Arthritis
Asthma *written Physician order required	Autism	Behavior Disorder Type: _____
Bleeding Disorder Type: _____	Bone/Joint Disorder	Bowel/Bladder control problem
Cancer/Leukemia Type: _____	Cerebral Palsy	Cystic Fibrosis
Seizures (Date of Last Seizure _____) Diastat Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No *written Physician order required	Diabetes <input type="checkbox"/> Insulin <input type="checkbox"/> Pills <input type="checkbox"/> Diet controlled *written Physician order required	Hearing Loss/Difficulty Explain: _____
Eating Disorder Explain: _____	Down Syndrome	Heart Defect/Disease/Murmur
High Blood Pressure	Hypoglycemia (diagnosed by a doctor)	Kidney Problem Explain: _____
Lung problem Explain: _____	Migraine headaches	Muscular Dystrophy
Pacemaker	Pregnancy Due Date: _____	Scoliosis/Spine Curvature
Depression (diagnosed by doctor)	Self Harm/Self mutilation	Skin Disorder (Type: _____)
Spina Bifida	Stomach Problem Explain: _____	Suicide Attempt(s) Date: _____
Tics/Tourette Syndrome	Vision Loss /Difficulty Explain: _____	Other _____
Comments: _____		

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Emergency Information Form Guidelines

Please indicate below the types of over the counter medications and services you allow your child to receive from the School Health Clinic. Over the counter medications will only be used according to the label directions and following Nelson County Schools Standing Physician Orders. Generic Substitutions may be used. Please remember to list any medication allergies your child may have on the front page, as this will be checked prior to your child receiving any medication. For your child's safety, you will receive a written notice from the School Nurse/Designee anytime your child receives over the counter medication within 4 hours from the end of the school day (for students up thru 5th grade). This will alert you as to the time the next dose may be given at home, if needed. School Health Staff reserve the right to withhold medication until an order is received from a physician for any students who begin to need medication on a frequent basis.

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PLEASE INITIAL EACH ITEM YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE:	Toothache Relief	Sore Throat Treatments
Pain Relievers		
Antihistamines & Anti-Itch	Cold & Cough Relief	Splinter Removal
Antacids & Anti-Nausea	Canker Sore & Cold Sore Relief	Loose Tooth Pulled
Topical Creams, Gels, Ointments, & Sprays, including Sunscreens	Nasal Decongestants	

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By signing below:

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I give consent for my child to participate in the school health services program, which may include vision screenings, hearing screenings, height, weight, body mass index, health education, nursing assessment and the use of the items listed above.

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I hereby give consent for my child to receive routine first aid administered by qualified school personnel using medicinal and non-medical treatments.

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In the event of an illness, accident, injury, or life-threatening emergency, I give consent for my child to receive treatment in accordance with Physician ordered standing protocol for the Nelson County School System.

In the event of a major accident or serious illness, I understand the school will make every effort to contact me. I understand that, if necessary, my child will be transported via EMS to the nearest appropriate facility. I will be responsible for the fees that will be charged by the doctor, Hospital, or EMS if these services are required.

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I give permission for health information to be discussed between school officials and physicians if deemed necessary for my child's educational success. I understand that this health information will only be shared with other school officials who have a legitimate educational purpose for accessing such records.

I understand that it is my responsibility to ensure my child has on file in the school health office a current immunization certificate that is in accordance with KRS 214.034. I understand that my child must have an eye exam by an optometrist or ophthalmologist and a dental examination upon initial enrollment in accordance with KRS 156.160. I also understand my child must have a Preventative Health Care Examination Form (physical) on file upon initial school enrollment and upon 6th grade entry according to 702 KAR 1:160.

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I understand that this permission remains in effect from the date of this document through the current school year. I understand it is my responsibility to notify the School Health Clinic of any changes to health condition, medications, phone numbers, or treatments needed as they occur.

Parent/Guardian Signature: _____

Date: _____

STUDENTS

09.22.21 AP.21

(CONTINUED)

Emergency Information Form Guidelines

Student's Name _____			
_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Student's Address _____			
_____	_____	_____	_____
<i>Street Address/Apt. #</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Student's Age _____	Date of Birth _____	Student's Phone Number _____	
Grade _____	Teacher (Homeroom)/Classroom _____	Bus # _____	

TO BE COMPLETED BY PARENT/GUARDIAN: TO SERVE YOUR CHILD IN CASE OF ACCIDENT OR SUDDEN ILLNESS, IT IS NECESSARY THAT YOU FURNISH THE FOLLOWING INFORMATION:

MOTHER'S NAME _____

Last Name *First Name* *Middle Initial*

Mother's Employer _____ Phone # _____

FATHER'S NAME _____

Last Name *First Name* *Middle Initial*

Father's Employer _____ Phone # _____

GUARDIAN'S NAME _____

Last Name *First Name* *Middle Initial*

Guardian's Employer _____ Phone # _____

In case of emergency, accident, or serious illness of the above named child, I request the school to contact me. If school personnel are unable to contact me, I hereby authorize them to call the following people who are authorized to pick up my child from school or a school-sponsored activity:

_____	_____	_____
<i>Name</i>	<i>Phone Number</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Phone Number</i>	<i>Relationship</i>

Doctor's Name: _____ Phone # _____

Address: _____

If it is impossible to contact the physician named above, I hereby authorize the school to take action necessary to maintain the student's health.

Parent/Guardian's Signature *Date*

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Emergency Information Form Guidelines

Is your child on any routine medication? ☐ Yes ☐ No If yes, please list below:

Medication	Dosage

Is your child allergic to medication(s)? ☐ Yes ☐ No If yes, please specify _____

Is your child allergic to insect bites? ☐ Yes ☐ No Does your child have allergies? ☐ Yes ☐ No

Does your child have a history of ☐ heart disease, ☐ diabetes, ☐ TB, ☐ nervous disorder, ☐ epilepsy, ☐ ear infection, ☐ seizure, ☐ asthma, ☐ Other _____?

If so, please check and describe any special emergency treatment that may be required: _____

Please list any other conditions that might require emergency medical treatment: _____

Parent/Guardian's Signature

Date

LOG OF ATTEMPTS TO CONTACT PARENT/GUARDIAN

Date	Time	Phone # Called	Answered?		Person Answering Phone/Response
			Yes	No	

TO BE COMPLETED IF STUDENT IS TRANSPORTED

Date of transportation _____ Time of transportation _____ ☐ A.M. ☐ P.M.

Destination _____ Arrival time _____ ☐ A.M. ☐ P.M.

Means of transportation (Check appropriate box.)

☐ EMS vehicle ☐ Board-owned vehicle ☐ Private vehicle

If Board-owned vehicle or Private vehicle, list name of driver: _____

Driver is the/a (Check appropriate box.)

☐ Parent/guardian ☐ Relative (Specify _____)

☐ School administrator ☐ Teacher ☐ Other Board employee

DRAFT (05/02/13)

AVY09.2241 AP.21

STUDENTS

Authorization to Give Medication
Prescription Medication Administration Consent Form

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Student's Name: _____ Date of Birth: _____

Date: _____ Grade: _____ Teacher: _____

Name of Medication: _____ Strength: _____

Dosage: ☐ tablet(s) ☐ capsule(s;) ☐ ml/cc ☐ puffs ☐ vials
☐ Other _____

Time(s) of day the medication is to be given at school:

☐ Before/ After Breakfast ☐ Before/ After Lunch ☐ _____

Other _____

Reason medication is to be given: ☐ ADD/ADHD ☐ Seizures

☐ Migraines/Headaches ☐ Asthma;

☐ Other _____

My child is allergic to: _____

Medication should be given to student on field trips: ☐ Yes ☐ No

(If "No" Physician Signature is required below)

Special _____ Instructions: _____

Parent/Guardian Telephone Numbers: Home: _____ Cell: _____

Texts OK: ☐ Yes ☐ No

Work/Other: _____

Parent/Guardian _____ Email _____

Address: _____

****If your child is running low on medication at school, the School Nurse will send you a reminder by email****

This medication has been prescribed by _____ Office Phone: _____

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*contact parent/
guardian*

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STUDENTS

Y09.2241 AP.21

(CONTINUED)

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Prescription Medication Administration Consent Form

*Physician's signature is required below if medication is not to be given to student on field trips

*Students, (grade 5-12), who need to carry their inhaler while at school and/or during school sponsored events, may carry rescue inhalers with them, provided the following is in place:

*Students must have a valid Physician signature below.

*Students must carry their inhaler with them at all times (inhaler cannot be left in a locker, desk, etc.)

*A prescription label must be attached to the inhaler (please ask the pharmacy to run a label for the inhaler).

It is recommended that each student keep an additional inhaler at the School Health Clinic in case the inhaler is lost or forgotten and is needed.

A physician signature is not needed on this form for routine daily or as needed medication(s) if the medication(s) are in a current & correctly labeled prescription bottle.

Signature of Physician: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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Authorization to Give Medication**PAGE 1 OF 5**

Medications will be given at school only with written permission from the child's parent(s) or legal guardian. Prescription medications must have the written permission from the Health Care Provider to administer. The medication must be in the original bottle with pharmacy label as proof of the Healthcare Provider's prescription. Signed permission will expire at the end of the school year.

I hereby request school personnel to give the medication described below to my child.

Student's Name _____ Date of Birth _____

This medication has been prescribed for my child by:
(Prescription only)

Primary Care Provider _____

Address _____

Phone _____

These instructions should be followed in giving my child this medicine:

Name of Medicine _____

Dosage _____

Time of day for dose _____

Reason medication is to be given _____

Possible reactions or side effects (list) _____

NOTE: over the Counter medications should be in the original container, dated upon receipt, and given no more than three (3) consecutive days without written permission from Healthcare Provider.

I give permission for myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the school nurse/health staff regarding my child's medical regime.

Signature of Parent or Legal Guardian _____ Date _____

Home phone _____

Work phone _____

Cell phone _____

Emergency contact name _____

Phone number _____

For student health services/procedures not involving medication only, please refer to 09.22 AP.22.

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STUDENTS

09.22.11 AP:21

(CONTINUED)

Authorization for Self Administration

PAGE 2 OF 5

Medications will be given at school only with written permission from the child's parent(s) or legal guardian. Prescription medications must have the written permission from the Health Care Provider to administer. The medication must be in the original bottle with pharmacy label as proof of the Healthcare Provider's prescription. Signed permission will expire at the end of the school year.

I hereby request school personnel to give the medication described below to my child.

Student's Name _____ Date of Birth _____

This medication has been prescribed for my child by:

Primary Care Provider _____

Address _____

Phone _____

I hereby attest that this child has been properly instructed and is competent to administer the following medication:

Name of Medicine _____

Dosage _____

Time of day for dose _____

Reason medication is to be given _____

Possible reactions or side effects (list) _____

Signature of Primary Care Provider _____ Date _____

I give permission for myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the school nurse/health staff regarding my child's medical regime.

Signature of Parent or Legal Guardian _____ Date _____

Home phone _____

Work phone _____

Cell phone _____

Emergency contact name _____

Phone number _____

Relationship _____

STUDENTS

09.2241 AP.21

(CONTINUED)

Authorization to Give Medication – Diastat

PAGE 3 OF 5

Medications will be given at school only with written permission from the child's parent(s) or legal guardian. Emergency medications must have the written permission from the Health Care Provider to administer. In the event of a seizure emergency, the following procedure should be followed by a school nurse or designated trained personnel. Signed permission will expire at the end of the school year.

I hereby request school personnel to give the medication described below to my child.

Student's Name _____ Date of Birth _____

Seizure information:

Type of seizure(s)	Description
<input type="checkbox"/> Absence	* Staring, eye blinking, loss of awareness, Other _____
<input type="checkbox"/> Complex partial seizures	* Remains conscious, distorted sense of smell, hearing, sight, involuntary rhythmic jerking/twitching on one side, Other _____
<input type="checkbox"/> Generalized tonic-clonic seizures	* Convulsions, stiffening, breathing may be shallow, lips or skin may have bluish color, unconsciousness, confusion, weariness or belligerence when seizure ends, Other _____

If a seizure occurs, activate the following Emergency Plan of Action:

EMERGENCY PLAN OF ACTION

1. ☐ Administer emergency medication* DIASTAT (Diazepam rectal gel)
 - _____ MG rectally for seizure lasting > _____ minutes and/or > _____ seizure in _____ hours
 - Possible side effects: _____
 - ☐ VNS (vagal nerve stimulator) Magnet
 - ☐ Other _____
2. Call EMS (911) if:
 - Seizure does not stop within _____ minutes of giving DIASTAT
 - Seizure lasts more than five (5) minutes
 - Child does not start waking up within _____ minutes after seizure is over
 - Seizure behavior is different from other episodes
 - You are alarmed by the frequency or severity of the seizure(s)
 - You are alarmed by the color or breathing of the person
 - The person is having unusual or serious problems
3. Notify school personnel trained in CPR/First aid to stay with student and initiate CPR if needed prior to EMS arrival.
4. Notify parent/guardian.
5. If child needs to be transported via EMS, a parent or school representative will meet student at the hospital.

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I give permission for myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the school nurse/health staff regarding my child's medical regime.

Signature of Parent or Legal Guardian _____ Date _____

Home phone _____ Work phone _____

Emergency contact name _____ Phone number _____

STUDENTS

09.2241 AP.21

(CONTINUED)

Authorization to Give Medication - Epipen**PAGE 4 OF 5**

Medications will be given at school only with written permission from the child's parent(s) or legal guardian. Emergency medications must have the written permission from the Health Care Provider to administer. Signed permission will expire at the end of the school year.

Student's Name _____ Date of Birth _____

IF EXPOSURE TO ALLERGEN OCCURS, ACTIVATE THE FOLLOWING EMERGENCY PLAN OF ACTION.

If exposure to known allergen is uncertain, continuously observe student for signs and symptoms of an allergic

EMERGENCY PLAN OF ACTION

1. Administer emergency medication*.

Allergen: (list what child is allergic to) _____

Medication _____

Dosage _____

Route _____

2. Call EMS (911) if:

3. Notify school personnel trained in CPR/First aid to stay with student and initiate CPR if needed prior to EMS arrival.

4. Notify parent/guardian.

5. If child needs to be transported via EMS, a parent or school representative will meet student at the hospital.

DO NOT HESITATE TO ADMINISTER MEDICATION AND CALL EMS FOR ASSISTANCE!!!!

Epipen should be: ☐ kept with the child ☐ kept in the front office ☐ available during bus transportation ☐ other _____

Signature of MD, APRN, or PA _____ Date _____

Primary Care Provider _____

Address _____

Phone # _____

I give permission for myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the school nurse/health staff regarding my child's medical regime.

Signature of Parent or Legal Guardian _____ Date _____

Home phone _____ Work phone _____

Emergency contact name _____ Phone number _____

STUDENTS _____

09.2241 AP.21

(CONTINUED)

Authorization to Give Medication - Glucagon

PAGE 5 OF 5

Medications will be given at school only with written permission from the child's parent(s) or legal guardian. Emergency medications must have written permission from the Health Care Provider to administer. In the event of a diabetes emergency, the following procedure should be followed by a school nurse or designated trained personnel. Signed permission will expire at the end of the school year.

Student's Name _____ Date of Birth _____

IF A CHILD BECOMES UNCONSCIOUS OR A SEIZURE OCCURS, ACTIVATE THE FOLLOWING EMERGENCY PLAN OF ACTION:

EMERGENCY PLAN OF ACTION

1. Call EMS (911)
2. Administer emergency medication*
 Medication _____
 Dosage _____
 Route _____
3. Notify school personnel trained in CPR/First aid to stay with student and initiate CPR if needed prior to EMS arrival.
4. Notify parent/guardian.
5. If child needs to be transported via EMS, a parent or school representative will meet student at the hospital.

Glucagon should be: ☐ kept with the child ☐ kept in the front office ☐ available during bus transportation ☐ other _____

Signature of MD, APRN, or PA _____ Date _____

Primary Care Provider _____

Address _____

Phone # _____

I give permission for myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the school nurse/health staff regarding my child's medical regime.

Signature of Parent or Legal Guardian _____ Date _____

Home phone _____

Work phone _____

Emergency contact name _____

Phone number _____

EXPLANATION: THIS PROPOSED NEW FORM WAS DESIGNED TO MEET THE REQUIREMENT IN 704 KAR 19:002 FOR THE BOARD TO PUT POLICIES AND PROCEDURES IN PLACE TO ADDRESS THE DISTRICT'S ALTERNATIVE EDUCATION PROGRAM.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

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STUDENTS

09.4341 AP.21

Alternative Education Notification

STUDENT	AGE	BIRTHDATE	
SCHOOL	GRADE	GENDER	RACE
NAME OF PARENT/GUARDIAN			
EMAIL ADDRESS/HOME		EMAIL ADDRESS/WORK	
MAILING ADDRESS	PHONE WORK	HOME	

Dear Parent/Guardian,

This letter is to notify you that your son/daughter has been assigned to the District Alternative Education Program. Reason(s) for the assignment include:

Your child's team looks forward to meeting with you to discuss development or amendment of the individual learning plan addendum for your child, and other matters related to provision of alternative education program services. The meeting will take place on _____ (DATE) at _____ (TIME) at _____ (LOCATION). If you are unable to attend, we will mail you written notification to explain the results of the meeting.

If you have questions, please contact me. Otherwise, please contact me to let me know if you will be attending this important meeting.

Sincerely,

Signature of School Personnel

Date

Contact's Telephone: _____

Contact's Email: _____

ADMINISTRATIVE NOTE: Changes in educational placement for students identified under the IDEA or Section 504 shall be implemented consistent with applicable legal requirements.

Internet/Electronic Mail User Agreement Form**Access Request****Student**

As a user of the Nelson County Public School's computer networks, I hereby agree to comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I understand that my stored files and messages may, at times, be viewed by school system employees.

By signing this form, ~~you~~ I hereby accept and agree that ~~your~~ my rights to use the electronic resources provided by the District and/or the Kentucky Department of Education, are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to services is managed by the District pursuant to policy 08.2323 and accompanying procedures. I also understand that the e-mail address provided to me can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject either to standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before I can use those online services, I must accept the service agreement and, in certain cases, obtain consent.

Student's Signature _____ **Date** _____

Internet/Electronic Mail User Agreement Form

Access Request

Parent

I accept the responsibility for guidance of Internet and electronic mail use by setting and conveying standards for my child to follow when selecting, researching or exploring electronic information and media, and I understand that some materials on the Internet may be objectionable.

CONSENT FOR USE

By signing this form, ~~you~~ I hereby accept and agree that ~~your~~ my child's rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Please check **two (2)** spaces and sign below.

As the parent or legal guardian of the student signing above,

- ☐ I **grant permission** for my child to access the Internet.
- ☐ I **withhold permission** for my child to access the Internet.
- ☐ I **grant permission** for my child to access an electronic mail account.
- ☐ I **withhold permission** for my child to access an electronic mail account.

Parent's Signature _____ Date _____

Name of Student _____ School _____

Review/Revised: 7/17/13

Application and Agreement for Use of District Property

***NOTE:** Please complete this form in duplicate and submit both copies to the School Principal for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board Attorney. The contract shall be signed by the designated representative of the using organization and returned to the School Principal. If the application is not approved, both copies will be returned.*

Name of Sponsoring Organization/Activity _____		Telephone _____
Representative's Name _____		
Address _____		
Building/school/facility _____		
Purpose _____		
Date(s) requested _____		Time(s) Requested _____
The above organization/individual requests the use of:		
<input type="checkbox"/> auditorium <input type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input type="checkbox"/> outdoor facilities/grounds <input type="checkbox"/> classroom(s) _____ <input type="checkbox"/> other, specify _____		
Eligible groups may contract for meals to be served in the school dining areas. Use of kitchen equipment requires presence of school food service employee.		
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, specify equipment _____		Operator's Name _____
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, give a complete description of what is being sold and how the proceeds will be used. _____		
Proof of liability insurance required? <input type="checkbox"/> YES (Please attach.) <input type="checkbox"/> NO		
Please contact Finance Office at 349-7000 for assistance in acquiring insurance.		
Will public be admitted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will admission be charged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

When using school facilities, this organization agrees to observe the following:

1. To schedule with the building Principal the time(s) District property is to be used. It is understood that the Principal/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization that is not school-related may be required to procure sufficient liability insurance to indemnify the Board, school officers, and employees for any injuries or property damage that might occur during the organization's use of the facilities. The Board shall require the organization to assume all liability for injury to individuals by reason of the use of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. To abide by the requirements of Board Policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment, and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

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Application and Agreement for Use of District Property

FEE SCHEDULE

The organization agrees to pay the applicable fee(s) for the use of District facilities.

EMPLOYEE	No. OF EMPLOYEES REQUIRED	No. OF HOURS		HOURLY RATE (\$22.50/HR.)		30 ⁰⁰ TOTAL
		Supervising	Cleaning	Supervising	Cleaning	
Custodians						
Food Service Employees						
Supervisory Personnel						
Other _____						

TOTAL Personnel Charge _____

PROPERTY USED	FACILITY/ EQUIPMENT FEE	PERSONNEL COST (IF APPLICABLE)	INSURANCE COST (IF APPLICABLE)	DEPOSIT (IF APPLICABLE)	TOTAL COST FOR FACILITY USE
Gymnasium at _____ school					
Auditorium at _____ school					
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school					
Classroom(s) Number _____ at _____ school					
Stadium at _____ school					
Outdoor Facilities/Grounds at _____ school					
Other Property at _____ school					

Signature - Representative of User Group

Date

Signature - Superintendent/Designee

Date

UNLESS SPECIAL ARRANGEMENTS ARE MADE WITH THE PRINCIPAL/DESIGNEE, ALL USE OF FACILITIES BY OUTSIDE GROUPS SHALL BE AUTOMATICALLY CANCELLED WHEN SCHOOLS ARE CLOSED DUE TO INCLEMENT WEATHER OR OTHER EMERGENCY CONDITIONS.

Application and Agreement for Use of District Property**FOR OFFICE USE ONLY—TO BE COMPLETED BY SCHOOL OFFICIAL**

Cost for use of District property \$ _____ Cost for school employee \$ _____ Total cost \$ _____

Deposit \$ _____ Is deposit refundable? ☐ Yes ☒ No

Date Deposit Received _____ Balance Due \$ _____

Board employee(s) assigned: _____

Board Action Date, if applicable _____ Board Order # _____

Review/Revised: 7/17/12