New Student Enrollment Form

STUDENT INFORMATION

Student Name:

Date of Birth: ☐☐ / ☐☐ / ☐☐

Tribal Affiliation

Gender: ☐ Male ☐ Female

Student Social Security Number:

Email address:

Child live with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other:

Physical Address:

Physical City:

Physical State:

Physical Post Code:

Telephone number:

Mailing Address:

Mailing City:

Mailing State:

Mailing Post Code:

Telephone number:

Grade applying for:

Check One: ☐ Dorm Student ☐ Day Student

PREVIOUS SCHOOL ATTENDED

School Name:

Grade Completed:

School Address:

School City:

School State:

School Post Code:

School Telephone number:

Dates attended:

Reason for leaving:

Student participated in the Special Education Program ☐ Yes ☐ No

Student participated in the Gifted and Talented Program ☐ Yes ☐ No

Did the student miss more than 15 days (about 2 weeks) last year? ☐ Yes ☐ No

Student was suspended? ☐ Yes ☐ No

Student was expelled? ☐ Yes ☐ No

If you responded "Yes" to any of the above, please explain

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

Documents Needed

Please remember, before accepting a student to attend Theodore Roosevelt School the following documents must accompany the enrollment packet and proper procedures must be followed.

DOCUMENT NAME	REQUIRED FOR ENROLLMENT	NOTES/LEGAL REQUIREMENTS
Birth Certificate or Baptismal Document	Yes	(No child will be a ccepted without a copy on file, funding issues arise when a copy is not on file).
Certificate of Indian Blood (CIB)	Yes	(No child will be accepted without a copy on file, funding issues arise when a copy is not on file).
Updated Immunization Record	Yes	(According to the Arizona Revised Statute 515-871-874; and Arizona Administrative Code R-9-5-701-708; students must have proof of all required immuniza-tions, or a valid exemption form, to attend school.
Legal Documentation (if applicable)	Yes	If you are not the legal guardian or custodial parent of the student, we ***require*** one of the following documents for enrollment: • Court sanctioned custody documents • Social Services placement letter • Power of Attorney form signed and notarized
Completed Enrollment Packet	Yes	***If you are not the custodial parent, do not sign.*** Legal or temporary guardianship documents must be attached before signature is valid.
Student Interview	Yes	(If student had behavior issues at previous school)

PARENT /GUARDIAN INFORMATION

Parent/Guardian's Name (1) (First) (Last)

Address

City State Zip code

Phone (Home) (Work)

Email Address

Parent/Guardian's Name (2) (First) (Last)

Address

City State Zip code

Phone (Home) (Work)

Email Address

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

EMERGENCY CONTACT IF UNABLE TO REACH PARENT(S)/GUARDIAN(S)

(First) (Last)

Name _____ _____

Relationship to Student _____

Phone (Cell) _____ (Work) _____

School Check-out List

ONLY the following individuals have my permission to check my/our child out of school:
Note: The people listed below must be at least 18 years old. (All names must be printed)

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____
4. _____ Relationship _____ Phone _____
5. _____ Relationship _____ Phone _____

Signature of Parent/Guardian _____ Date _____

Theodore Roosevelt School
OVER THE COUNTER MEDICATION CONSENT FORM

Student Name _____ _____ Grade _____

Over the counter (OTC) medications are drugs that do not require a prescription and are purchased "over the counter". OTC medications may at times need to be administered. This form is ***required before*** OTC medications can be administered at school.

PLEASE CHECK OFF EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

- ☐ Antibiotic cream (i.e., Bacitracin Cream, Antiseptic)
- ☐ Hydrocortisone cream
- ☐ Chapstick
- ☐ Lubricant eye drops
- ☐ Cough drops/throat lozenges
- ☐ Cough medicine
- ☐ Imodium
- ☐ Pepto Bismol
- ☐ Antacid (i.e., Mylanta)
- ☐ Ibuprofen
- ☐ Acetaminophen (Tylenol)
- ☐ Antihistamine (i.e., Benadryl, Diphenhydramine)

I authorize the administration of the medications listed above to my student. I understand that these medications may be given without the supervision of medical personnel. Additionally, I consent to any necessary first aid treatment being provided as needed.

Does your student have any known allergies? ☐ Yes ☐ No

If yes, please list: _____

If yes, ***complete* Allergy Action Plan & Medication Consent Form (If needed)** :

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

Does your student take any prescription medication on a regular basis? ☐ Yes ☐ No

If yes, ***complete* Medication Consent form**

Does your student have asthma? ☐ Yes ☐ No

If yes, ***complete* Medication Consent form**

Does your student have any current health conditions? ☐ Yes ☐ No

If yes, please list:

(First) (Last)

(Parent/Guardian Print Name)

(Parent/Guardian Phone Number) DATE

(Parent/Guardian Signature)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

Consent of Parent/Legal Guardian or other person responsible for the child's care.

Name of Student SSN#

Birthdate ☐☐ / ☐☐ / ☐☐ Tribe

I (we) have read the consent form from Indian Health to arrange for, or to provide the following health services for this child:

1. Healthcare: including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Dentalcare: including dental examinations, preventive use of fluoride, and any necessary emergency dental care.
3. Mental Health services including treatment when necessary.
4. Emergency Healthcare for accidents and illnesses.
5. Transportation of the child to and from another health facility for these services:

☐ I hereby give consent to all services.

☐ Exceptions or special instructions:

☐ I hereby give consent for reasonable cause and essential need to assure the health and safety of my child to Theodore Roosevelt School staff while my child is in attendance.

Parent/Guardian signature

Printed Name

Address

City State Zip code

Relationship

Phone# Alternate#

Date Valid until

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

Parental Permission Form
Authorization for Release of Student Records

Date of Request

Student Name

He/she was a student at your school during the 2024-2025 school year. I hereby authorize (previous School's information)

Email

Phone#

Release information to (current school):

Theodore Roosevelt School P.O. Box 567
Fort Apache, AZ 85926

brockwell@trswarriors.com Phone#
(928) 338-4464 ext. 8101

Please release the following records:

- [ ] Transcripts of grades (most recent)
- [ ] Achievement test records
- [ ] 504 Plan Documents
- [ ] Attendance records
- [ ] Behavioral/Discipline records
- [ ] AZELLA/WICA results

Comments

I hereby give consent for reasonable cause and essential need to assure the health and safety of my child to Theodore Roosevelt School staff while my child is in attendance.

Parent/Guardian signature

Relationship to child

Mailing Address

Date

City

State

Zip code

Authorized School Official's Name and Signature

Date

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

OFFICE OF INDIAN EDUCATION PROGRAMS

Exceptional Education

Release/Transfer Records Form

Student:

Date of Birth

Parent/Guardian:

(First) (Last)

Address (Street or P.O. Box, State and Zip Code)

Records Requested by:

Name: Theodore Roosevelt School
Address: P.O. Box 567, Fort Apache, AZ 85926
Phone: (928) 338-4464

Records Requested from:

Name:

Street or P.O. Box:

City:

State:

Zip Code:

Request for Records

- ☐ Consent of Evalution
- ☐ Case History
- ☐ Classroom Observations
- ☐ Evaluation Team
- ☐ Initial Consent for Placement
- ☐ Evaluation Report(s)

Purpose of Request

- ☐ Routine Transfer
- ☐ Evaluation
- ☐ Due Process
- ☐ Other

This is to certify that I agree to the release of records checked above with the understanding that they will be released only for the purpose stated above and only to the person/institution stated above. I also understand that the school will either destroy or return to me; the parent/guardian, any records received that are not required for the purpose checked above.

Parent/Guardian Signature of eligible student

Date

The undersigned releases these records with the understanding that they are being released only for the purpose(s) above and only to the Authorized School Official.

Authorized School Official's Signature

Date

Field Trip Permission

I, _____ _____ , parent/guardian of _____ _____

Name of Parent/Guardian — Student's name

hereby grant permission for the 2025-2026 school year to Theodore Roosevelt School to allow my child to participate in any school-sponsored field trips, under the supErvision of the school personnel with the following conditions:

☐ permission is granted, if school vehicles are used for transportation.

☐ permission is granted when the student walks from school to the site of the field trip.

Signature of Parent/Guardian _____ Date _____

Daily Transportation

I, _____ _____ , parent/guardian of _____ _____

Name of Parent/Guardian — Student's name

give permission for the 2025-2026 school year for my child to: **(Must choose *ONE* option.)**

☐ always ride the bus/school vehicle, unless checked out or changes are made before noon with the front office.

☐ always a parent drop-off/pickup, unless changes are made before noon with the front office.

Signature of Parent/Guardian _____ Date _____

Parent Waiver

I hereby release Theodore Roosevelt School of all liability if my child refuses to board the designated school bus or vehicle for transportation home or to a scheduled event as part of a trip.
I understand it is not the responsibility of the TRS Staff but the decision of my child to board and ride any of the school vehicles when told to do so. Furthermore, it is the sole decision of my child to refuse to board or ride in any school vehicle when told to do so. If my child refuses to board the bus or vehicle it is my responsibility to transport my child.

Signature of Parent/Guardian _____ Date _____

Parental Consent for Counseling

Name of Student _____ _____ DOB ☐☐ / ☐☐ / ☐☐

I give permission for my child to receive any counseling with the School Counselor for the 2025-2026 school year.

Signature of Parent/Guardian _____ Date _____

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

Media Release Form

Theodore Roosevelt School believes in recognizing student accomplishments by sharing them with the community which will include:

- Releasing student names and/or photographs to local media
- Posting on our school website and/or social media
- Displaying student names and/or photographs on the school bulletin boards

If you agree to allow TRS to publish, post, distribute and/or display your child's name and/or photograph or other information related to his/her achievements for the 2025-2026 school year, please sign below.
I/we agree to grant permission for my child's name and/or photograph to be published, posted, distributed, and/or displayed in any or all platforms listed above.

Signature of Parent/Guardian

Date

Certification

I certify, under perjury by the law, that the information provided anywhere in this enrollment form is true, correct, and complete, to the best of my knowledge and belief. I am responsible for _____, (Name of Student) and hereby apply for his/her admission to Theodore Roosevelt School.
I understand that, if the school requires additional information, I will provide the information requested.

Signature of Parent/Guardian

Date

Certification

I support and encourage my child's education. In order to be successful at Theodore Roosevelt School, I agree that my child has the following responsibilities:

1. Attending all classes regularly except when ill or properly excused. Meet all class requirements and school obligations.
2. Following school rules and policies that govern daily school attendance, behavior, discipline, academic requirements, including possession, use, and distribution of illegal substances, drug paraphernalia and weapons.
3. The responsibility to respect the privacy and space of others.
4. The responsibility to live in peace and harmony with fellow students and school employees, respecting the privacy and space of others.
5. The responsibility to make decisions that will not infringe on the rights, health, and safety of others or be disruptive to the educational process.
6. Respect the rights of others to express their freedom of religion and culture.
7. Expressing opinions and ideas respectfully so as not to slander, defame, or use abusive language against others. Express one's self in such a way as not to be disruptive or use abusive language to others or be disruptive to the educational process or classroom procedures.
8. May write my opinions and ideas but may not write them if they are not true, or if they hurt another person or group.
9. Respect the rights of the other students and person in regard to the rights of the person included in this code or as guaranteed by law.
10. Schedule a meeting so as not to disrupt the educational process nor interfere with approved school activities.

In addition, I understand that if my inappropriate behaviors should result in any damage or vandalism of school and other people's property that I am subjecting myself to consequences that may require monetary payment(s) by me and/or my parents.
I understand that I am here to learn and to develop positive self-worth and should I choose to defy the rules and authority, my consequences are at the discretion of the disciplinary team or administration which may include: dismissal, suspension, or expulsion from the school.

Student's Signature

Date

As a parent, I will encourage my child to attend school daily and to follow the school rules and policies.

Parent/Guardian Signature

Date

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

Home Language Survey

Instructions

This survey is to be completed by the parent or legal guardian of the student enrolling in **Theodore Roosevelt School**. Completion of this survey is optional, although it may lead to additional resources or supports being provided to assist in your child's education. Please circle or write the answer requested.

Student Languages

1. What was the first language your child learned?

☐ English ☐ Apache Another Language (list) _____

2. What language is the one that is primarily spoken by your child in the home?

☐ English ☐ Apache Another Language (list) _____

3. Do you believe your child might need additional help with the English language to learn other academic areas such as math, science, social studies, reading, or writing?

☐ Yes ☐ No

Adult Languages

4. How many adults live in your home? _____
5. How many of these adults primarily speak a language, other than English, in the home? _____
6. What languages, other than English, are spoken in the home? _____
7. Do you or the other adults in your home need translated documents for the school to provide information to you concerning your student?

☐ Yes ☐ No

8. Do you or the other adults in your home require a translator to discuss your student's academic progress with educators at the school?

☐ Yes ☐ No

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

Division of Performance and Accountability
Supplemental Education Programs
McKinney-Vento Education for Homeless Children & Youth Program
STUDENT HOUSING QUESTIONNAIRE

This questionnaire is intended to help determine eligibility for services under the federal McKinney-Vento Act. The information provided is **confidential** and protected by the Family Educational Rights and Privacy Act {FER PA). Information may be shared with the designated homeless liaison to determine eligibility and provision of services.

School:

Date

Student Name:

☐ Male ☐ Female ☐ Non-binary

Last School attended:

Current Grade:

Birth Date:

☐☐ / ☐☐ / ☐☐

Address of where the student slept last night:

Parent/Guardian/Adult Caring for Student:

Relationship:

Main Contact Phone Number:

Email, if available:

Is the student's address a temporary living arrangement? ☐ Yes ☐ No

Note: If you checked "No," you may STOP here. Thank you.

If temporary, is this living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

Please "X" all boxes below that best describes where the student sleeps at night, leave t:iose blank that do not apply:

☐ **Doubled-up** - staying with a friend or relative because of loss of housing, economic hardship or similar reason (ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

☐ In a **hotel/motel** (Name of hotel/motel):

☐ In a **shelter** or transitional housing program (name of shelter or program):

☐ In an **unsheltered** location such as: Tent, Car/TruckNan, abandoned building, streets, campground, park, bus/train station, or another similar place.

☐ In a house that DOES NOT have water, or electricity, or heat, or DOES HAVE an infestation of rodents, or mold, or insects

☐ With an adult that is not a parent or legal guardian, or alone without a parent.

List all other children (infants/toddlers/school-aged children through age 21) that stay in the same location; even if they are not yet in school or have withdrawn from school:

Last Name	First Name	Grade	School

The undersigned certifies that the information provided above is accurate.

Signature of Person Providing Information

Date

Parent/Legal Guardian/Caregiver/Unaccompanied Student (Circle one)

If student is an unaccompanied youth, please provide contact information for a caregiver or other adult that can be notified in the event of an emergency:

Name

Phone contact

Relationship to student

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

Division of Performance and Accountability
Supplemental Education Programs
McKinney-Vento Education for Homeless Children & Youth Program
STUDENT HOUSING QUESTIONNAIRE

For School Use Only

Note: Upon enrollment, the school registrar or other designated staff is responsible for inputting required student-level data into NASIS including housing type (Primary Nighttime Residence).

Housing type (Primary Nighttime Residence)-Check all that apply and date:

☐ Doubled-up: _____ ☐ Sheltered: _____

☐ Hotel/Motel: _____ ☐ Unsheltered: _____

1) Unaccompanied youth: ☐ Yes ☐ No

2) Transportation needed: ☐ Yes ☐ No

Select all that apply: ☐ Special Education ☐ English Learner ☐ Migrant

Resources and Services
Must be reviewed with parent/guardian/unaccompanied homeless youth in a manner and form that is understandable, including if necessary and to the extent feasible, in the native language:

☐ McKinney-Vento rights reviewed (Immediate enrollment, Rights to attend school of origin, Transportation, Free school meals/fees waived)

☐ Community resources available and information shared (Food and clothing, Affordable permanent housing, Emergency shelter, Mental health services, Employment, Domestic abuse resources, Medical, dental, and other health services, Seasonal/holiday)

☐ School staff confidentially received student information (Food services, Registration/enrollment, Transportation department, Building school counselor or school social worker, Building principal)

Do not make copies of this form. If "yes" is checked for "Is the student's address a temporary living arrangement?" forward form to Local Homeless Liaison. A copy should not be placed in tile student's cumulative file.

Local Homeless Liaison: _____ Date _____

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

CONSENT FORM FOR HEALTHCARE SERVICES

Your child may be eligible for healthcare services at a free school-based health clinic (Healthcare Clinic) offered by Indian Health Services. The Healthcare Clinic may provide some or all of the following services:

1. Preventive healthcare screenings
2. Physical examinations for school and sports participation
3. Immunizations
4. Diagnosis and treatment of health problems
5. Counseling for health maintenance and health risk behaviors
6. Assessment for mental health referrals
7. Dental services

If you would like your child to receive healthcare services, please complete, sign and return this Consent Form for Healthcare Services. If you have questions about the services available or treatment that is being provided to your child, please contact the Healthcare Clinic personnel directly at 928 338 4911 x3633. Please note that the Healthcare Clinic is operated entirely by Indian Health Services and not by the Whiteriver Unified School District.

Name of Child

(First)	(Last)

Name of Parent/Guardian

(First)	(Last)

CONSENT:
I hereby give permission for my child to receive healthcare services at the Healthcare Clinic that is located at my child's school. I understand that the Healthcare Clinic is operated by Indian Health Services and is not operated by the Whiteriver Unified School District. I understand I have the right to revoke this consent at any'time by giving written notice of such revocation to Healthcare Clinic personnel.

Parent or Guardian Signature

Date

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

Whiteriver Service Unit
Consent Form Children Vaccinations
(<18 years of age)

Dear Parents/Guardians:

The Whiteriver IHS Hospital is working with **Theodore Roosevelt School** to update your child's vaccines (shots) during the **2025-2026 school year**. We will hold vaccination clinics during the year, and your child's school will let you know the specific dates. There will be no cost to you for this vaccine, whether or not your child is Native American.

The vaccine consent form includes the option to accept vaccination for your child by signing the consent form. If you do **not** wish for your child to be vaccinated, please sign here:

I, _____ do **NOT** authorize immunizations for my child, _____

Signature _____ Date _____

To give consent for your child to receive vaccines while at school, please refer to reverse side of this form:

- Sign and date the consent form to accept vaccination for your child.
- Return the consent form to the school.
- If you accept vaccination, the vaccine will be given to your child during the vaccination clinic.
- If, at any time, you change your mind about having your child vaccinated, you can contact the Whiteriver IHS Pharmacy Outreach team at 928-338-3504 or email Leanna.Asante@ihs.gov or Shane.Hillman@ihs.gov

Please visit the CDC's vaccination web site at https://www.cdc.gov/vaccines/hcp/vis/currentvis.html and also https://www.cdc.gov/vaccines/parents/index.html for more information. If you do not have internet access and would like more information or a printed copy of the Vaccine Information Sheet, please contact us. Your child's health care provider can also answer your questions about any shots your child is due for and give the shots as well.

The Arizona State vaccine record (ASIIS) as well as your child's chart at the hospital will be used to screen for vaccines that are due. We will screen for any vaccines given at other locations (within Arizona) as well as any medical conditions/medications that may affect if your child is eligible for certain vaccines.

Sincerely,
Whiteriver IHS Hospital Pharmacy Outreach Team
LCDR Leanna Asante, Hospital Immunization Clinical Coordinator
Shane Hillman, Director of Pharmacy Outreach

****Please Review Both Sides of this Document****

Please answer all of the following questions. The answers are important to us, so we can be sure to give the right vaccines. By signing this form, you are giving consent for Whiteriver Service Unit to administer all recommended immunizations by the Advisory Committee on Immunization Practices (ACIP) during the **2024-2025 school year at Theodore Roosevelt School** and acknowledging receipt of the Vaccine Information Statements (VIS) which can be found at https://www.cdc.gov/vaccines/hcp/vis/current-vis.html.

CONSENT FOR CHILD'S VACCINATION:
By signing below, I give consent to the \VHITERIVER INDIAN HEALTH SERVICE HOSPITAL and its staff for my child named on this form to be vaccinated during the vaccination clinic. (If this consent form is not signed, then your child will not be vaccinated).

THIS CONSENT INCLUDES AUTHORIZATION TO ADMINISTER BOTH INFLUENZA AND COVID-19* VACCINES

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

If you choose to decline either vaccine, please indicate so by checking the box

☐ Influenza vaccine declined ☐ Covid Vaccine declined

Parent/ Legal Guardian Name:

(First) (Last) Date

Signature of Parent/Legal Guardian:

Child's Name: Chart# or Birthday: / / Age:

	Yes	No
1. Is your child Native American/ Alaska Native?	☐	☐
2. Does your child have any serious allergies? If so, what?	☐	☐
3. Has your child ever had a serious reaction to a vaccine? If so, what?	☐	☐
4. Has your child ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	☐	☐
5. Does your child have any of the following: asthma, cancer, diabetes (or other type of metabolic disease), or disease of the immune system, lungs, heart, kidneys, liver, nerves, or blood? If so. what?:	☐	☐
6. Has your child taken cortisone, prednisone, any other steroid, anticancer drug, antiviral drug or had radiation treatment in the past 3 months? If so, explain:-	☐	☐
7. Has your child received a transfusion of blood or a blood product, or been given immune (gamma) globulin in the past year? If so, explain:	☐	☐
8. If the child is a baby, have you ever been told that he/she had Intussusception (the telescoping of one portion of the intestine into another)?	☐	☐
9. Is your child pregnant?	☐	☐
10. Has your child received vaccines anywhere else OTHER THAN Whiteriver Hospital? If so. where?	☐	☐

To make sure that we have all information needed to vaccinate your child, please completely fill out the information in the boxes. This includes your name and signature, child's name and birthday/ chart number, and answers to all questions.

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464

The Smiles Movement

PO Box767
Camp Verde, AZ 86322

thesmilesmovement@gmail.com

Ph: 928-567-1832
Fax: 928-567-6500

Please return this form to the school!

DEAR CONCERNED PARENT:

Dental disease is the #1 reason children miss school. The Smiles Movement has been providing care for your children for over 30 years at no charge to you. You have a choice; you can choose to go through the process at IHS, or enjoy the convenience of having our experienced doctors care for your child at their school. We thank you for once again choosing our practice that over the years has served thousands of children. To participate, your child must be enrolled in an appropriate AHCCCS program which is easily done at most IHS facilities.

IF YOU CHOOSE TO HAVE YOUR CHILD CONSIDERED FOR TREATMENT YOU MUST COMPLE THE FOLLOWING:

Child's Name

☐ Male ☐ Female

Child's Social Security Number

Date of Birth: ☐☐ / ☐☐ / ☐☐

Emergency Contact

Phone #

School Name

Teacher's Name

Grade

HEAL TH HISTORY

PLEASE TELL US ABOUT YOUR CHILD'S HEAL TH HISTORY. CHECK ALL OF THE FOLLOWING THAT APPLY TO YOUR CHILD:

Has your child had?	Yes	No
Allergy to medication	☐	☐
Rheumatic Fever	☐	☐
Psychiatric Treatment	☐	☐
Seizure Disorder	☐	☐
Diabetes	☐	☐
AIDS/HIV Positive	☐	☐
Hospitalizations	☐	☐
Vision or speech problems	☐	☐
Could your child be pregnant?	☐	☐

	Yes	No
Heart Murmur	☐	☐
Bleeding Disorders	☐	☐
High Blood Pressure	☐	☐
Asthma	☐	☐
Hepatitis/Jaundice	☐	☐
Anemia	☐	☐
Latex Allergy	☐	☐
Other Serious Illness	☐	☐

	Yes	No
Is your child under a Physician's care?	☐	☐
Is your child taking any medication?	☐	☐
Any problems with local anesthetic?	☐	☐

PLEASE EXPLAIN ANY "YES" ANSWERS:

What is your primary concern for your child's oral health?

CONSENT FOR TREATMENT AND PATIENT MANAGEMENT

Following your child's examination, that consists of. radiographs (x-rays) and in some cases, a panoramic scan, and cleaning, the doctor may determine that your child requires additional dental treatment, including silver fillings, routine baby tooth extractions, stainless steel crowns, and pulp treatments for deciduous (baby) teeth. These pulp treatments are routine procedures for baby teeth. More involved pulp treatments for permanent teeth (root canals) are referred.

The Smiles Movement dentists make all decisions very carefully, including referring your children who may benefit from sedation, protectingyourchild from injury with a gentle hand, orin the event of a critical situation, briefly using a papoose board similar to those used by physicians and hospitals. It is always our priority to give your child excellent dental care, protect them, and create a pleasant visit. These efforts will help insure positive dental experiences for a lifetime of smiles. If our dentists make the decision to refer your child, they take all factors into consideration, including the very limited number of general anesthesia appointments available at the IHS. We coordinate our schedules with the school nurse, and we welcome and encourage you to participate, however, we do understand that in some circumstances you cannot attend.

We have had great success with our program and we are looking forward to providing your child with excellent dental care. Participation in this program could affect future benefits your child may receive under private insurance or from another private dentist.

- **HELP US COMBAT DENTAL DISEASE, THE #1. CAUSE OF MISSED SCHOOL TIME**
- **WE WANT TO GIVE YOUR CHILD A SMILE THAT LASTS A LIFETIME**

CONSENT FOR TREATMENT AND AKNOWLEDGEMENT OF PRIVACY PRACTICES

By signing below I acknowledge that: (Please check one below)

1. ☐ **YES. I give permission for my child to receive necessary treatment!**
   I am aware that I have rights outlined in the Notice of Privacy Practices and that a copy of this notice is available for my review.
   I consent to the sharing of this information with the IHS Dental program.

2. ☐ **No. I do not want my child to receive necessary dental treatment provided at their school. I will assume responsibility for obtaining their treatment elsewhere.**

I understand that I may refuse to sign this Consent and Acknowledgement.

Parent/Legal Guardian Name

(First) (Last)

Date

Parent/Legal Guardian Signature

If you have any questions. please call our office at 928-567-1832

Theodore Roosevelt School
805 Apache Street, Fort Apache, AZ, 85926
928-338-4464