**Teen Center Enrollment**

**Packet 2021/2022**



**Susanville Indian Rancheria**

**Teen Center**

**845 Joaquin Street Susanville, CA 96130**

**(530)251-5866**

Dear Parents and Students,

I would like to announce that the Susanville Indian Rancheria Teen Center (SIRTC) is now accepting enrollment applications for the 2021/2022 school year. The 2021/2022 SIRTC enrollment application includes a checklist to help assist you with completing the application. Once the application is completed please return to either the SIR Education Center or the SIR Teen Center.

The first day of Teen Center will be August 18, 2021. We will provide transportation at LHS, following the Homework Club at Diamond View School.

If Diamond View students do not attend Homework Club, they will need to ride the bus to the center.

 **In general, our schedule is Monday thru Friday:**

**3:00 pm- 3:20 pm Arrive at Lassen High School to pick up students**

**3:20 pm- 3:30 pm Transport students to Teen Center**

**3:30 pm- 3:45 pm Homework and/or Reading**

**3:45 pm- 4:30 pm Snack Time**

**4:30 pm- 5:00 pm Van Transport home**

**Teen and Culture Nights: To be determined**

In addition to the academic school year, we also are looking for interested youth for the SIR Youth Council and parents/ volunteers for the Parent Advisory Council. If you have questions I can be reached at (530) 251-7023. I look forward to working with you and your students during the 2021/2022 school year.

Sincerely,

Fawn Robinson

SIR Youth Advocate

**Registration Check List: 2021-2022 Academic School Year**

 **Page 1: Teen Center Registration and Emergency Contact Info**

 **Page 2: School Info/Transport Info/Standard Operating Procedures**

 **Page 3: Student Records Release Form**

 **Page 4: Student Rules of Conduct**

 **Page 5: Computer/Internet Contract**

 **Page 6: Parent Code of Conduct Contract**

 **Page 7: Photo/Media/Website Consent Form**

 **Attachment A: Native American Verification**

 **Attachment B: First Aid Permission Form**

**Please make sure application is filled out completely, incomplete applications may result in an enrollment delay. We also ask that you and your student review all rules and procedures that are contained in the packet.**

(1)

**Teen Center Registration and Emergency Contact Info**

**Student Information**

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

Gender: \_\_\_\_\_Male \_\_\_\_\_Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Family Information: (Please keep information at Center up to date)**

Custodial and/or Legal Guardians: Mother\_\_\_\_\_ Father \_\_\_\_\_ Other (specify)\_\_\_\_\_\_\_

Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_

 **Emergency Contact Info (used only if Parent/Guardian can’t be reached)**

**1st** Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd** Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Heath Information**

Does your Teen have any health/Allergies or other concerns that we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2)

**School Info/Transport Info/Standard Operating Procedures**

**School Information**

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

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Class Schedule:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Period | Mon | Teacher | Tue | Teacher | Wed | Teacher | Thurs | Teacher | Friday | Teacher |
| 1st |  |  |  |  |  |  |  |  |  |  |
| 2nd |  |  |  |  |  |  |  |  |  |  |
| 3rd |  |  |  |  |  |  |  |  |  |  |
| 4th |  |  |  |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |  |  |  |
| 5th |  |  |  |  |  |  |  |  |  |  |
| 6th |  |  |  |  |  |  |  |  |  |  |
| 7th |  |  |  |  |  |  |  |  |  |  |

Extra Curriculum/Clubs/Sports student involved in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Student Transportation: Standard Operating Procedure for Teen Center**

When transporting students from the schools to the Teen Center, each student and driver will be required to wear a mask, per SIR ordinance. The students will be checked off as they arrive, and the drivers will walk with their group of students to their vans and make sure everyone is seat belted. This applies for all times that transportation is taking place. If a student misses the van, they should immediately go to the school and call the Teen Center or Education Center. Students will not have open food or drink containers inside of the van and will respect the property of SIR. Diamond View students will take the bus to Joaquin St., unless they are enrolled in the Homework Club. Students enrolled in the Homework Club will be transported by SIR vans to the center.

I understand and agree to follow the transportation policy of the SIRTC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Drop Off Areas:** Will be in town and at the upper Rancheria

**Drop off Location:** Walk home? \_\_\_\_Yes \_\_\_\_No Needs a Ride? \_\_\_\_Yes \_\_\_\_No

Primary Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of people that can pick up your Teen:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3)

Susanville Indian Rancheria Teen Center Consent to Release Student Records

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

In accordance with Education Code section 49075, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

hereby consent to release of the student records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Susanville Indian Rancheria Education Center and Susanville Indian Rancheria Teen Center.

Name: Susanville Indian Rancheria Education Center/Teen Center

Address: 735 Joaquin Street, Susanville, CA 96130

Telephone: Education Center (530) 252-1658 Teen Center (530) 251-5866

I hereby consent to the release of the following records:

Yes □ No □ Cumulative File Records

Yes □ No □ Student Discipline Records

Yes □ No □ Health Records

Yes □ No □ Special Education Records

Yes □ No □ Test Results (Statewide Tests, Placement Tests, etc.)

Yes □ No □ SSID (Statewide Student Identifiers)

Yes □ No □ May attend Parent/Teacher Conferences with or without Parent present

Any and all information with regard to the above records may be released EXCEPT as specifically provided here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization shall be effective immediately and shall remain in effect until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or for one year from the date of signature if no date is entered. (Insert date)

I request a copy of this authorization: Yes □ No □

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

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

(4)

**Student Rules of Conduct**

**Rules have been divided in to 3 categories – minor, major & ZERO tolerance.** Students are expected to adhere to SIREC policy regarding Student Rules of Conduct.

**MINOR OFFENSES**

1. Touching of others personal property
2. Nonviolent/Non-abusive rough housing
3. Name calling or “putting down”
4. Throwing food or objects
5. Loud or disruptive behavior.
6. No food or drinks in tutoring rooms unless specifically Okayed by staff.
7. There will always be mutual respect shown. No loud, disruptive behavior when someone is speaking to the group or when another student is giving a presentation or doing homework. Staff works with students in small groups and on a one-on-one basis much of the time, (especially with homework) and it is important that all students cooperate.
* **DISCIPLINARY ACTION FOR MINOR OFFENSES:**
* **First Incident: Warning by Staff**
* **Second Incident: Parent Guardian Notification**
* **Third Incident: Parent/Guardian Conference (Student will not be allowed to return until the conference is made.)**
* **Fourth Incident: 1-week suspension, with additional week added for each offense thereafter.**

**MAJOR OFFENSES:**

1. Fighting, Hitting, Kicking, Pushing, Spitting, Biting, Unwelcomed touching
2. Throwing of food or objects in a violent manner
3. Theft
4. Profane abusive language or gestures
5. Defiance/Disrespect, lying to or about staff or others (spreading rumors), repetitive continuous talking back.
6. Misuse of Susanville Indian Rancheria Education Center facilities, equipment, property or vehicles to destruction or malfunction will be dealt with as a disciplinary problem and financial responsibility will fall on the parents or guardians of the student(s) involved in the incident. Any incident that puts the safety of the student and/or others in jeopardy

 7. Students will not be allowed to walk home after tutoring or activities without written permission from parent or guardian. If student has permission to walk, they are not allowed to leave without clearance from a tutor.

**DISCIPLINARY ACTIONS FOR MAJOR OFFENSES:** 1st Incident-Parent/Guardian Conference, 2nd Incident-Parent must attend with their child for one full day, 3rd Incident- One-week suspension, 4th incident-expulsion. Depending on severity of incident, disciplinary actions may not be sequential.

**Zero Tolerance Policy/Automatic Expulsion:** Absolutely no drugs, alcohol, commercial tobacco products (including e-cigs), or weapons will be allowed at or near the SIR Teen Center. This is a ZERO TOLERANCE.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(5)

**Computer/Internet Contract**

* **I will use the computers for educational purposes only**
* **Only educational games are allowed**
* **I will get permission before I log on to a computer**
* **I will only use the internet for homework research and educational use**
* **I will never give out personal information such as my home address, telephone number, name, age, location, private information**
* **I will never enter a site that says “You must be 18 to Enter”**
* **I will not access illegal downloaded music or videos**
* **I will not download any material from the internet without prior permission**

**\*\*\*I WILL ASK TEEN CENTER STAFF WITH ANY AND ALL QUESTIONS I HAVE ABOUT COMPUTER AND INTERNET USE\*\*\***

**I understand that this a contract and loss of computer privileges may be revoked if the rules are not followed.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

(6)

**Parent Code of Conduct Contract**

Parent Contract

We are committed to providing a friendly, safe and welcoming environment for students, parents and staff. Therefore, this page will serve as a contract between the parent and the staff regarding professional conduct when addressing any member of the SIREC in person, over the phone, or regarding social networking.

Upon signing this form, the parent has agreed that all communications will be conducted in a professional manner. The following rules will always be followed:

* Under no circumstance will we tolerate any derogatory or defamatory language and/ or opinions regarding the SIR, SIREC, and staff or its practices to be networked on any social media site in any way, by any parent, relative or otherwise. This includes close friends speaking on your behalf. Should this occur, the parent will be removed from the PAC (if applicable) and their children will be immediately disenrolled from the program.
* There will be no yelling or disrespectful conversation between parents and staff over the phone, email or in person. All concerns must be addressed calmly and respectfully. Such behaviors will jeopardize your child’s position in our education program.

**If this contract is not signed by the parent, the application will be considered incomplete, and the children will not be enrolled in the program until it has been signed.**

**I agree to the terms above and fully understand the consequences should they not be upheld.**

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

(7)

**Photo/Media/Website Consent Form**

**Photography**

During the school year there are occasions when photographs of your child may be taken by staff of Susanville Indian Rancheria Education Center. Your authorization to use photo(s) of your child in SIR publications (brochures, annual reports, newsletters, etc.) is requested. Only a student’s first name will appear in these publications.

Please initial: \_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_ NO

**Media coverage**

From time to time the media may cover events or activities at the Susanville Indian Rancheria Education Center. Whether or not you have concerns about your child participating in media coverage at the Susanville Indian Rancheria Education Center (being photographed, videotaped, or interviewed) it is important that we know your wishes. Media coverage would include the use of your child’s name.

Please initial: \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_NO

**Website**

(Use of student photographs/name)

The Susanville Indian Rancheria Education Center website (*www.sir-nsn.gov/education*). This tool is used to help the community learn more about our Education Center and allows us to highlight student achievements and school or Education Center activities. Anyone with the Internet access is encouraged to check out the activities that the SIREC has had. Identification of students in photos is by first name only. Photos of large groups, or action photos where students cannot be identified, may be posted without parental permission.

Please initial: \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_ NO

By signing this form, it will be deemed as consent for the Susanville Indian Rancheria Education Center to allow your child to participate only as specified above for the 2021-2022 school year. Should circumstances change during the year, please notify the Susanville Indian Rancheria Education Center/Teen Center immediately.

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

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If 16 years or over)

Attachment A: Native American Verification

Must submit verification of Native American descent

**Can submit a copy of the following:**

* Tribal Enrollment Card (Child or Parent)
* CDIB Card
* BIA Documentation
* If enrolled with the Susanville Indian Rancheria, **YOU** must obtain documents from the Enrollment Clerk.
* Other (please specify)

Attachment B: First Aid Permission Form

**PERMISSION FOR THE ADMINISTRATION OF FIRST AID**

**BY SIREC PERSONNEL**

1. Student’s full name:
2. Parent’s name:
3. Emergency Contact:
4. Anticipated reactions to the medications, if any:

If your child should need FIRST AID attention SIREC can offer the following in our facility, to be administered ONLY with your permission:

(Please mark all that apply)

□ **Hydrogen Peroxide**

**□ Rubbing Alcohol**

**□ Triple Antibiotic Ointment**

**□ Hydrocortisone Cream**

**□ 200 mg. Ibuprofen (list child’s weight): \_\_\_\_\_\_\_\_**

**□ Allergy Antihistamine (25 mg)**

**□ 80 mg. Children’s Chewable Acetaminophen (list child’s weight): \_\_\_\_\_\_\_\_\_**

**□ Pure Aid Anti-Itch Eye Drops**

**□ Epinephrine Injection (Auto Injector)**

1. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_certify that I am the parent or legal guardian of the student named herein and I have read the above information. Medications that **are not marked** will not be administered to the student listed above.
2. The staff at the Susanville Indian Rancheria Education Center has my permission to administer these products if needed. I understand the Education Center is not legally obligated to administer medication to any student and **I therefore agree to hold the Susanville Indian Rancheria Education Center/Teen Center and its employees harmless from any, and all liability resulting from the administration of the medication in the manner directed.**

Parent Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference: EC 49423.