

## **CORPORAL PUNISHMENT**

Onalaska Independent School District has adopted corporal punishment as one of the consequences for misbehavior in accordance to the School District's Discipline Management Plan.

This letter is to inform you that corporal punishment can and will be used as a disciplinary management procedure for the District.

We do understand that some parents may have objections to corporal punishment as a discipline management tool.

If you do not wish for your child to be paddled or spanked, please check the appropriate box below.

However, if you choose for your child not to be paddled or spanked, an alternative punishment will be utilized in accordance with the District's Management Plan.

Please make a selection from the choices below:

I DO give my approval for my child to be paddled at school to correct behavior.

I DO NOT give my approval for my child to be paddled at school and understand that an alternative punishment will be used to correct behavior.

Parent/Guardian Signature: \_\_\_\_\_

Students Name: \_\_\_\_\_

Students Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this page and return it to the student's school.**

**ONALASKA INDEPENDENT SCHOOL DISTRICT**

**Drug Testing Authorization**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

I understand fully that my performance in extra-curricular activities and the reputation of my school and my team are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Onalaska Independent School District, Board of Trustees and the sponsors for the activity in which I participate.

I also authorize the Onalaska Independent School District to have a certified individual to test for drugs, and to release the information regarding the results to the Onalaska Independent School District.

This shall not be deemed a consent pursuant to the Family Education Right to Privacy Act for the release for the above information to the parties named above.

Listed below are the prescription drugs and dosages my son/daughter takes on a permanent basis. I understand that, depending on the type of medication and the circumstances, its use may have to be verified and discussed with the doctor who prescribed it. I give permission to the doctor(s) who have prescribed medication for the treatment of my daughter/son's medical condition(s) to verify the circumstances and discuss any effects that the medication(s) may have on my daughter/son's lab test results or school performance.

Drug Name \_\_\_\_\_ Dosage \_\_\_\_\_ Physician \_\_\_\_\_

Drug Name \_\_\_\_\_ Dosage \_\_\_\_\_ Physician \_\_\_\_\_

\_\_\_\_\_ My daughter/son does not take any prescription medication on a permanent basis.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This document will be valid during this student's extracurricular participation career in Onalaska ISD. Should the above-mentioned condition(s) change, Onalaska ISD should be notified in a timely manner.**

## SCHOOL ASTHMA ACTION PLAN

This plan is in accordance with new legislation, HB 1688, which passed during the 2001 Texas Legislative Session. This bill allows students to self-administer asthma medications while at school or school functions with permission from parents and physicians.

(To be completed at the beginning of each school year and kept on file with the school nurse or office of the principal)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### SELF-ADMINISTRATION OF ASTHMA MEDICATIONS:

- I have instructed \_\_\_\_\_ (student's name) in the proper way to use his/her medications. It is my professional opinion that \_\_\_\_\_ (student's name) should be allowed to carry and self-administer the following medications while on school property or at school-related events:

- Bronchodilator (Quick-relief medication):

Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_

When to use: \_\_\_\_\_

Can be repeated for severe breathing difficulty \_\_\_\_\_ times \_\_\_\_\_ minutes apart.

Call 911 or EMS if minimal or no improvement.

- Other medications:

Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_ When to use: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

These medications are prescribed for the time period \_\_\_\_\_ until \_\_\_\_\_.

- It is my professional opinion that \_\_\_\_\_ (student's name) should **NOT** be allowed to carry and self-administer any of his/her asthma medications while on school property or at school-related events.

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

I agree with the recommendations of my child's physician as noted above and have informed my child that he/she may carry his/her asthma medications while on school property or at school-related events.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this page and return it to the student's school.**

## **Acknowledgment of Electronic Distribution of Student Handbook and Code of Conduct**

As required by state law, the Onalaska Independent School District Board of Trustees officially adopted the Student Code of Conduct in order to promote a safe and orderly learning environment for every student.

We urge you to read this publication thoroughly and to discuss it with your family. If you have any questions about the required conduct and consequences for misconduct, we encourage you to ask for an explanation from the student's teacher, the school counselor, or campus administrator.

I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this handbook or the Code, I should direct those questions to the campus principal at:

Onalaska Elementary/ Intermediate School: Crystal Byrd (936)-646-1010

Onalaska Junior Senior High School: Dr. Kenneth Fraga (936)646-1020

**We acknowledge that we have the option to submit a written request to the campus for a paper copy of the Onalaska ISD Handbook and Student Code of Conduct for the 2013-2014 school year or to access it electronically at the district's Web site at <http://www.onalaskaisd.net>. We are responsible for reading and understanding the rules and other information contained in the Student Handbook and Code of Conduct, and we understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.**

The student and parent should each sign this page on the space provided below, then return the page to the student's school. Thank you.

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete this page and return it to the student's school.**



## Onalaska ISD Health and Medication Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In order for your child to attend public school, Texas State Law requires that screening for immunizations, hearing, vision and scoliosis be performed at regular intervals. In addition to this, the nurse will provide other screenings and services as her training and time permit.

**Does your child have a history of the following:**

PLEASE SPECIFY AILMENT	YES	NO	Comments
Allergies, Asthma or respiratory problems			
Headaches, Seizures or neurologic problems			
Eye problems / glasses			
Ear problems			
Heart problems			
Bone or joint problems			
Activity limitation			
Urinary or bowel problems			
Other			
Routine Medications			

**Does the school have permission to give the following medications as needed :**

	YES	NO		YES	NO
Acetaminophen (Tylenol)			Throat spray (generic)		
Cough drops (generic)			Hydrocortisone Itch Cream		
Calagel (anti-itch Cream)			Robitussin (generic)		
Ibuprophen (Advil)			Tums/Roloids (generic)		
Throat lozenges (generic)			Sudafed (generic)		
Oragel (tooth pain relief)			Anti-Diarrheal (generic)		
Pepto-Bismol (generic)			Benadryl (generic)		
Midol (generic)					

If a parent or guardian cannot be reached in an emergency, does the school have your permission for school personnel to transport your child to a certified medical facility for treatment, understanding that the parent or guardian will be responsible for all charges?

Yes \_\_\_ No \_\_\_

Does the school have your permission to communicate with your physician confidentially concerning your child's medical condition and records?

Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Physician's name and telephone number

\_\_\_\_\_  
Medicaid or insurance name and telephone number

On adoption of policies provided in Subsection (b) of the Texas Educational Code 21.914, the school district, its Board of Trustees, and its employees shall have immunity from civil liability from damages or injuries resulting from the administering of medication to a student if:

- (1) the school district has received a written request to administer the medication from the parent or legal guardian; and
- (2) when administering prescription medication, the medication appears to be in the original container and to be properly labeled.

The following information must be obtained before any prescription medication may be given by school personnel.

Physical condition for which medication is given \_\_\_\_\_

Name of medication \_\_\_\_\_

Time to be given \_\_\_\_\_

(If at all possible, the school prefers all medications be given by the parents at home unless specifically ordered by a physician.)

All medication must be brought to school with this letter signed by parent or guardian.

**Please complete this page and return it to the student's school.**

# ONALASKA ISD

## SOCIOECONOMIC INFORMATION FORM

Please complete this form for any Onalaska ISD student residing in your home. This form is not used only to determine free or reduced meals.

Onalaska ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC 39 for Texas state requirements and ESEA sections 1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA section 1113).

**It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding. This funding will directly benefit your child's school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance, we may not be able to. Your salary is NOT reported.**

### **SECTION A—List only OISD students in the household (please PRINT)**

Student ID	First Name	Last Name	MI	Date of Birth	School Name (circle)	Grade Level
					OJSH   OES	
					OJSH   OES	
					OJSH   OES	
					OJSH   OES	
					OJSH   OES	

### **SECTION B**

Do you receive Supplemental Nutrition Assistance (SNAP)?  YES    NO

Do you receive Temporary Assistance to Needy Families (TANF)?  YES    NO

If you answered YES on either of the above, skip SECTION C and continue to SECTION D.

### **SECTION C (Complete only if all answers in SECTION B are NO)**

How many total members are in the household (include ALL adults and children)? \_\_\_\_\_

TOTAL **YEARLY** INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS: \$ \_\_\_\_\_

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (**before any type of deductions**)

### **SECTION D (Check one of the following two boxes as appropriate and sign below.)**

*In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.*

- I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.
- I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please submit your completed form to OISD via mail, email or in person.  
PO Box 2289 Onalaska, TX 77360  
tgrace@onalaskaisd.net**