

Laila Sabori, *Board President*
Meridith VanWinkle, *Board Vice-President*
Lynette Shupla, *Board Member*
Anita Bahnimptewa, *Board Member*
Bruce Talawyma, *Board Member*
Kimberly K. Thomas, *CSA/Principal*

SECOND MESA DAY SCHOOL

"ITAH TSATSAYOM MOPEKYA"



5/28/2026

Dear Parents and Guardians,

Thank you for your interest in Second Mesa Day School for the **2026-2027** school year. We are excited to partner with your family to provide a safe, nurturing, and culturally rich learning environment where your child can thrive academically and socially.

This enrollment packet contains all the necessary forms to register your child for the upcoming academic year.

Please review the following specific age requirements as you complete your paperwork:

- **Kindergarten Eligibility:** Children must be 5 years old on or before September 1, 2026.
- **FACE Pre-K Program Eligibility:** Children who turn 5 after September 1, 2026, are eligible for our Family and Child Education program.

Please review, complete, and sign every document included. To finalize your child's enrollment, you must return the completed packet to the school office along with the required supporting documents, including an official birth certificate, current immunization records, tribal enrollment and guardianship (if applicable).

Attached is the school year calendar and **our first day of school will be on Monday, August 3, 2026.**

Thank you for choosing Second Mesa Day School. We look forward to a successful and inspiring school year ahead with your child.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dione Naha", is written over a light blue horizontal line.

Ms. Dione Naha, Registrar
Second Mesa Day School

FACE & Kindergarten
School Day:
8:00 am – 2:30 pm

Second Mesa Day School
2026-2027 Calendar Year

Grades 1st – 6th
School Day:
8:00 am – 3:30 pm

Legend

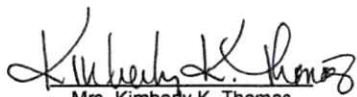
- Non-instructional day, Staff Only
- No School Day
- Holiday - No School/Office Closures
- End of Quarter
- School Board Meetings – 2nd Tuesday of the Month
- PAC Meetings – 2nd Wednesday of the Month

Key Dates

- Mo, Jul 27 – Th, Jul 30 Orientation Week, Staff Only
- Mo, Aug 3 1st Day of School
- Mo, Aug 10 Holiday - Pueblo Revolt
- Wd, Aug 26 Parent Mini Conference
- Fr, Aug 28 In Service, Staff Only
- Mo, Sep 7 Holiday - Labor Day
- Fr, Sep 25 In Service, Staff Only
- Th, Oct 8 Native American Day
End of 1st Quarter
- Fr, Oct 30 In Service, Staff Only
- Tu, Oct 20- Th, 22 Parent Teacher Conferences
- We, Nov 11 Holiday - Veteran's Day
- Fr, Nov 20 In Service, Staff Only
- Wd, Nov 25 Early Release Day
- Th, Nov 26 Holiday - Thanksgiving Day
- Fr, Dec 11 No School Day, In Service
- Th, Dec 17 End of 2nd Quarter
- Mo, Dec 21 -Th, Jan 1 No school Day, Winter Break
- Fr, Jan 1 Holiday, New Year's Day
- Tu, Jan 5 – Th, Jan 7 Parent Teacher Conferences
- Mo, Jan 18 Holiday, President's Day
- Fr, Jan 29 No School Day, In Service
- Mo, Feb 15 Holiday, President's Day
- Mo, Mar 15 No school Day, Spring Break
- Th, Mar 18
- Tu Mar 23 – Th Mar 25 Parent Teacher Conferences
- Fr, Mar 26 In Service, Staff Only
- Wd, Apr 28 Parent Mini Conference
- Fr, Apr 30 In Service, Staff Only
- Th, May 20 Last Day of School
Early Release Day
- Mo, May 24 Close Out Week, Make Up Days if needed.
- Th, May 27

July						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
August						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
September						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
October						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
November						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					
December						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
February						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						
March						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
April						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
May						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
June						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			


Mrs. Kimberly K. Thomas
SMDS Chief School Administrator/Principal


Ms. Laila Sabori
SMDS Board President

Total Instructional Days: 150
Total Contractual Days: 166

Total Academic Hours:
Grade: FACE – K: 919
Grade: 1st – 6th: 1,118



Second Mesa Day School NEW Student Enrollment Application SY 2026-2027



Student Name: _____

Grade: _____

Cover Page/Checklist

- | | |
|--|--|
| <input type="checkbox"/> Student Application
(2 pages)

<input type="checkbox"/> Authorized Checkout Form
(1 page)

<input type="checkbox"/> Student Transportation
Form (1 page)

<input type="checkbox"/> Student Health History
(1 page)

<input type="checkbox"/> Medical Attention Form
(1 page)

<input type="checkbox"/> OTC Medication Consent
Form (1 page)

<input type="checkbox"/> Student Residency
Verification Form (1 page) | <input type="checkbox"/> FERPA Form (2 page)

<input type="checkbox"/> Release of Records Form
(1 page)

<input type="checkbox"/> BIE Home Language Survey
(1 page)

<input type="checkbox"/> Internet and Media Forms (5
pages)

<input type="checkbox"/> HHCC Dental Consent Form
(1 page)

<input type="checkbox"/> HHCC Influenza Vaccination
Form (1 page)

<input type="checkbox"/> 2026-2027 Annual Physical
Evaluation (7 pages) |
|--|--|

**REQUIRED
DOCUMENTATION AT
TIME OF REGISTRATION:**

- Birth Certificate
- Tribal
Enrollment/C.I.B.
- Immunization
Record
- Guardianship
(if applicable)

NOTE: Incomplete applications will delay Enrollment. Please ensure to have all proper documentation at time of registration. Otherwise Application will remain in hold status.

FOR OFFICIAL USE ONLY:

Date Received: _____		Received by: _____	
Status:	<input type="checkbox"/> Complete <input type="checkbox"/> Pending: _____ _____		
Enrollment:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (reason): _____ CSA Signature: _____ Date: ___/___/___		
NASIS Entry Date: ___/___/___ Student ID#: _____ NASIS ID #: _____		Teacher Placement: _____ Grade: _____ Room #: _____	



**Second Mesa Day School
Student Enrollment Application
SY 2026-2027**



PREVIOUS SCHOOL INFORMATION:

Last School Attended:	School Address:	Grade:	Date Withdrawn:
Has the student ever attended Second Mesa Day School? () Yes () No	Has student ever been retained: () Yes () No	If "Yes", what grade:	Other Schools Attended:

SPECIAL SERVICES (Please check all that apply) Note: If "X" please provide most recent IEP and name of service provider.

Special Education		Speech Therapy	
Physical Therapy		Gifted & Talented	
Occupational Therapy		Completed Head Start	
Counseling		Section 504 Plan	

NOTE: _____

I certify that I am the parent or legal guardian of this student and wish to apply for their admission to Second Mesa Day School. I understand that enrollment is contingent upon the submission of any additional required documentation. Furthermore, I agree to adhere to all governing board-approved policies and procedures as part of the student's enrollment at Second Mesa Day School.

Parent/Guardian Name (PRINT)	
Parent/Guardian Signature:	Date:



**Second Mesa Day School
Student Enrollment Application
SY 2026-2027**



AUTHORIZED STUDENT CHECK OUT FORM

Student Name: (Last, First, MI)	Grade:
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Parents or legal guardians must provide a written list of individuals authorized to check out their student and/or receive their student after school. Please note the following guidelines:

- **Authorized List:** Only five (5) individuals may be listed per school year, including the primary parent(s)/guardian(s).
- **Requirements:** All authorized individuals must be at least 18 years old and may be asked to provide valid photo identification.
- **Changes:** Updates to this list must be submitted in writing; phone authorizations will not be accepted.
- **Emergency Contacts:** Parents/Guardians will be the 1st point of contact in case of an emergency. If parent/guardian is unavailable, listed individuals will be contacted. Please note the order in which individuals may be contacted. *Note: If there is someone you would **not** like to be contacted, please indicate **N/C**.*
- SMDS reserves the right to deny any checkout if a student's safety or welfare appears to be at risk.

	Authorized Check Out: (First & Last Name)	Relationship	Emergency Contact Order	Phone Numbers # <small>C-Cell, H-Home, W/M: Work/Message</small>
1		Parent/Guardian	#1	C: H: W/M:
2				C: H: W/M:
3				C: H: W/M:
4				C: H: W/M:
5				C: H: W/M:

Parent/Guardian Name (PRINT)	
Parent/Guardian Signature:	Date:



Second Mesa Day School
NEW Student Enrollment Application
SY 2026-2027



STUDENT TRANSPORTATION FORM

Student Name: (Last, First, MI)	Grade:
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PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name	Relationship	Home/Cell Phone #	Work/Message Phone #

Village/Community: _____

Primary AM Pick-Up Location (stop name, village):
Primary PM Drop-Off Location (stop name, village):

Special Needs Accommodations required? YES () NO ()

Please list accommodations needed: _____

- Grades FACE, Kindergarten, 1st and 2nd Grade students must be received by an authorized adult at their PM Drop Off.
- Pick -Up and Drop -Off destinations are scheduled as close as possible to the student's residence. If roads become impassable (i.e. muddy roads, etc.) due to inclement weather or other reasons, buses will not transport on dirt roads. Parents/guardians will need to meet the bus on paved roads.
- Students are encouraged to utilize primary arrangements. This eliminates overcrowding on buses.
- Alternate Pick up and Drop Off arrangements are encouraged to be communicated in advance. **Only a Parent/Guardian written note will be accepted. NO Phone Call Arrangements.**
 - Written bus notes will be accepted until 12:00 PM.
 - Emergencies and urgent changes after the listed times or arrangements without a written note must be approved by the Transportation Supervisor.

Parent/Guardian Name (PRINT)	
Parent/Guardian Signature:	Date:

For Official Use Only:

Bus Driver Assignment:	Bus #
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Second Mesa Day School NEW Student Enrollment Application SY 2026-2027



STUDENT HEALTH HISTORY FORM

Student Name: (Last, First, MI)		Grade:	
Gender: Male (<input type="checkbox"/>) Female (<input type="checkbox"/>)	Date of Birth:		Age:
Parent(s)/Guardian(s) Name:		Address:	Physical Address:
Home Phone:		Cell Phone:	Work Phone:

HEALTH HISTORY: Please check "YES" or "NO" for the following health conditions. If "YES" please indicate the age of diagnosis:

Condition	YES	NO	AGE	CONDITION	YES	NO	AGE
Anemia				Tuberculosis			
Arthritis				Kidney Problems			
Asthma				Migraine Headaches			
Back Problems				Seizures/Epilepsy			
Diabetes				Spinal Injuries			
Wears Glasses/Contacts				Sore Throats			
Hyperactive				Surgeries or Operations			
Hepatitis				Sprains or Fractures			
Allergies (i.e. food, seasonal, medication, etc.)				Behavioral Health: (anxiety, depression, anger issues, etc.)			

If "YES" to any of the above, please explain briefly: _____

Is your child currently taking any medication (prescription or over the counter)? Yes () No ()

If "Yes", please explain:

Type of Medication:	Diagnosis/Reason for Medication:
Time(s) Medication is Administered:	Day(s) Medication is Administered:
Hospital Name & Address:	Physician's Name & Phone Number:

Parent/Guardian Name (PRINT)	
Parent/Guardian Signature:	Date:



Second Mesa Day School
NEW Student Enrollment Application
SY 2026-2027



MEDICAL ATTENTION FORM

Student Name: (Last, First, MI)	Grade:
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Second Mesa Day School provides a health care program for all students. Clinical care will be provided during the present clinic hours by qualified and authorized medical personnel in the nurse's office. Parents/Guardians must take students to the hospital/clinic for care during times when the nurse's office is closed.

The Nurse's Office at Second Mesa Day School agrees to provide the following services:

1. Emergency Medical Care: for accidents or serious illness occurring during school hours. When necessary, the student will be transported to the Hopi Health Care Center.
2. Routine Health Care includes: preventative health screening and health counseling. Available services may include: immunizations, care for adolescent physical concerns, drug and alcohol assessment, counseling, and dental care including sealants and preventative use of fluorides.
3. Care for Non-Emergency Illnesses includes: topical antibiotics and indicated medical prescriptions.
4. Immunizations: State Law requires that ALL school age children MUST have current immunization records on file in order to be enrolled and attend school. Please bring your child's most recent immunization record with you during the enrollment process. (Please refer to the Arizona School Immunization Law for more information.)
5. Vision, Hearing, and Scoliosis Screening: of select students in accordance with state regulations, and any student requesting examinations.
6. Behavioral Health Services: including evaluation and treatment as necessary. In the event of a behavior issues where a child may cause harm to self to others, the following steps may be taken:
 - a. Parents/Guardians will be notified.
 - b. The Hopi Emergency Medical Services (EMS) will be contacted.
 - c. The Hopi Law Enforcement Services (HLES) will be contacted.
 - d. School Personnel may exercise reasonable care to ensure the safety of the student and others.

All medical records are kept confidential. No medical information will be shared between staff and school personnel unless important to student care. No elective procedures will be performed without parental permission. Students will be guaranteed confidential care in accordance with Arizona State Law.

() I hereby consent for all the services listed above.

() Exceptional or Special Instructions: _____

I fully understand all statements/guidelines of provided medical services available to my child while attending Second Mesa Day School.

Parent/Guardian Name (PRINT)	
Parent/Guardian Signature:	Date:



**Second Mesa Day School
NEW Student Enrollment Application
SY 2026-2027**



Consent to Administer (OTC) Over the Counter Medications Form

STUDENT NAME: _____ GRADE: _____

Over-The-Counter (OTC) medications are drugs that do not require a doctor's prescription. This form is required before over-the-counter medications can be administered to your child at school. Medical personnel in the medical office or designated personnel will administer medication to your child.

PLEASE CHECK MARK EACH MEDICATION YOU ARE CONSENTING FOR YOUR CHILD:

___ I give consent to the over-the-counter (OTC) medications marked below:

TOPICAL:	ORAL:
<input type="checkbox"/> Antibiotic Cream (i.e. Bacitracin Cream, Polysporin)	<input type="checkbox"/> Acetaminophen (i.e. Tylenol)
<input type="checkbox"/> Hydrocortisone Cream (i.e. Cortaid)	<input type="checkbox"/> Antacid (i.e. Mylanta, Maalox, Tums, Pepto)
<input type="checkbox"/> Oral Products containing benzocaine (i.e. Oragel)	<input type="checkbox"/> Cold Medicine (i.e. guaifenesin, pseudoephedrine, phenylephrine)
<input type="checkbox"/> Burn Gels	<input type="checkbox"/> Antihistamine (i.e. Benadryl)
<input type="checkbox"/> Eye Drops for dryness (visine, Sterile NS Eye Drops)	<input type="checkbox"/> Cough Syrup (i.e. Medicated cough drops)

___ I **DO NOT** give consent to any over-the-counter medications.

OTC Medications sent from home: Please contact the SMDS Medical Office for guidance. For safety reasons, Parents/Guardians must bring all medications directly to the school medical office, **students are not allowed to bring in medications**. All OTC medications not listed above must be in the original manufacturer's container with the label intact, otherwise it will not be accepted.

I Parent/Guardian give consent to SMDS Medical Staff and/or designated personnel to administer the above checked marked medications to my child on as needed basis only.

Parent/Guardian Name (PRINT)	
Parent/Guardian Signature:	Date:



**Second Mesa Day School
NEW Student Enrollment Application
SY 2026-2026**



Student Residency Verification Form

Student Name: (Last, First, MI)	Date of Birth:	Grade:
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The purpose of this form is to address the requirements of the McKinney - Vento Act. This document will be used by school personnel and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

1. Presently, where is the student living? Check one box:

SECTION A	SECTION B
<input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> In a motel, car or campsite <input type="checkbox"/> With friends or family members (other than parents/guardians) CONTINUE if you have checked a box in this section to question 2.	<input type="checkbox"/> Choices in Section A do not apply. STOP HERE: If you have checked this section. You do not need to complete the remainder of this form. Please submit to the school registrar.

2. Does the student live with: (Select one)

- | | |
|---|---|
| <input type="checkbox"/> One (1) Parent/Guardian | <input type="checkbox"/> A relative, friend, or other adult |
| <input type="checkbox"/> Two (2) Parents/Guardians | <input type="checkbox"/> Alone with no adult |
| <input type="checkbox"/> One (1) Parent and another adult | |

Name of person completing this form:	
Mailing Address, State, Zip Code:	
Phone Number:	
Signature of person completing this form:	

For Official Use Only:

School Administrator's determination of Section A Circumstances:	
School Contact Person who may know of the family's situation & Phone #:	
Date Faxed to Office of Coordinator:	



Second Mesa Day School
NEW Student Enrollment Application
SY 2026-2026



Family Educational Rights and Privacy Act (FERPA)

Student Name: (Last, First, MI)	Grade:
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I have received information about my rights under FERPA and understand my right to request that any of the items listed below to not be disclosed as Directory Information to any outside group, other than those having a legal right to the information, without my written permission. Those having legal rights might include federal auditors, those having oversight responsibilities, circumstances regarding health and safety, emergencies or other similar entities.

I **ALLOW** the following directory information regarding my student to be disclosed without written permission.

Check all that apply.

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Photograph
- Degrees, honors, and awards received
- Date and place of birth
- Dates of attendance
- Grade level

[] I **DO NOT** want any Directory Information regarding my student to be disclosed without written permission.

Parent/Guardian Name (PRINT)	
Parent/Guardian Signature:	Date:



**Second Mesa Day School
NEW Student Enrollment Application
SY 2026-2026**



BIE Home Language Survey

Student Name: (Last, First, MI)	Grade:
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Federal Code: 25: CFR 32.3 & Revised CFR 30.109 *“It’s the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives.”*

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

BIE Mission Statement: *“Provide quality education opportunities from early childhood through life in accordance with the Tribes’ needs for cultural and economic well-being...”*

Purpose: The responses to the home language survey will assist in determining if a student’s proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

Please respond to each of the questions listed as accurately as possible.

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If you have any questions you have the right to share them before your student’s English proficiency is assessed.

1. Which language did your child learn when they first began to talk? _____

2. Which language does your child most frequently speak at home? _____

3. Which language do you (the parents/guardians) use more often when speaking with your child?

4. Which language is spoken more often by other adults in the home? _____

5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing related to other languages within the home or school?

Additional Information (Optional)

Signature of Parent/Guardian _____ **Date** _____

***Criteria for Screening:** If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.*



Second Mesa Day School NEW Student Enrollment Application SY 2026-2026



Authorization to Release of Information Form

Student Name: (Last, First, MI)	Date of Birth:	Grade:
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The above named student has recently enrolled at Second Mesa Day School. To ensure proper placement and services, please forward this student's academic and health records, including but not limited to, the following:

<ul style="list-style-type: none"> Achievement Test Scores and Assessments Discipline Records Official Withdrawal Forms 504 Plans & Records Academic & Attendance Records 	<ul style="list-style-type: none"> Health & Immunization Records Official Transcripts/Report Cards Birth Certificate, Tribal Enrollment/CIB 	<ul style="list-style-type: none"> Special Education Records (IEP) Related Services Records, i.e. Speech, OT/PT etc. Psychological Evaluations Records Gifted and Talented Records
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Record Released from:	
Title/Department:	
Mailing Address, City, State, Zip Code:	
Phone Number:	
Fax Number:	

It is understood that the confidentiality of such records continue to be maintained. Thank you for your assistance and prompt attention to this request.

Parent/Guardian Name (PRINT):	
Parent/Guardian Signature:	Date:
Name/Title of School Official (PRINT):	
Signature of School Official:	Date:

NOTE: According to the Education Amendments of 1974, Protection of the Rights and Privacy of Parents and Students, Section 438, Subsection (B) (1), Parts A & 8, Page 97; School Officials, including teachers with the educational institution and office of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release. Also pursuant to State Law 15-828, Paragraph F; no school shall withhold records due to financial debts.

For Official Use Only:

1st Request Date:	2nd Request Date:	3rd Request Date:
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Second Mesa Day School
P.O. Box 98
Second Mesa, AZ 86043
Phone: (928)737-2571 Fax: (928)737-2565
Home of the Mighty Bobcats
"ITAH TSATSAYOM MOPEKYA"

STUDENT USAGE AGREEMENT

- 1. I WILL USE THE INTERNET ONLY FOR SCHOOL PURPOSES.**
- 2. I WILL USE THE INTERNET FOR LEARNING, RESEARCH APPROVED BY A TEACHER.**
- 3. I WILL RESPECT THE PRIVACY OF OTHER COMPUTER USERS AND WILL NOT OPEN, CHANGE OR REMOVE ANYONE ELSE'S FILES OR WORK.**
- 4. I WILL ALWAYS USE APPROPRIATE LANGUAGE WHEN WRITING OR COMMUNICATING ON THE INTERNET.**
- 5. I WILL NOT GIVE MY NAME, ADDRESS, SCHOOL OR TELEPHONE NUMBER TO ANYONE ON THE INTERNET.**
- 6. I WILL NOT TAKE ANY MATERIAL THAT I COPY FROM THE INTERNET AS MY OWN. IF I COPY ANYTHING FROM THE INTERNET FOR MY SCHOOL ASSIGNMENTS, I WILL GIVE CREDIT TO THE AUTHOR.**
- 7. I WILL FOLLOW THE INTRUCTIONS OF MY TEACHER, TEACHER ASSISTANTS, LIBRARY AND COMPUTER LAB STAFF OR OTHER SCHOOL EMPLOYEES WITH RESPECT TO USING COMPUTERS, SOFTWARE OR THE SMDS NETWORK.**
- 8. I WILL RESPECT AND SHOW PROPER CARE AND HANDLING OF ALL EQUIPMENT.**
- 9. I WILL NOT WASTE PAPER AND INK BY PRINTING THINGS I DO NOT NEED FOR MY SCHOOL WORK.**
- 10. I WILL NOT HARM OR DESTROY ANY EQUIPMENT OR INFORMATION ON PURPOSE.**
- 11. I WILL NOT CHANGE ANY SETTINGS ON ANY SCHOOL COMPUTERS WITHOUT PERMISSION FROM BY TEACHER OR COMPUTER LAB STAFF.**



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Even with the above provisions, we cannot guarantee that a student will not gain access to objectionable material on the Internet. It is our expectation that students will use network resources and the Internet in a responsible manner. Students who will fully misuse available technology or network access will face disciplinary actions that may include loss of computer privileges.

Student’s Name: _____ **Date of Birth:** _____

Teacher: _____ **Grade:** _____ **Student ID:** _____

Parent/Guardian Signature **Date**

Appendix X-A

**PERMISSION AND RELEASE TO PUBLISH
 ON THE INTERNET OR RADIO BROADCAST**

All works including photographs that are published on the school website will be only in a group setting. If a student’s sole photograph is published, this document will be referenced, and the school will adhere to the parent or guardian’s request as indicated below:

As a parent or guardian of _____ Grade: _____, I understand the benefits and risks of publishing on the Internet. In consideration of the benefits of allowing my child’s his/her work, first/last name and/or picture on the school’s web and Bobcat news (FB) page, I elect the following:

I give permission to publish my child’s.



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Second Mesa, AZ 86043
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Home of the Mighty Bobcats
"ITAH TSATSAYOM MOPEKYA"

- FIRST NAME ONLY** on the school website and Bobcat News.
- FIRST and LAST NAME** on the school website and Bobcat News.
- FIRST NAME ONLY and PHOTOGRAPH** on the school's website and Bobcat News.
- FIRST and LAST NAME and PHOTOGRAPH** on the school website and Bobcat News.
- FIRST and LAST NAME on Radio Broadcast (KUYI) for SMDS only.**

Further, I accept full responsibility for the publication as set forth in the publication and agree to release and hold the school harmless from all damages or injury to me or to the student arising from said publication.

PARENT/GUARDIAN

Printed Name: _____

PARENT/GUARDIAN

Signature: _____

DATE: _____



Second Mesa Day School
P.O. Box 98
Second Mesa, AZ 86043
Phone: (928)737-2571 Fax: (928)737-2565
Home of the Mighty Bobcats
“TAH TSATSAYOM MOPEKYA”



Internet Acceptable Use Policy

Second Mesa Day School (SMDS) offers staff and students access to a computer network for educational and instructional purposes. In addition, SMDS offers staff and students access to the Internet. Internet access is intended to promote, enhance, and support educational goals and objectives. To gain access to the SMDS network and the Internet, all students under the age of 18 must obtain parental permission. All staff, students, visitors, vendors/contractors must sign the Internet Acceptable Use Policy, if they are going to access the school internet onsite. A copy of the IAUP signed by a staff member will be kept at the personnel office. Students 18 and over may sign their own forms.

CIPA COMPLIANCE

Second Mesa School has and will continue to comply with the requirements of the Children’s Internet Protection Act, (CIPA) as codified at 47 U.S.C. § 254(h) and (l). SMDS is committed to assuring the safe conduct of all students while online and has a comprehensive policy about the proper use of our technological resources. At the beginning of each school year, students and staff are made aware of SMDS Internet Acceptable Use Policy. In addition, each student’s parent and/or guardian must sign and Internet use agreement before they are allowed access to the Internet and the SMDS network. It is the SMDS’s intent to preserve network bandwidth and improve network response times by limiting Internet access to educational-related sites. The filtering software used to block and filter access to the Internet from pornographic and obscene sites is SMDS’s DNS Filter, ensuring compliance with distract policies and maintaining a positive online environment.

INTERNET SERVICES

Access to the Internet expands classroom and library media resources. These enable staff and students to explore thousands of libraries, databases, and other information resources. These resources can be used for individual and group projects, collaborations, curriculum materials and idea sharing.

INTERNET RESPONSIBILITIES

With access to the Internet comes responsibility. SMDS has installed an Internet filtering application and a Firewall to help protect students from inappropriate material while w=they are accessing Internet resources at school. Filtering is effective but not perfect. Staff must be vigilant in monitoring student use of technology systems and prepared to enforce the guidelines found within this policy (IAUP). Parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using any media and informational sources. Students are responsible for appropriate behavior when using electronic devices and resources. When signing the Internet Acceptable Use Policy, the students and parent agree to abide by the policies set forth by SMDS.

SMDS is held harmless and released from liability for ideas and concepts that students gain by their use of the Internet.

SMDS NETWORK SERVICES

Each staff member and student are provided with a network account, which allows access to the SMDS network and services. This access to network services is provided for those who agree to act in a considerate and responsible manner. Access is a privilege, not a right. Network accounts provide for a limited amount of personal storage space (SMDS Share Folder) on the SMDS network for files related to the pursuit of education, which should be maintained by periodically clearing out older files.

It is important for staff and students to keep passwords secure and private. However, all users should be aware that teachers and administrators have the right to review files to maintain system integrity and to be sure that the system is being used according to the SMDS Board policy.

SMDS employs an extensive back-up of data each week. Copies are stored both on-site and off-site for additional security. Employee files can be saved if saved to their Network Share Folder.

SMDS NETWORK ACCESS RESPONSIBILITIES

Individual user of SMDS technology is responsible for their behavior and communication over those networks. Users will only use their personal Network ID to login to the SMDS network (some elementary students will use a generic classroom ID). When signing the IAUP users agree to comply with SMDS rules and policies.

SMDS makes no warranties of any kind either expressed or implied, for the provided access. The staff, school and SMDS are not responsible for any damages incurred, including, but not limited to, the lost of data stored on SMDS resources, to personal property used to access SMDS resources, or for the accuracy, nature or quality of information stored on SMDS resources.

RESTRICTIONS

The following activities are not permitted on SMDS electronic resources:

- Accessing, uploading, downloading, transmitting, displaying, or distributing obscene or sexually explicit material.
- Accessing, uploading, downloading, transmitting, displaying, or distributing unauthorized files or applications of any kind (including but not limited to games, IM clients, VPN's, and Internet Proxies).
- Transmitting obscene, abusive, or sexually explicit language.
- Damaging or vandalizing computers, computer systems, computer networks or computer files.
- Debilitating, disabling, or altering computers, systems, or networks.
- Creating, downloading, or distributing computer viruses or parts of computer viruses.
- Violating copyright or otherwise using another person's intellectual property without his or her prior approval and or proper citation.
- Using another person's account, password, folder, work, or files.
- Intentionally wasting computer network or printer resources.
- Using the SMDS network or equipment for personal, commercial, or political purposes.
- Violating local, state, or federal statutes.

CONSEQUENCES FOR IMPROPER USE

Inappropriate use of SMDS technology will result in the restriction or cancellation of the user's account. Violation of the IAUP may lead to disciplinary and/or legal action, including but not limited to suspension, expulsion and termination, or criminal prosecuting by government authorities.

SECOND MESA DAY SCHOOL
Internet Acceptable Use Policy
Agreement

USER AGREEMENT

As a user of Second Mesa Day School's computer network, I agree to comply with the Internet Acceptable Use (IAUP). I will use the SMDS network and the Internet in a constructive and appropriate manner. Should I commit any violation, my access privileges may be revoked, and disciplinary action will be taken.

STAFF MEMBER

STUDENT

OTHER USER

USER (Please Print) _____

USER SIGNATURE: _____

STAFF POSITION/HOMEROOM TEACHER: _____

SMDS STUDENTS AND PARENTS WILL COMPLETE THIS PAGE WITH THEIR SIGNATURE FORM FOR REGISTRATION.

As parent or legal guardian of the student above, I have read and understood the SMDS Internet Acceptable Use Policy.

_____ I grant permission for my child to access the SMDS network and Internet resources. I understand that he/she is expected to use good judgement and follow rules and guidelines when using the SMDS network and Internet resources. I agree to comply with the SMDS Internet Acceptable Use Policy (IAUP)

_____ I DO NOT grant permission for my child to access Internet resources while at school. I understand that my child will still have access to the SMDS network and is expected to follow the rules and guidelines for the appropriate use of the network as stated in the Internet Acceptable Use Policy (IAUP).

Parent Name (please print) _____

Parent Signature: _____

Date: _____



2026-2027 Hopi Health Care Center

School-Dental Disease Prevention Program

Name of Child/Student: _____

Date of Birth: _____ School: _____ Grade _____

The IHS Hopi Health Care Center Dental Clinic is excited to restart our school based outreach program with the intention of **screening for and preventing dental disease** (cavities). A licensed Indian Health Service doctor will be on site at all times to oversee all activities. This screening **DOES NOT** take the place of regular dental visits. For any further questions please call 928-737-6162.

Circle One of the Following:

YES - I am the parent/ legal caregiver and give my consent for the school-based dental screening program. Students may continue to see their Private/Pediatric Dentist elsewhere.

Or

NO - I do not want my child to participate in any school based dental outreach programs.

If NO, who is the child's regular dental provider: _____

The following preventive treatment will be provided as determined by the dentist on site:

- Dental Screening
- Fluoride Varnish (for prevention of cavities)
- Oral Hygiene Instruction (teaching about how to clean your teeth)

In **URGENT** situations involving severe pain, infection, or trauma, **EVERY ATTEMPT WILL BE MADE TO CONTACT THE CAREGIVER AT THE NUMBER BELOW** prior to providing dental services.

_____	_____	_____
Signature	Relationship to Student	Date

_____	_____
Clearly Print Name	Contact Phone

Notes: _____



Public Health Service
Indian Health Service

Hopi Health Care Center
P.O. Box 4000
Highway 264, MM 388
Polacca, Arizona 86042

Influenza and COVID Vaccination Clinic
2026-2027 PARENT CONSENT FORM

Section 1: Information about Student to Receive Vaccine(s) - (please print)

STUDENT INFORMATION		
<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>
<u>Student's Date of Birth</u>	<u>HHCC Chart #</u>	<u>Student's Gender</u> Male or Female
PARENT / LEGAL GUARDIAN		
<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>

Section 2: Student Health History

	YES	NO
1. Does the student have a serious allergy to eggs or previous dose of Flu?		
2. Is the student sick today?		
3. Does the student have allergies to medications, food or other: (if yes, please list below)		
4. Has the student had a serious reaction to any vaccine in the past?		
5. Last dose of the COVID-19 vaccination? _____		
6. Does the student have a health condition or undergoing treatment (i.e. cancer, leukemia, or AIDS), that makes them moderately or severely immunocompromised?		
7. Has the student had an allergic reaction to any component or previous dose of the COVID-19 vaccine?		
8. Does the student take Cortisone, Prednisone, other steroids, anti-cancer drugs or x-ray treatments?		
9. Has the student received a transfusion of blood plasma or a medicine called Gamma Globulin?		
10. Is the student pregnant or at risk of becoming pregnant within the next month? ** First day of Last Menstrual Period (Date): _____ **		

Section 3: Consent for Immunization(s) - VIS form(s) provided at time of vaccination.

<input type="checkbox"/> I GIVE CONSENT FOR:
<input type="checkbox"/> DECLINE:
_____ Flu _____ COVID
_____ Signature of Parent / Legal Guardian
_____ Date
** Parent/Legal Guardian Contact Phone #: _____

(The parent or guardian should fill out this form with assistance from the student-athlete) Exam Date: _____

Name: _____
 Home Address: _____
 Phone: _____
 Date of Birth: _____
 Age: _____
 Sex Assigned at Birth: _____
 Grade: _____
 School: _____
 Sport(s): _____
 Personal Physician: _____
 Hospital Preference: _____

In case of emergency contact:
 Name: _____
 Relationship: _____
 Phone (Home): _____
 Phone (Work): _____
 Phone (Cell): _____

 Name: _____
 Relationship: _____
 Phone (Home): _____
 Phone (Work): _____
 Phone (Cell): _____

Explain "Yes" answers on the following page.
 Circle questions you don't know the answers to.

	Yes	No
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) List past and current medical conditions: _____	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods or stinging insects? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever had surgery? (Please list): _____	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 10)	<input type="checkbox"/>	<input type="checkbox"/>
9) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 10):	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes		

	Yes	No
11) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
12) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
13) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
14) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
15) Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
16) Have you ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>
17) Do you have groin or testicular pain, or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
18) Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
19) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
20) Do you have any rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
21) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
25) While exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
26) Have you or someone in your family tested positive for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
27) Have you been hospitalized or had long-term complication care due to COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
28) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
29) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
30) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
32) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only	
	Yes No
33) Have you ever had a menstrual period?	<input type="checkbox"/> <input type="checkbox"/>
34) How old were you when you had your first menstrual period?	_____
35) How many periods have you had in the last year?	_____

Explain "Yes" Answers Here

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Share About Your Child

	Yes	No
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

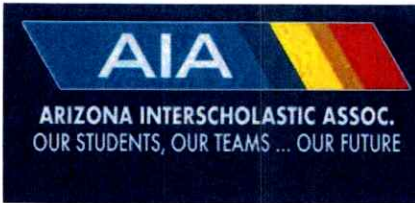
Explain "Yes" Answers Here

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	Not At All	Several Days	Over Half The Days	Nearly Every Day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Share Any Notes Related To The Above Section



**2026-27
ANNUAL PREPARTICIPATION
PHYSICAL EVALUATION**



Family History Questions: Please Share About Any Of The Following In Your Family

	Yes	No		Yes	No
1) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4) Are there any relatives with certain conditions, such as:					
	Yes	No		Yes	No
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>	Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack, Age 50 or Younger	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Deaf at Birth	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>			

Explain "Yes" Answers Here

Additional History

	Yes	No
1) Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you drink alcohol or use illicit drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you ever taken anabolic steroids or used any other performance-enhancing supplements?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever taken any supplements to help you gain or lose weight, or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you always wear a seatbelt while in a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of Student-Athlete Signature of Parent/Guardian Date

AIAARIZONA INTERSCHOLASTIC ASSOC.
OUR STUDENTS, OUR TEAMS ... OUR FUTURE**2026-27****ANNUAL PREPARTICIPATION
PHYSICAL EVALUATION** **Banner
Urgent Care**EXCLUSIVE URGENT CARE
PARTNER OF THE AIA

Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____ % Body Fat (optional): _____
 Pulse: _____ Blood Pressure (1st measure): ____ / ____ (2nd measure) ____ / ____ (3rd measure) ____ / ____
 Vision: R20/____ L20/____ Corrected: Y N Pupils: Equal Unequal

Medical	Normal	Abnormal
Appearance		
Eyes/Ears/Throat/Nose		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary&		
Skin		

Musculoskeletal	Normal	Abnormal
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

A complete PPE requires the information below completed as text or with the official stamp of the provider's office.

* - Multi-examiner set-up only | & - Having a third party present is recommended for the genitourinary examination

NOTES AND RECOMMENDATIONS:

- Cleared without restriction for all sports
- Cleared with the following restrictions and/or recommendations: _____
- Not cleared for any sports [Reason(s)]: _____

Medical Professional has reviewed family history _____ (Initials) Exam Date: _____

Name of Medical Professional (Print/Type): _____

Address: _____

Phone: _____

Signature of Medical Professional: _____

Medical Credential (Circle): MD / DO / ND / NP / PA-C / CCSP

Arizona Interscholastic Association, Inc. Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

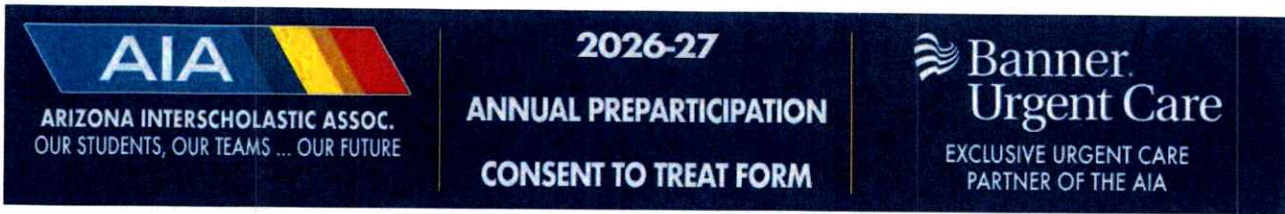
I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____ Date: _____

Parent or legal guardian must print and sign name below and indicate date signed:

Print Name: _____ Signature: _____ Date: _____



2026-27 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designate

PLEASE PRINT LEGIBLY OR TYPE

"I, _____, the undersigned, am the parent/legal guardian of, _____ a minor and student-athlete at _____ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: _____ Signature: _____