



Siuslaw Summer Institute 2023

We are excited to announce our Middle School Summer Institute program. Our Middle School program is open to students entering grade 6th through current 8th grade students.

Our focus will be STEAM—we will be engaging in a mix of reading, math, science, and art during our time together.

Program Details:

Dates: June 27th-July 20th – no school July 4th and 5th

Hours: 8:00 am - 12:00 pm

Breakfast and Lunch Available

****There will be no bussing available this year.**

Applications are available in the middle school office or online.

All applications due by Friday, June 9th

Siuslaw Middle School Summer Institute Student Registration and Records Release Form

Student's name: _____ **D.O.B.:** _____ **Age:** _____ **Grade:** _____

Parent/Guardian name(s): _____

Address: _____

Home#: _____ **Work#:** _____

Cell# (if different): _____

Emergency Information:

Name of Physician: _____ **Phone #:** _____

Insurance Carrier: _____

Emergency Contact Name/Relationship: _____

Phone #: _____

Emergency Contact Name/Relationship: _____

Phone #: _____

Individual Health concerns (please fill out medical form as necessary):

Medical Needs

☐ Yes ☐ No My child will need to have medications administered while at this program. If yes, please complete the medication form attached.

**I hereby give my permission for the above-named child to attend the Siuslaw Summer Institute.
I understand the following:**

Program Activity Information

- Location: Siuslaw Middle School
- My child can receive a USDA meal, academic tutoring, and participate in enrichment activities.
 - Breakfast and lunch will be provided for all students who would like to participate
- See page 1 for program dates
 - July 4th and 5th will be off in observation of Independence Day.
 - The program will be closed on all days that Siuslaw School District is closed. In the event of an emergency, all school procedures will be followed.
- Transportation will be provided for field trips only and not to and from home.
- All programs will adhere to the current Operational Blueprint, CDC and OHA guidance for operating school safely during COVID-19. The Operational Blueprint can be found on the school website.

Discipline

While your student is at Siuslaw Middle School, all regular, school-year rules apply. Persistent disruptive or other undesirable or dangerous behavior may result in your student being dismissed from Siuslaw Middle School Summer program.

Student Release (end of day) PLEASE READ

The following people are authorized to pick up my child at the Siuslaw Summer Institute Program.

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
1)		
2)		
		3)

Please initial for approval:

___ My student has their own transportation plans.

___ My student will use district-provided transportation. If you check this box, the school coordinator will provide you with a transportation form.

Student Publications

At times, we take photographs or provide information to media to highlight students and programs; please indicate below your preference for your student:

- Siuslaw School District **has permission** to have my student's name, photograph, and participation in officially recognized activities released to the newspaper or any other publication that the school uses, including the Siuslaw District website.
- Siuslaw School District **does not have permission** to have my student's name, photograph, participation in officially recognized activities released to the newspaper or any other publication that the school uses, including the Siuslaw District website.

Student Directory Information

Regarding student education records, Siuslaw Middle School programs follow the policies of Siuslaw School District regarding records and their release. We will not release your records as outlined in these policies, found on the Siuslaw District website:

<http://policy.osba.org/siuslaw/J/JOA%20D1.PDF>

To help Siuslaw School District fulfill its goals of 1) improving students' abilities to achieve state benchmarks in core academic subjects such as reading and math, 2) establishing and expanding existing after-school and summer activities designed to enrich students' life experiences, and 3) improving attendance and behavior, I hereby give permission to access my student's academic, discipline, and attendance records.

I have read and agree to the conditions set forth on this form. My signature also confirms my permissions for student release procedures.

Parent/Guardian Signature: _____ **Date:** _____

HEALTH SERVICES
Student Medication Administration

Non-Prescription Medication:

1. Non-prescription medication may be administered on a short-term basis (up to 5 days) upon written request and instructions from the parent or guardian.
2. Written and signed parent/guardian permission must: include the name of the student, the name of the medication, route, dosage and frequency of administration. This must conform to the manufacturer's instructions. If applicable, any special instructions should also be included.
3. Non-prescription medication means only commercially prepared non-alcohol based medication. This shall be limited to eyes, nose, oral or topical preparations (i.e. cough drops, cough suppressants, decongestants, antihistamines, analgesics (pain relievers, anti-inflammatories, antacids or topical antibiotics or anti inflammatories.)

THESE SHALL ONLY BE ADMINISTERED AT SCHOOL WHEN NECESSARY FOR THE STUDENT TO REMAIN IN SCHOOL.

4. Non-prescription medication must be brought to school in the ORIGINAL CONTAINER or PACKAGING.
5. Students (when age appropriate) may self-medicate, unsupervised and/or carry medication in their possession in compliance with #1, #2, #3 and #4 above. Written permission of the parent/guardian is required. (A form will be provided.)
6. A parent/guardian will pick up all unused medication when student withdraws or at the end of the school year. If not picked up, all medications will be discarded at the close of the building office for summer break.
7. Each school building will designate school personnel to assist with medication administration to students.
 8. School personnel designated to assist with medication administration will complete Medication Administration Training in compliance with the implementation of ORS 339.867 through 339.870.

PERMISSION FORM FOR NON-PRESCRIPTION MEDICATION

Siuslaw Middle School Date for received by school ____/____/____ 2525 Oak Street
Florence, OR 97439
Phone: 541-997-8241
Fax: 541-902-7478

To be completed by parent/guardian

Student Name: _____

Date of Birth: ____/____/____ Grade: _____

Teacher: _____

Reason for non-prescription medication:

Name of nonprescription medication:

Form of medication/treatment:

Tablet Liquid Other _____

Dose (how much): _____

Frequency (how often): _____

Route: (Circle one) mouth ear nose eye skin Time:

Duration: Start date ____/____/____ End date ____/____/____

****No longer than 2 weeks***

Special instructions: _____

I give permission for (name of child) _____ to receive the
above medication at school according to standard school policy. I understand that all medication
must be in the original container.

Signature: _____ Phone: _____

Relationship: _____ Date: ____/____/____

PERMISSION FORM FOR PRESCRIBED MEDICATION

Siuslaw School District

Date received by school ____/____/____

2221 Oak Street
Florence, OR 97439
Phone: 541-997-8241
Fax: 541-902-7478

Date faxed by SMS: ____/____/____

To be completed by parent/guardian

Student Name: _____ Date of Birth: ____/____/____

Grade: _____ Teacher/Homeroom: _____

Doctor's Name: _____

Reason for medication: _____

Name of medication: _____

Form of medication/treatment:

Tablet Liquid Inhaler Injection Nebulizer Other _____

I give my permission for (name of child) _____ to receive the above medication at school according to standard school policy. I understand that all medication must be in the original container.

Signature: _____ Relationship: _____ Date: ____/____/____

To be completed by the physician or authorized prescriber

Instructions (Schedule and dose to be given at school): _____

Start: Date form received Other date: _____

Stop: End of School Year Other date/duration: _____

Restrictions and/or important side effects: None anticipated

Yes, please describe: _____

Special storage requirements: None Refrigerate

Other: _____

This student is both capable and responsible for self-administering this medication:

No Yes-Supervised Yes-Unsupervised

Please indicate if you have provided additional information:

On the back side of this form as an attachment

Date ____/____/____ Signature: _____