Hutchinson Public Schools

Excellence in Academics, Activities, and Character

Student Information Form- Page 1

Our School District is required to participate in a State of Minnesota computer reporting system. This system provides data on students for the purpose of calculating our portion of state education dollars and providing counts of students for state and federal reporting purposes. The system will use Social Security Numbers (not required), if provided, as a means of accurately recording student data. Please sign and return the form so we can provide accurate information on our district.

Student Information

Student Name: _____ _____ _____
First Middle Last

Name student goes by: _____

Check if No Middle Name _____ Current Grade: _____ Birth Date: _____ Gender: Male / Female

Educational Information

Previous Schools Attended: (List Most Recent First)

School Attended	City	State	Date of Attendance	Grade Level (s)

Please check: _____ New Student _____ Student has attended a Hutchinson School previously
_____ Student has attended a Minnesota School previously Location: _____

Special Education Services

Does the student have a current Individual Education Plan (IEP)? Yes / No
Did your child receive Special Education Services at the last school? Yes / No
Does your child have a 504 Accommodation plan? Yes / No

If yes, we will be better able to serve your child if you identify his/her disabilities and submit a copy of the IEP/IFSP, IIIP upon registration.

Title I Program

Title I Program: Title I is a federally funded program, designed to provide supplemental instruction for students in reading and math. The classroom teachers assess children who may be eligible. We would like your permission to test your child to see if he/she may qualify.

_____ Yes, I give permission for my child to be tested with possible placement in the Title I Program.
_____ No, I do not wish to have my child tested for possible placement in the Title I Program.

Additional Student Information

Is the student a teen parent? Yes / No
Is the student homeless? Yes / No
Is the student a ward of the County or State? Yes / No

Definition available upon request

Parent/Guardian Signature

I certify the information given above is true and complete to the best of my knowledge.
Parent/Legal Guardian Signature: _____ Date: _____

Transportation Information

Does this student require bussing to school? Y N
If yes, provide address to be picked up at: _____

Does this student require bussing from school? Y N
If yes, provide address to be dropped off at: _____

Hutchinson Public Schools

Excellence in Academics, Activities, and Character

Family Information Form- Page 2

Parent Guardian Information

Parent/Guardian Data:	Parent/Guardian #1	Parent/Guardian Data:	Parent/Guardian #2
Legal Name (First, Middle, Last)		Legal Name (First, Middle, Last)	
Nickname		Nickname	
Gender	Male / Female	Gender	Male / Female
Date of Birth		Date of Birth	
Relationship to Student		Relationship to Student	
Home Address		Home Address	
City, State, Zip Code		City, State, Zip Code	
Home Phone Number	( ) -	Home Phone Number	( ) -
Cell Phone Number	( ) -	Cell Phone Number	( ) -
E-Mail Address		E-Mail Address	
Employer Occupation		Employer Occupation	
Work Phone Number		Work Phone Number	

Emergency Contact Information- Person Other Than Parents

Emergency Contact Name: _____ Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact's Relationship to Student _____

Household Information

Students live with: (check all that apply)
___ Both Parents ___ Mother only ___ Father only ___ Foster parents
___ Mother and Stepfather ___ Father and Step Mother ___ Grandparent
___ Guardian (relationship _____) Other- Please explain _____

If the child does not live with both parents, please notify the school office and provide legal documentation if there is a custodial issue.

List all children residing in the home (under the age of 19)

First, Middle, Last Name	Birth Date	Gender	Relationship to Parent/Guardian	Pre-School Screened (0-6 year old only)	If yes, list location

Migrant Status

Have you moved across District or State Lines within the last 35 months? Yes No Don't know
Has your family moved to seek or obtain agricultural related (Ex. Meat, poultry, fish) work? Yes No Don't know

Military Status

Is your child a "Military Connected youth"? Yes No Don't know
Military Personnel's Relationship to Student: _____

Hutchinson Public Schools

Independent School District 423
30 N. Glen St.
Hutchinson, MN 55350
Telephone: 320.587.2860, Fax: 320.587.4590, www.hutch.k12.mn.us

Daron VanderHelden, Superintendent

REQUEST FOR STUDENT RECORDS

I hereby authorize: _____
(Former School District)

_____
(Street or P.O. Box)

_____
(City, State and Zip Code)

Phone: _____ Fax: _____

to forward any and all information including Immunizations/Health, Educational, Psychological, Standardized & Basic Standard Test Scores, Title I, ELL, Special Education and/or Early Childhood Records for:

Student _____ Grade _____ Birthdate _____

Student _____ Grade _____ Birthdate _____

Student _____ Grade _____ Birthdate _____

Please forward this information to the following school address or fax to:

☐ West Elementary School, Attn: Kim Grundahl,
Kim.Grundahl@hutch.k12.mn.us
875 School Rd. SW
Hutchinson, MN 55350
(320) 587-4470/Fax: (320) 587-0735

☐ Park Elementary School, Attn: Johanna Hanneman
Johanna.Hanneman@hutch.k12.mn.us
100 Glen St.
Hutchinson, MN 55350
(320) 587-2837/Fax: (320) 587-4821

☐ Hutchinson Middle School, Attn: RECORDS
Bonnie.Karl@hutch.k12.mn.us
1365 South Grade Rd. SW
Hutchinson, MN 55350
(320) 587-2854/Fax: (320) 587-2857

☐ Hutchinson High School, Attn: Barb Wedge
Barb.Wedge@hutch.k12.mn.us
1200 Roberts Rd.
Hutchinson, MN 55350
(320) 587-2151/Fax: (320) 234-2715

☐ *Special Education Information needs to be sent to:
Deb McKittrick
debra.mckittrick@hutch.k12.mn.us
Phone: 320-234-2623 Fax: 320-234-2685

It is understood that this information will be used in a confidential and professional manner in the best interest of the child(ren). Thank you for your cooperation and prompt response.

_____ _____
(Signature of Parent or Guardian) (Date)

09/04/2014

Minnesota Department of Education	LEP Education 1500 Highway 36 West Roseville, MN 55113-4266	HOME LANGUAGE QUESTIONNAIRE	ED-01336-08E

THE FOLLOWING IS TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL:

STUDENT IDENTIFICATION INFORMATION

Student's Name (First, Middle, Last)

Date of Birth	Age	Grade Level

DISTRICT IDENTIFICATION/VERIFICATION INFORMATION

School Name	District Number

I hereby verify that the above information is true and accurate to the best of my knowledge and belief.

Name (Printed)

Signature – Responsible Authority | Title | Date

THE FOLLOWING IS TO BE COMPLETED BY PARENT/GUARDIAN:

STUDENT LANGUAGE INFORMATION

Dear Parents and Guardians:

In order to help your child learn, your child's teachers need to determine which language your child uses most.

Please respond to the questions below by checking the appropriate box.

1. Which language did your child learn first? ☐ English ☐ Other (specify): _____
2. Which language is most often spoken in your home? ☐ English ☐ Other (specify): _____
3. Which language does your child usually speak? ☐ English ☐ Other (specify): _____

PARENT/GUARDIAN VERIFICATION OF INFORMATION

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Name (Printed)

Signature – Parent/Guardian | Date

Student's Full Name _____ Birthdate _____ Grade _____

Parent / Guardian Signature _____ Completed on _____/_____/_____

The US Department of Education strongly encourages "self-identification" of race and ethnicity rather than third party "observer identification". To bridge the previous MN codes with the new federal codes, the MN Department of Education requires us to gather and report data from both code sets beginning the 2008-09 school year. This allows individuals, for the first time, the opportunity to identify themselves as being of or belonging to more than one race and ethnicity.

Please answer the items in each of the three columns

1) Please check only one of the following:

_____ American Indian

_____ Asian or Pacific Islander

_____ Hispanic

_____ Black, not of Hispanic origin

_____ White, not of Hispanic origin

2) In addition please answer the following question:

Is your ethnicity Hispanic / Latino?

_____ Yes _____ No

Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. "Spanish Origin" can be used in addition to "Hispanic or Latino".

3) Please check one or more of the following race categories:

_____ American Indian / Alaska Native
A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.

_____ Asian
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ Black / African American
A person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian / Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ White
A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

***Educational institutions are required to collect & report this data. Individuals are not required to self-identify their race or ethnicity. If respondents do not provide information about their race or ethnicity, educational institutions should ensure that respondents have refused to self-identify rather than simply overlooked the questions. If adequate opportunity has been provided for respondents to self-identify and respondents still do not answer the questions, observer identification will be used. While the Department recognizes that obtaining data by observer identification is not as accurate as obtaining data through a self-identification process, places some burden on school district staff and may be contrary to the wishes of those refusing to self-identify, it is better than the alternative of having no information.*

Hutchinson Public and Parochial Schools
Student Health Information Form

Minnesota Law requires students be up to date with immunizations in order to enroll in school.

School Year _____

Student Name _____ Birthdate _____ Grade _____

Does your child have any medical problems or illnesses? Yes No

If yes, please specify _____

Does your child have any mental health or behavioral needs? Yes No

If yes, please specify _____

Does your child take any medications? Yes No

If yes, please specify _____

Does your child have any allergies? Yes No

If yes, please specify _____

Does your child have asthma? Yes No

Does your child have a prescribed Epi-pen? Yes No

Has your child ever had a seizure? Yes No

Does your child have any hearing or vision concerns? Yes No

If yes, please specify _____

If you have answered yes to any of the above questions, please contact the Health Office at your child's school to obtain a plan of care and/or authorization for medications at school.

Is your child covered by a health insurance plan or medical assistance? Yes No

Please list any additional information that may be helpful to meet the health needs of your child

_____

_____

Health information is confidential, protected information. Pertinent health information regarding your child's health may be shared with appropriate school staff at the discretion of the school nurse. If your child has received immunizations since last school year, please let the health office know. If you have any questions, please contact the Licensed School Nurse at 320-234-2731. *If your phone numbers have changed, please contact Central Office at 320-587-2860 to have the information updated. Thank you.*

Parent/Guardian Signature _____ Date _____

Hutchinson Public and Parochial Schools Health Services

Emergency Care Plan/Individual Health Plan

School Year _____

Student Name _____ DOB_____ Grade ____ Teacher/Room _____

Allergy (check all that apply)

- ☐ Peanuts_____
- ☐ Tree Nuts_____
- ☐ Shellfish_____
- ☐ Fish_____
- ☐ Insect Bites/Stings:_____
- ☐ Latex
- ☐ Metal/Nickel
- ☐ Sulfa
- ☐ Eggs_____
- ☐ Dairy_____
- ☐ Wheat
- ☐ Soy
- ☐ Other_____
- ☐ Other_____

Medical Condition (check all that apply)

- ☐ Seizure
- ☐ Diabetes (see diabetes plan)
- ☐ Asthma (see asthma action plan)
- ☐ Heart Disease
- ☐ Shunt
- ☐ Headache
- ☐ Bowel Issue:_____
- ☐ Bladder Issue:_____
- ☐ Hearing loss
- ☐ Feeding tube
- ☐ ADHD_____
- ☐ Mental Health/Behavior Diagnosis:_____
  _____
- ☐ Pacemaker/electrical stimulator
- ☐ Other_____
- ☐ Other_____

Signs/Symptoms (check all that apply)

Mouth

- ☐ Itching
- ☐ Tingling
- ☐ Swelling of lips
- ☐ Swelling of tongue
- ☐ Swelling of mouth
- ☐ _____
- ☐ All of the above

Skin

- ☐ Hives
- ☐ Itchy rash
- ☐ Swelling of face
- ☐ Swelling of arms/legs
- ☐ Swelling at site of bite
- ☐ _____
- ☐ All of the above

Gastrointestinal

- ☐ Nausea
- ☐ Cramps
- ☐ Vomiting
- ☐ Diarrhea
- ☐ _____

Respiratory

- ☐ Tightening of throat
- ☐ Hoarseness
- ☐ Hacking cough
- ☐ Shortness of breath
- ☐ Wheezing
- ☐ _____
- ☐ All of the above

Treatment/Action (check all that apply)

- ☒ Administer medication(s) as ordered
- ☒ Call 911 as needed
- ☒ Administer CPR as needed
- ☒ Contact parent/guardian for _____
- ☒ Contact LSN for _____
- ☐ Check pulse and blood pressure
- ☐ Contact parent if blow to head
- ☐ Place student on floor on their side
- ☐ Monitor and record seizure activity and duration
- ☐ Limit activities as indicated by MD
- ☐ Allow student to use bathroom in Health Office
- ☐ Toilet every _____
- ☐ Preferred classroom seating _____
- ☐ Preferred cafeteria seating
- ☐ _____
- ☐ _____

Heart

- ☐ Weak pulse
- ☐ Thready pulse
- ☐ Low blood pressure
- ☐ Fainting
- ☐ Pale
- ☐ Cyanosis
- ☐ Chest pain
- ☐ _____

Seizure

- ☐ Fumbling
- ☐ Blank staring
- ☐ Confused
- ☐ Wandering
- ☐ Partial Simple
- ☐ Partial Complex
- ☐ Tonic-Clonic
- ☐ _____

Nursing Diagnoses

- ☐ Potential for life-threatening condition
- ☐ Potential for altered performance due to condition or related absences

Goals

- ☐ Student will participate in regular school activities with modifications as needed
- ☐ Promote understanding of condition, prevention and treatment
- ☐ Maximize students ability to learn and participate in school
- ☐ Maximize self-advocacy, and self-esteem
- ☐ _____

Equipment

- ☐ Wheelchair
- ☐ Stroller
- ☐ Walker/cane
- ☐ Hoyer lift
- ☐ Stander
- ☐ Ramps
- ☐ Toilet riser

Supplies/adaptations

- ☐ Incontinent pads
- ☐ AFO/braces
- ☐ Other
- ☐ Slide board
- ☐ Hearing aids R L
- ☐ Gait belt

Physician Orders

Student Name _____ DOB _____ Grade ____ Teacher/Room _____

Epinephrine (Inject intramuscular)	Antihistamines
☐ Epi-Pen 0.3mg ☐ Epi-Pen Jr. 0.15mg ☐ Twinject 0.3mg ☐ Twinject 0.15mg ☐ *This student may carry his/her Epi-Pen, and is capable and responsible for self-administering this medication*	☐ Benadryl_____ ☐ Diphenhydramine_____ ☐ Zyrtec_____ ☐ Claritin_____ ☐ Other_____

Antiepileptics (for seizure longer than _____min)	Daily Medications	Dose	Give by mouth
☐ Diastat Acudial 5 mg ☐ Diastat Acudial 7.5mg ☐ Diastat Acudial 10mg ☐ _____ ☐ _____	☐ Adderall ☐ Clonidine ☐ Dexedrine ☐ Ritalin (Methylphenidate) ☐ Guanfacine (Tenex) ☐ _____ ☐ _____	☐ 0.1 mg ☐ 5 mg ☐ 10 mg ☐ 15 mg ☐ 20 mg ☐ _____ ☐ _____	_____ tab(s)/cap(s) ☐ In the morning ☐ At lunch ☐ In the afternoon ☐ _____ ☐ _____

Inhalers
- ☐ _____
- ☐ _____
- ☐ *This student may carry his/her inhaler, and is capable and responsible for self-administering this medication*

Start Date	Stop Date	Reason for medication	Instructions

Tube Feeding	Formula Type	Amount	Infusion Rate	Admin time	Special Instructions
☐ J Tube ☐ G Tube					

Physician Signature	Date	Clinic and phone number

Comments

Emergency Contacts

Name	Relationship	Phone #1	Phone #2
1.			
2.			

****I understand by signing this form, I authorize the school to administer the medication(s) according to standard school policy. I give permission for the LSN or building nurse to contact my child's heath care provider regarding this plan and/or medication, and to communicate with my child's teachers, bus company, athletic director and/or other school personnel regarding my child's health condition(s) and medication(s) as deemed necessary. I release school personnel from liability in the event of adverse reactions resulting from this medication. I understand that administration of medication may not necessarily be done by a nurse. I authorize my child to self-administer his/her inhaler if deemed appropriate by LSN and he/she is at Middle or High School level.*

Parent/Guardian signature _____ Date _____

LSN signature _____ Date _____

Medication Reminders

If your child needs to take daily prescription medication at school, please have a permission slip signed by both parent and doctor. These forms are available from the school health office.

Medication must be in the ORIGINAL prescription container and be dropped off by a parent.

IF you are unable to drop off the medication in person, it may be sent to school with your child. Please put the original container in a sealed envelope with your signature and total number of pills being sent to school.

Emergency Health Care plan Reminders

Students with asthma, allergies, diabetes, seizures, or any other long-term medical conditions may be asked to complete an emergency health care plan with medical information to be shared with key school staff. Please let the nurse in your building know if there are any changes in your child's health.

I request that pertinent health information regarding the above student be given to the appropriate school staff at the discretion of the school nurse

_____ Date:_____

Parent signature

Hutchinson Public Schools

Hutchinson Public Schools McKinney-Vento Questionnaire

Your child may be eligible for additional educational services through Title 1 Part A, Title 1 Part C-Migrant, and/or Federal McKinney-Vento Assistance. Your answers will help the administrator determine residency documents necessary for enrollment of this student and the student's eligibility for services.

1. Presently, where is the student living? Check one box.
- ☐ A. Living in cars, parks, public spaces, abandoned building; not a regular sleeping place.
- ☐ B. Emergency/transitional shelters; awaiting foster care.
- ☐ C. Hotels or motels.
- ☐ D. Sharing housing (doubled up) due to loss of housing, economic hardship, or a similar reason.

If you checked A, B, C, or D, complete #2 and the remainder of this form

- ☐ N. None of the above.

If you check N, STOP – You do not need to complete the remainder of this form.

2. The student lives with: Check one box.
- ☐ 1 Parent
- ☐ 2 Parents
- ☐ 1 Parent and another adult
- ☐ A relative, friend(s) or other adult(s)
- ☐ Alone with no adults
- ☐ An adult that is not the parent or the legal guardian

Legal name of student: _____ Male ☐ Female ☐

Birth Date (MM/DD/YYYY): _____ Age: _____ Grade: _____

PRINT Name of Parent(s)/Legal Guardian(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

_____

Signature of Parent(s)/Legal Guardian(s) Date

****

District Use Only

Based on the above information and a brief interview/inquiry with and/or of this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act.

_____

District Homeless Liaison Signature Date

Student Immunization Form

Student Name _____

Birthdate _____ Student Number _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

FOR SCHOOL USE ONLY:
( ) Complete, booster required in
( ) In process, 8 mos. expires
( ) Medical exemption for
( ) Conscientious objection for
( ) Parental/guardian consent

Parent/Guardian:
You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's Immunization Information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

School Personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine DO NOT USE (√) or (×)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)					
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years					5th dose not required if 4rd dose was given on or after the 4th birthday
Tetanus and Diphtheria (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above					
Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th - 12th grade					
Polio (IPV, OPV) • final dose on or after age 4 years				4th dose not required if 3rd dose was given on or after the 4th birthday	
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday					
Hepatitis B (hep B)					
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required					
Meningococcal (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years					
Recommended					
Human Papillomavirus (HPV)					
Hepatitis A (hep A)					
Influenza (annually for children 6 months and older)					

Additional exemptions:

- Children 7 years of age and older: A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12: A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- Students 11-15 years of age: A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- Students 18 years of age or older: Do not need polio vaccine.

Student Name _____

Instructions, please complete:
Box 1 to certify the child's immunization status
Box 2 to file an exemption (medical or concientious)
Box 3 to provide consent to share immunization information (optional)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

A. Received all required immunizations:
I certify that this student has received all immunizations required by law.

_____
Signature of Parent / Guardian OR Physician / Public Clinic

_____ Date

B. Will complete required immunizations within the next 8 months:

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.

The dates on which the remaining doses are to be given are:

_____
Signature of Physician / Public Clinic

_____ Date

2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.

A. Medical exemption:
No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed* (for varicella disease see * below). List exempted immunization(s):

_____
Signature of physician/nurse practitioner/physician assistant

_____ Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)

_____
Signature of physician/nurse practitioner/physician assistant (If disease occured before September 2010, a parent can sign.)

B. Conscientious exemption:
No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

_____
Signature of parent or legal guardian

_____ Date

Subscribed and sworn to before me this:
_____ day of _____ 20_____

_____
Signature of notary

3. Parental/Guardian Consent to Share Immunization Information (optional):

Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnal to share my student's immunization documentation with Minnesota's immunization information system:

_____ Date
Signature of parent or legal guardian

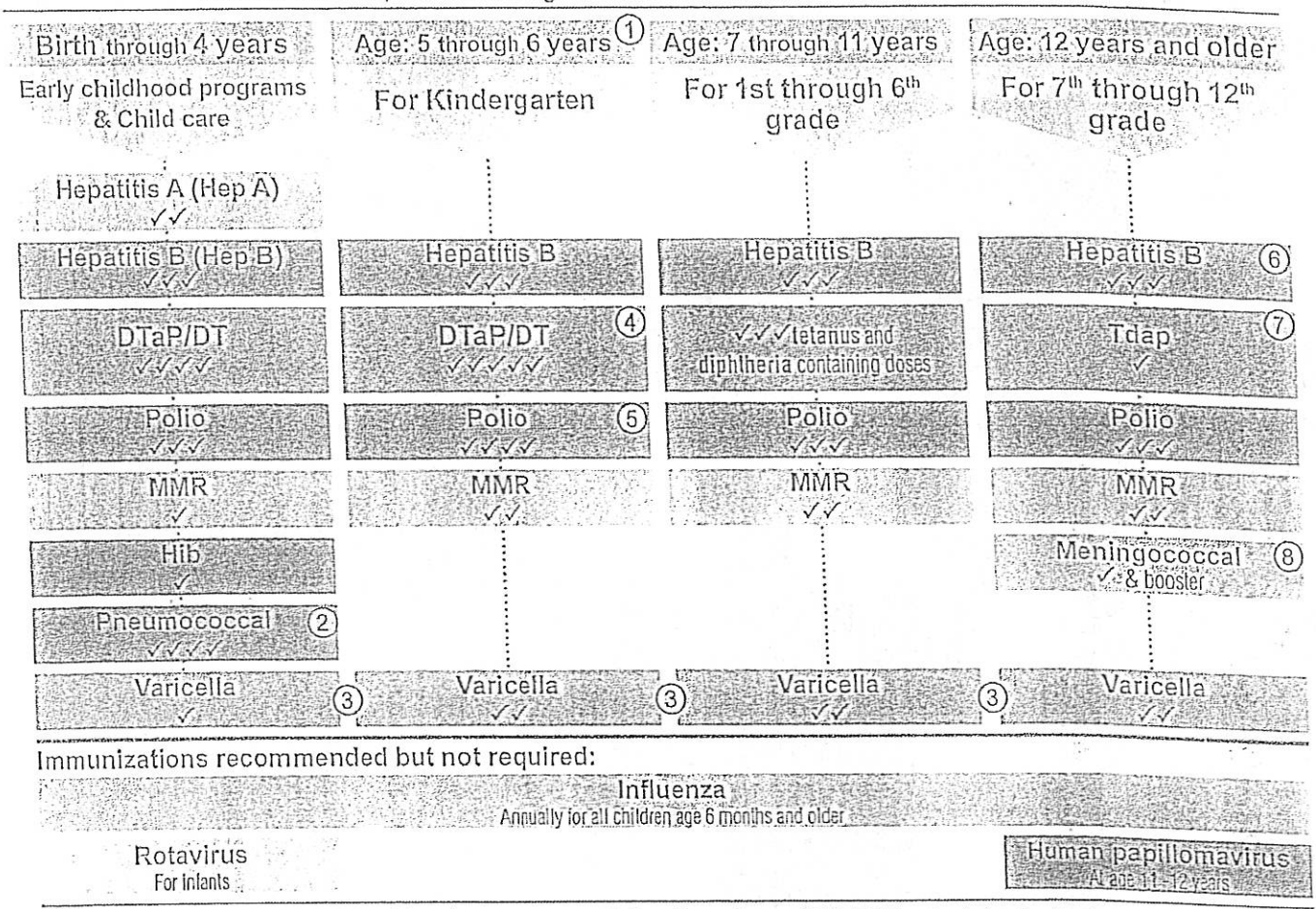
Are Your Kids Ready?

Minnesota's Immunization Law

Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. Children birth to age 2 may not have received all doses. Look at the table on the back, it shows the age when doses are due.



(1) First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.

(2) Not required after 24 months.

(3) If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form.

(4) Fifth shot of DTaP not needed if fourth was after age 4. Final dose of DTaP on or after age 4.

(5) Fourth shot of polio not needed if third was after age 4. Final dose of polio on or after age 4.

(6) An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.

(7) Proof of at least three doses of diphtheria and tetanus vaccination needed. If a child received Tdap at age 7 through 10 years another dose of Tdap is not needed. Td does not meet the Tdap requirement.

(8) One dose is required beginning at 7th grade. The booster dose is usually given at 16 years but the timing depends on when the first dose was given.

Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

Parents may file a medical exemption signed by a health care provider or a conscientious objection signed by a parent/guardian and notarized.

Looking for Records?

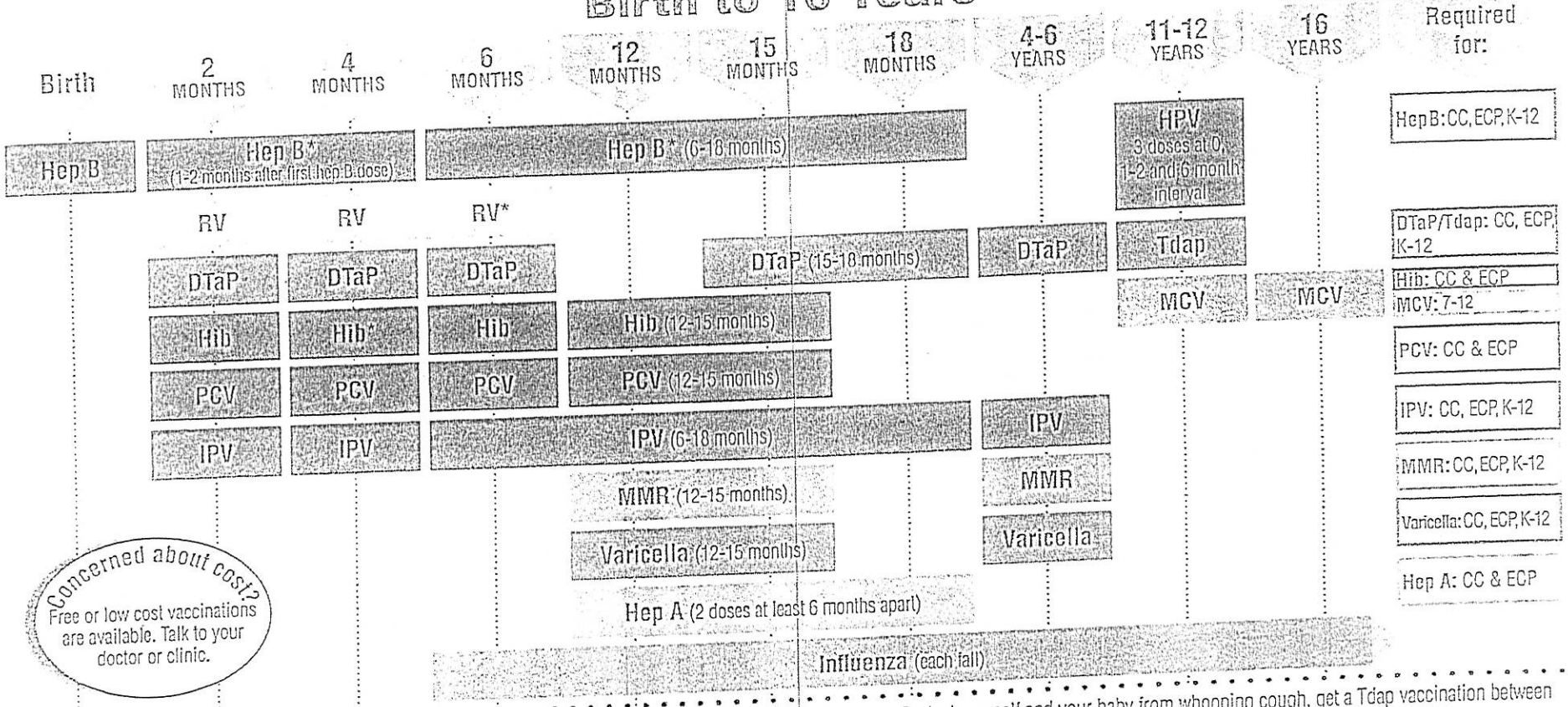
For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-657-3970.

Minnesota Department of Health, Immunization Program

ID# 52799 (10/2014)

When to Get Vaccines
Birth to 16 Years

CC = Child care
ECP = Early Childhood Programs
K-12 = Kindergarten through 12th grade
7-12 = 7th through 12th grade



Concerned about cost? Free or low cost vaccinations are available. Talk to your doctor or clinic.

It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are conscientiously opposed to any or all of the vaccinations, a legal exemption is available.

Children with certain medical conditions may need additional vaccines (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

Pregnant? Protect yourself and your baby from whooping cough, get a Tdap vaccination between 27 and 36 weeks gestation. Talk to your doctor.

*The number of doses depends on the product your doctor uses.

For copies of your child's immunization records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-657-3970.

Key to vaccine abbreviations

DTaP/Td/Tdap=diphtheria, pertussis, tetanus		Hib = *Haemophilus influenzae* type b	
Hep B=hepatitis B	Hep A= hepatitis A	IPV=polio	MCV=meningococcal
MMR= measles, mumps, rubella		PCV= pneumococcal	RV=rotavirus

MINNESOTA MDH DEPARTMENT OF HEALTH
Immunization Program
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize

ID# 52799 (10/2014)

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ISD 423HUTCHINSON PUBLIC SCHOOLS
Parent Portal User Guidelines

The Parent Portal Acceptable Use Policy and signature page is on page 3. Access to a Parent Portal Account will be granted upon receipt of a signed copy of the Hutchinson Public Schools Parent Portal Acceptable Use Policy/User Guidelines. If you do not receive your password and instruction sheet within two weeks of the date you sent your signed acceptable use policy, please contact the ISD 423Parent Portal Help Desk at renee.farenbaugh@hutch.k12.mn.us or 320-234-2603.

1. Parents will have access to the following data about their child:
   - Attendance
   - Discipline
   - Class assignments for current classes – HMS and HHS only.
   - Lunch account transactions and online payments.
   - Verify contact information and notify Kristin Nelson at kristin.nelson@hutch.k12.mn.us or CO 320-587-2860.
2. Parents will receive log-on information and instructions after we receive a signed Acceptable Use Policy form.
3. Parents must change their password the first time they log into Parent Portal.
4. **Parents will not share this password with anyone** and **will not set their browsers to auto log-in to the Parent Portal.**
5. SystemRequirements
   The following is the supported platforms for the Campus Portal. School Districts may have additional requirements. Contact the district for additional information.

Platform	Supported Minimums		Recommended Minimums		
	PC	Macintosh	PC Windows	PC Vista*	Macintosh
Operating System	Windows 2000 Pro	OS X 10.3.9	2000 Pro 6.0 or XP 7.0	Vista	OS X 10.5.x
Processor	P3	G3	P4	1 GHz 32-bit	G4
RAM	256	256	512	1 GB	512
Internet Browser	IE 6.0 Firefox 2.0.x	Safari 2.0.x Camino 1.0 Firefox 2.0.0.6	IE 6.0 Firefox 3.0.x	IE 7 Firefox 3.0.x	Safaari 3.2.1 Camino 1.6.5 Firefox 3.0.x
Java Plug-in	Java 1.5.10	Java 1.3.1	Java 1.5.10	Java 1.5.10	Java 1.4.2
Adobe Acrobat Reader	All Windows users will need the most current version of Reader.				

6. Security features at Parent Portal:
   - All attempts at logging into the system are recorded and monitored, a full audit trail is tracked on sensitive data.
   - The Parent Portal Account will be disabled after three (3) unsuccessful log on attempts. In order to use Parent Portal again, parents will need to contact the Parent Portal Help Desk to have the account reactivated.
   - The Parent Portal Account will automatically log off if you leave your Parent Portal web browser open and inactive for a period of time.
7. **Parent Portal contact information:**
   - Telephone help with Parent Portal is available by calling 320-234-2603.
   - Should you require help outside school hours, e-mail renee.farenbaugh@hutch.k12.mn.us Expect an answer within 24 hours on school days. Please include your name, user name, your telephone number and a brief description of the problem in your e-mail.

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ISD 423 HUTCHINSON PUBLIC SCHOOLS
PARENT PORTAL ACCEPTABLE USE POLICY

ISD 423 Hutchinson Public Schools will use the Parent Portal as a means to further promote educational excellence and to enhance communication with parents. The Portal allows parents to view their own child(ren)'s school records anywhere, at any time. In response for the privilege of accessing the Parent Portal, every parent is expected to act in a responsible, ethical, and legal manner. The Parent Portal is available to every parent or guardian of a student enrolled within Hutchinson Public Schools. Parents are required to adhere to the following guidelines:

1. Parents <u>will not share their passwords with anyone, including their child(ren).</u>
2. Parents will not attempt to harm or destroy data of their own children, of another user, school, or district network, or the Internet.
3. Parents will not use the Portal for any illegal activity including violation of Data Privacy laws. Anyone found to be violating the laws will be subject to Civil and/or criminal prosecution.
4. Parents will not access data or any account owned by another parent.
5. Parents who identify a security problem with a Parent Portal must notify the Parent Portal Help Desk immediately, without demonstrating the problem to anyone else.
6. Parents who are identified as a security risk to the Parent Portal or any other ISD 423 computers or networks, will be denied access to the Parent Portal.
7. User guidelines and system requirements are enclosed. Please review them before returning this document.
8. Only by signing and returning this agreement will you receive access to the Parent Portal for your child(ren).

Name(s) of your child(ren) registered K-12 at ISD 423 Hutchinson Public Schools:

_____

_____

_____

I have read the Parent Portal Acceptable Use Policy, including the user guidelines, and I agree to abide by and support these rules. I understand that if I violate any term of this acceptable use policy, that I may lose my privilege to use the Parent Portal and may be liable for civil and or criminal consequences.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian printed name Email Address