

MAPLE LAKE JR/SR HIGH SCHOOL
200 Hwy 55 E
Maple Lake, MN 55358
Telephone: (320) 963-3171 Fax: (320) 963-3170

REQUEST FOR RECORDS

STUDENT NAME _____ **DATE OF BIRTH** _____

GRADE _____ **ENROLLED IN MAPLE LAKE HIGH SCHOOL ON** _____

.....
NAME OF SCHOOL _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

.....
PLEASE FORWARD THE FOLLOWING INFORMATION AS SOON AS POSSIBLE:

1. **State reporting number/MARSS** _____
2. **Standardized test scores**
3. **Transcript of high school courses, marks and credits**
4. **Date of last attendance** _____
5. **Health records**
6. **Courses currently being taken and marks to date**
7. **Special Education record, if applicable**
8. **Other information that would support an appropriate placement**

According to section 7.0 and 7.2 of the Family Education Right to Privacy Act of 1974, P.L. 93-380, a parent signature is not required to transfer a student's records to other school districts upon official request from that school. Thank you.

Signature of school official requesting records

Date records requested

Signature of Parent or Guardian

MAPLE LAKE HIGH SCHOOL
INDEPENDENT SCHOOL DISTRICT 881
MAPLE LAKE, MINNESOTA 55358

Bus #:

Today's Date:

REGISTRATION FORM

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW

STUDENT NAME: _____
Last First Middle

STUDENT ADDRESS: _____
Street City State Zip Code

SEX: M F ENTERING GRADE: _____ HOME PHONE (____) _____

STUDENT'S BIRTHDAY: _____ BIRTHPLACE: _____
MO/DAY/YR City State

RACE: American Indian Asian Hispanic Black White

STUDENT'S FORMER SCHOOL _____
Name

SCHOOL'S ADDRESS: _____
Street City State Zip Code

HAS THIS STUDENT EVER ATTENDED DIST. 881 SCHOOLS Yes No
IF SO: YEAR _____ DATE: _____

Is this student attending Maple Lake High School under the Enrollment Options Program? Yes ___ No ___
If yes, what school district do you reside in? _____

STUDENT'S AGE ON SEPT. 1ST _____ E-MAIL ADDRESS _____

PARENT PORTAL PASSWORD _____

MALE HEAD OF HOUSE: _____ FEMALE HEAD OF HOUSE _____
Relationship to Student Relationship to Student

NAME: _____ NAME: _____

OCCUPATION: _____ OCCUPATION: _____

WORK PHONE: () _____ WORK PHONE: () _____

CELL PHONE: () _____ CELL PHONE: () _____

IN AN EXTREME EMERGENCY: If you or your physician cannot be reached within reasonable time, may we have your permission to call an ambulance and have your child taken to the nearest hospital of the attending physician's preference Yes ___ No ___ Parent Signature _____

IS YOUR CHILD HANDICAPPED IN ANY WAY? Yes ___ No ___
WAS YOUR CHILD RECEIVING SPECIAL EDUCATION SERVICES? Yes ___ No ___

Questionnaire

Minnesota State law requires that this information be provided.

Ethnicity:

Is this student Hispanic/Latino? (choose only one)

1. No, not Hispanic/Latino
2. Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please** continue to answer the following by circling one or more choices to indicate what you consider the student's race to be.

Race:

What is the student's race? (choose one or more)

1. **American Indian or Alaska Native** (A person having origins in any of the original peoples of North , South and Central America, and who maintains tribal affiliation or community attachment)
2. **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)
3. **Black or African American** (A person having origins in any of the black racial groups of Africa)
4. **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)
5. **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Language:

Is English the first language that your child speaks at home? Yes _____ No _____

If your answer is "no", an additional form will be required.

Social Security Number: _____

This is optional. Parents are not required to provide the social security number.

HIGH SCHOOL STUDENT INFORMATION School Year _____

STUDENT NAMES: #1 _____ **#2** _____
LAST FIRST LAST FIRST

#3 _____ **#4** _____
LAST FIRST LAST FIRST

This information will be used to update the school's computer database; then will be stored in the Health Office in case of illness or emergency. Please fill in the information as completely as possible -- include area codes. If your child becomes ill or injured at school, an effort will be made to contact a parent/guardian first. In the event that one cannot be reached, the designated alternates will be called in the order listed. Please list people who will most likely be available and/or be able to provide transportation for your child.

PRIMARY ADDRESS _____ **City** _____

PARENT/GUARDIAN INFORMATION (please list any additional addresses on the back of this form)

Mother's Name _____ **Home Phone** _____
Work Place _____ **Phone** _____ **Cell Phone** _____
Email _____

Father's Name _____ **Home Phone** _____
Work Place _____ **Phone** _____ **CellPhone** _____
Email _____

Alternate Contacts:

1. **Name & Relationship** _____ **Home Phone** _____
 Work Phone _____ **Cell Phone** _____
2. **Name & Relationship** _____ **Home Phone** _____
 Work Phone _____ **Cell Phone** _____
3. **Name & Relationship** _____ **Home Phone** _____
 Work phone _____ **Cell Phone** _____

Any additional information that may be helpful to staff trying to reach a guardian: _____

Health Information STUDENT #1:	
NAME:	
BIRTHDATE:	GRADE:
Please list ALL health issues or concerns:	
Medications taken daily (even if not at school):	
Allergies:	
Any recent immunizations received:	

Health Information STUDENT #2:	
NAME:	
BIRTHDATE:	GRADE:
Please list ALL health issues or concerns:	
Medications taken daily (even if not at school):	
Allergies:	
Any recent immunizations received:	

OVER FOR ADDITIONAL CHILDREN →

In the event of an emergency, I am aware that school personnel will attempt to contact a guardian first, then contact persons on the above list. I authorize school personnel to provide care for my child, including using the Emergency Medical System and transporting via ambulance if necessary. I also authorize the school nurse to share this information with school staff as needed to effectively care for my child during the school day.

GUARDIAN'S SIGNATURE: _____ **Date:** _____

Health Information STUDENT #3:	
NAME:	
BIRTHDATE:	GRADE:
Please list ALL health issues or concerns:	
Medications taken daily (even if not at school):	
Allergies:	
Any recent immunizations received:	

Health Information STUDENT #4:	
NAME:	
BIRTHDATE:	GRADE:
Please list ALL health issues or concerns:	
Medications taken daily (even if not at school):	
Allergies:	
Any recent immunizations received:	

Health Information STUDENT #5:	
NAME:	
BIRTHDATE:	GRADE:
Please list ALL health issues or concerns:	
Medications taken daily (even if not at school):	
Allergies:	
Any recent immunizations received:	

Health Information STUDENT #6:	
NAME:	
BIRTHDATE:	GRADE:
Please list ALL health issues or concerns:	
Medications taken daily (even if not at school):	
Allergies:	
Any recent immunizations received:	

Health Information STUDENT #7:	
NAME:	
BIRTHDATE:	GRADE:
Please list ALL health issues or concerns:	
Medications taken daily (even if not at school):	
Allergies:	
Any recent immunizations received:	

Health Information STUDENT #8:	
NAME:	
BIRTHDATE:	GRADE:
Please list ALL health issues or concerns:	
Medications taken daily (even if not at school):	
Allergies:	
Any recent immunizations received:	

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	
<input type="checkbox"/>	Complete; booster required in _____
<input type="checkbox"/>	In process, 8 mos. expires _____
<input type="checkbox"/>	Medical exemption for _____
<input type="checkbox"/>	Conscientious objection for _____
<input type="checkbox"/>	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 conscientious)

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 occurred 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 personnel to share my student's immunization documentation with Minnesota's immunization information system:

Signature of parent or legal guardian

Date

MAPLE LAKE PUBLIC SCHOOLS

Independent School District No. 881
200 Hwy 55 E, Maple Lake, MN 55358-0788
Phone: 320-963-7482 Fax: 320-963-6584

Medication Request and Authorization

Maple Lake School District's medication policy requires a physician signature for all medication given by the nurse during school hours. By completing this form you are authorizing the health office staff to administer the medication for the school year unless the student's medication needs change

Student Name: _____ D.O.B. _____ Grade _____

PHYSICIAN MEDICATION ORDER:

Diagnosis: _____

Medication & Dosage: _____

Frequency/time of Dosage: _____

For inhalers ONLY: may student carry and self-administer? _____

Physician Signature: _____ Date _____

PARENT/GUARDIAN REQUEST FOR MEDICATION ADMINISTRATION

Name of Physician _____ Phone _____

Address _____

I request that the medication described above be given to my child at school as prescribed and that the above information be released to/from the physician from/to the school. If necessary, the school may request additional information from the physician regarding this condition. I understand that any changes in these orders will need to be accompanied by a new authorization form. A fax is the same as an original.

_____ Date _____

Signature of Parent/Guardian

Home or Daytime Telephone Number _____



Health Physics Society
Specialists in Radiation Safety

Fact Sheet
Adopted: February 2011

Potassium Iodide (KI)

What is potassium iodide?

Potassium iodide, also called KI, is a salt of stable (not radioactive) iodine that is used to protect against inhaled or ingested radioactive iodine in an emergency situation.

Stable iodine is an important chemical needed by the body to make thyroid hormones. Most of the stable iodine in our bodies comes from the food we eat. KI is also available in a medicine form, either pill or liquid.

Where does radioactive iodine come from?

Radioactive iodine is one of about 200 different radioactive atoms (radionuclides) that can be produced when uranium atoms fission or split apart upon being struck by a neutron. For example, radioactive iodine is contained in the fuel of a nuclear power plant. Radioactive iodine is also made for medical purposes under controlled conditions using an accelerator.

Is radioactive iodine hazardous?

Radioactive iodine is hazardous if ingested in significant amounts. Radioactive iodine undergoes radioactive transformation, releasing both beta and gamma radiation. If we are close to radioactive iodine or if we take radioactive iodine into our bodies, our bodies will be exposed to its beta and gamma emissions. If radioiodine is absorbed from the bloodstream and stored in the thyroid gland, the thyroid gland and the rest of the body will receive higher radiation doses than they would if the radioiodine simply passed through the body. This absorption and storage can be prevented by the appropriate use of KI.



Photo courtesy of [Oak Ridge Associated Universities](#)

KI Thyroid Blocking Agent

Are there any beneficial uses of radioactive iodine?

Radioactive iodine has been used for the past half century for diagnostic and therapeutic purposes in medicine. In small amounts, it is used to determine whether or not the thyroid gland is functioning normally. When tagged to certain pharmaceuticals, it can be used to create images of certain organs of the body. When administered in larger doses, it can lower the activity of an overactive thyroid gland and cause it to function normally. In even higher doses, it has been proven to be a very effective cure for thyroid cancer.

What are the effects of radioiodine in the thyroid gland?

Radioiodine in the thyroid gland can lead to increased radiation dose to the thyroid gland and to the rest of the body. Radiation to the thyroid gland of children increases their risk of developing thyroid cancer later in life.

How does KI protect against radioactive iodine?

The thyroid gland needs iodine to carry out its hormone-production function. The gland is constantly removing iodine from the bloodstream. When iodine enters the bloodstream, the thyroid gland does not discriminate between radioactive and stable iodine. Therefore, if stable iodine (in the form of KI) is taken shortly before or shortly after radioactive iodine enters the body, the thyroid gland will absorb the iodine that it needs, including from the stable KI. Consequently, less radioactive iodine will be absorbed and much of the radioactive iodine will be eliminated from the body in a week or two.

How much KI is given?

If pills are given to block the thyroid from the uptake of radioiodine, the dose for an adult is 130 milligrams per day. If liquid is given, the dose for an adult is 2 milliliters per day. Doses for children and infants vary, so they are not listed here. They can be found at the [Radiation Emergency Medical Management \(REMM\) Web site](#).

Are there any hazardous side effects associated with taking KI?

There are some known side effects of KI—for example, it can be a skin and respiratory irritant. According to the Mayo Clinic, other possible side effects include hives; joint pain; swelling of the arms, face, legs, lips, tongue, and/or throat; swelling of the lymph glands; burning of the mouth or throat; confusion; headache (severe); increased watering of the mouth; irregular heartbeat; metallic taste; numbness, tingling, pain, or weakness in the hands or feet; soreness of the teeth and gums; symptoms of a head cold; unusual tiredness; weakness or heaviness of the legs; diarrhea; nausea or vomiting; and stomach pain (Mayo Clinic 2010). An individual experiencing any severe side effects should contact a physician for medical consultation. Although many side effects are possible, there is no known lethal dose or concentration of KI.

While there have been minimal side effects observed in large populations administered KI (such as after the Chernobyl accident), KI is a pharmaceutical that should be taken only on the advice of health care advisers. A small number of people have an allergic reaction to iodine, which can cause hazardous side effects in them. Since there is a possibility of side effects, national scientific organizations and the U.S. Food and Drug Administration (FDA) have established recommendations for thyroid doses following an accident involving radioactive iodine at which administering KI should be considered. The current FDA recommendation for state health officials is to consider administering KI to the population if the thyroid has the potential to exceed a dose of 50 *mGy** to pregnant women and children and 100 mGy in other adults. If the potential exposure to the thyroid gland is below these dose levels, the FDA considers the radiation risk from effects of radioiodine in the thyroid gland not great enough to warrant the use of KI (Food and Drug Administration 2001).

Is there an alternative to taking KI pills?

The primary protective action in state emergency-response plans is evacuation and sheltering. Administration of KI is a supplemental action when it is warranted. If state health officials advise evacuation and/or sheltering in place, this should be done immediately. The absolute best protection is to avoid exposure to any unjustified radiation. This includes radiation from radioiodine and the many other radionuclides that could be released from a nuclear incident.

Is KI a “magic bullet” to be used in the event of a nuclear power plant accident or a dirty bomb?

KI has been erroneously represented as a “magic bullet” of radiation protection. KI, if taken properly, only protects against internal radiation from radioiodine taken into the body. It will NOT protect against any external radiation or internal intakes of other radionuclides.

A “dirty bomb” is a conventional explosive device incorporating radioactive material. It is designed to produce contamination with the radioactive material and instill fear and panic. It is unlikely that radioiodine would be used in a dirty bomb due to its short *half-life* and low radiotoxicity compared to other radioactive materials that are more likely to be used. KI would have no protective value from a dirty bomb that did not incorporate radioactive iodine.

Are we now better prepared to deal with nuclear power plant emergencies?

We learned a lot from the accidents at Three Mile Island and Chernobyl. This information has been incorporated into our emergency plans, which are now designed to get people out of harm’s way in a timely fashion and assure that they receive no or minimal radiation exposure. One of the lessons learned from Chernobyl, for example, is that administration of KI is an appropriate protective action when the situation warrants.

In the event of any nuclear emergency, the best procedure to follow is to tune in to the emergency radio and television channels and follow the advice given by public health agencies that are in charge of our safety in an emergency.

*Words in italics are defined in the Glossary on page 3.

Glossary

Gy or Gray

An International System of Units (SI) unit of radiation absorbed dose in terms of energy deposited per unit mass of material, e.g., tissue. The gray is the unit of absorbed dose and has replaced the rad. The average individual in the United States receives about 3 mGy from natural sources of radiation. 1 gray = 1 joule/kilogram and also equals 100 rad; 10 mGy = 1 rad.

Half-Life

Also called physical or radiological half-life, the time in which one-half of the activity of a particular radioactive substance is lost due to radioactive decay. Measured half-lives vary from millionths of a second to billions of years.

References

Food and Drug Administration. U.S. Department of Health & Human Services. Potassium iodide as a thyroid blocking agent in radiation emergencies. December 2001. Available at: <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm080542.pdf>. Accessed 10 February 2011.

Mayo Clinic. Iodine and potassium iodide (strong iodide) (oral route): Side effects. November 2010. Available at: <http://www.mayoclinic.com/health/drug-information/DR600175/DSECTION=side-effects>. Accessed 10 February 2011.

Resources for More Information

Centers for Disease Control and Prevention. Emergency preparedness and response: Potassium iodide (KI). October 2006. Available at: <http://www.bt.cdc.gov/radiation/ki.asp>. Accessed 10 February 2011.

Food and Drug Administration. U.S. Department of Health & Human Services. Frequently asked questions on potassium iodide (KI). February 2010. Available at: <http://www.fda.gov/Drugs/EmergencyPreparedness/BioterrorismDrugPreparedness/UCM072265>. Accessed 10 February 2011.

Radiation Emergency Medical Management. U.S. Department of Health & Human Services. Guidance on diagnosis & treatment for health care providers: Potassium iodide (KI). August 2010. Available at: <http://www.remm.nlm.gov/potassiumiodide.htm>. Accessed 10 February 2011.

ThyroShield. Information on a U.S. Food and Drug Administration-approved liquid for blocking the thyroid. Available at: <http://www.thyrosshield.com/>. Accessed 10 February 2011.

The Health Physics Society is a nonprofit scientific professional organization whose mission is excellence in the science and practice of radiation safety. Formed in 1956, the Society has approximately 5,500 scientists, physicians, engineers, lawyers, and other professionals. Activities include encouraging research in radiation science, developing standards, and disseminating radiation safety information. The Society may be contacted at 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101; phone: 703-790-1745; fax: 703-790-2672; email: HPS@BurkInc.com.

**Potassium Iodide
Parent/Guardian Informed Consent Form**

Reason for Taking Potassium Iodide

In the case of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine will be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by mouth, potassium iodide (KI) floods the thyroid with non-radioactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium iodide needs to be given before or shortly after exposure to radiation. Potassium iodide works only to prevent the thyroid from absorbing radioactive iodine.

Potential Side Effects of Potassium Iodide

It is possible to experience **any or all** of the following side effects when taking Potassium Iodide:

- ◆ Upset stomach
- ◆ Rash
- ◆ Allergic reaction

Risks of Taking Potassium Iodide

Taking Potassium Iodide is safe for most people. Potassium Iodide **should not be taken** if someone:

- ◆ Is allergic to iodine
- ◆ Has Graves Disease
- ◆ Has any other thyroid illness
- ◆ Takes thyroid medication

Administration of Potassium Iodide

Potassium Iodide will **only be given**:

- ◆ In the case of a radiological emergency
- ◆ If it is recommended by public health officials
- ◆ If a parent/guardian signs a consent form for a child

Informed Consent

Child's Name _____ Grade _____

Child's Date of Birth _____

Parent/Guardian Name _____

Address _____

Telephone Number _____

_____ I consent to have the school nurse, or his/her designee, administer Potassium Iodide to my child

_____ I do NOT consent to have the school nurse, or his/her designee, administer Potassium Iodide to my child and understand that **KI will not be given** to my child in the event of a radiological emergency.

Parent/Guardian Signature _____ Date _____

Overview of I.S.D. #881 Policy 524
INTERNET ACCEPTABLE USE AND SAFETY POLICY

Adopted: August 19, 2002

Revised: July 10, 2017

The Internet is a powerful educational tool that is available to students in our school district because of a tremendous amount of time, money and commitment expended by staff, parents and the community. Access to the Internet via the Maple Lake School District network and computers must be used in a responsible, ethical and legal manner.

The use of the school computers and access to the Internet is a privilege, not a right, and requires responsibility. That privilege can be taken away if it is not used appropriately. Unacceptable use of the Internet or system, depending on the nature and degree of the violation, may result in the suspension or cancellation of access privileges, payments for damages and repairs, and/or further disciplinary action.

Students/Staff will not use the school district system to access, review, upload, download, store, print, post, receive, transmit or distribute material that:

- contains offensive pictures or messages
- uses profanity and/or obscene language
- is harassing, insulting, or attacking others
- can damage computers, network systems or software programs
- is in violation of copyright laws, software licensing, or local, state, & federal laws, trespasses in another person's folders, work or files without their permission
- wastes limited resources (paper, toner, network storage area)
- uses the network for financial or commercial gain
- gives out personal information about themselves or another person
- uses someone else's work as your own
- causes damage or danger of disruption to the education process
- allows network access through disguise or bypass of legitimate log on and filter

Access is given to students/staff who agree to act in a considerate and responsible manner. Students/Staff are to respect and properly use the computers, follow the teacher's directions, stay focused on the assignment, and log out when done. The Student/Staff is responsible for not pursuing material that could be considered offensive.

**** Use of the computer system, network and Internet must be consistent with the school district policies and the mission of the school district. ****

Internet Acceptable Use and Safety Agreement

The Internet Acceptable Use and Safety Policy 524 and 524 Appendix A can be read online at http://www.maplelake.k12.mn.us/district/technology/acceptable_use_policy.html or available in the high school office. A copy is also available to view in your child's classroom.

STUDENT

I have read and do understand the school district policies relating to safety and acceptable use of the school district computer system and the Internet and agree to abide by them. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.

User's Full Name (please print): _____

User Signature: _____

Date: _____

Current Grade: _____

Graduation Year: _____

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the school policies relating to safety and acceptable use of the school district computer system and the Internet. I understand that this access is designed for educational purposes. The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting, I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (please print): _____

Parent or Guardian's Signature: _____

Date: _____



Welcome new families!

The name of our Facebook for Maple Lake Schools is **Maple Lake Schools ISD 881 Home of Irish Pride.**

Teachers submit photos to appear on the Facebook page, but no names are listed. Please complete the bottom portion of this page if you **DO NOT** wish to have your child included in any photos on our Facebook page and return it to one of the school offices. A form not returned will mean the district may use your child's photos. This notice is for the duration my child(ren) are in Maple Lake Schools.

Please **DO NOT** post any photos of my child(ren) on the Maple Lake School District Facebook page. This includes photos from classroom activities, field trips, sports, and any other school event. The names/grades of my child(ren) are:

Name/Grade

_____ / _____

_____ / _____

_____ / _____

_____ / _____

_____ / _____

_____ / _____

Parent signature/date _____ / _____