

Fort Washakie School

Fremont County School District #21



90 Ethete Road
 Fort Washakie, WY 82514
 P (307) 332-2380 F (307) 332-3597
 www.fortwashakieschool.com

NEW STUDENT REGISTRATION PACKET FOR THE 2022-2023 SCHOOL YEAR

New Students to the District **MUST** present a copy of their birth certificate, immunization records (if not from Wyoming,) certification of Indian blood (if applicable) and court/custody information (if applicable) upon enrollment. Please print legibly and clearly. We appreciate your time and effort.

AGE REQUIREMENT: Pre-K-Must be 4 years of age by August 1st of this year. Kindergarten must be 5 years of age by August first of this year.

Please note: First and last names MUST match the name presented on the provided identification.

| | |
|---------------------------|-----------|
| Student's Legal Last Name | |
| Students Legal First Name | |
| Student's Middle Name | Nickname: |

PRIMARY HOUSEHOLD INFORMATION

Please provide the information for the home where your child spends **50% or more** of their time.

| | |
|---------------------------------|--|
| Residence (street) address: | |
| Mailing address (if different): | |
| City and zip code: | |
| Home phone (if available): | |
| Parent/Guardian: | |
| Relationship to student: | |
| Mobile phone (with area code): | |
| Email address: | |
| Employer and work phone: | |
| Parent/Guardian: | |
| Relationship to student: | |
| Mobile phone (with area code): | |
| Email address: | |
| Employer and work phone: | |

| Grade | Birth Country | Gender (M/F) | Birthdate | Bus Student (circle) |
|-------|---------------|--------------|-----------|----------------------|
| | | | | YES NO |

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| | |
|--|--|
| School District in which you physically reside: | Lander (1) Ft. Washakie (21) Ethete (14) Arapahoe (38) Riverton (25) Wind River (16) Other (specify name of school and district): _____ _____ |
| School Name of Last School Attended: | |
| City, State, Zip | |

| | | | | |
|---|------------|------------|------------|------------------|
| Does the student receive any of the following services (Circle all that apply) | | | | |
| TITLE I | IEP | 504 | ELL | PROBATION |

| | | |
|---|-------------------------------|--------------------------------|
| Has this student repeated a grade? | Circle answer: YES NO | If yes, please indicate grade: |
|---|-------------------------------|--------------------------------|

SECONDARY HOUSEHOLD INFORMATION

Please use the space below to provide information if your child spends **50% or less** time in another household.

| | |
|-------------------------------------|--|
| Residence (street) address: | |
| Mailing address (if different): | |
| City and Zip Code: | |
| Home Phone (if available) | |
| Parent/Guardian Name: | |
| Relationship to Student: | |
| Non-emergency Communications | Should this individual receive these communications? YES NO If so, please include the following information: |
| Mobile Phone (with area code) | |
| Email Address: | |
| Employer and Work Phone: | |

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STUDENT HISTORY AND EMERGENCY CONTACT INFORMATION (PAGE 1 OF 2)

This information may be used within the policies of Fremont #21 and also during school sponsored field trips and other out-of-district travel. It will also be used in the event of a serious accident/illness requiring transportation to an emergency medical facility. This information will be updated annually and the original will be located in your student's health file. This form must be completed and signed by the student's parent/guardian.

| Student's Last Name | Student's First Name | Date of Birth | Current Grade |
|---------------------|----------------------|---------------|---------------|
| | | | |

| Condition | Circle Yes or No | | If yes, please provide details: |
|-----------------------------------|------------------|----|---------------------------------|
| Hearing problems: | Yes | No | _____ |
| Skin problems: | Yes | No | _____ |
| Congenital (birth) defects: | Yes | No | _____ |
| Neurological disorder: | Yes | No | _____ |
| Seizure disorder: | Yes | No | _____ |
| Frequent headaches: | Yes | No | _____ |
| Frequent nosebleeds: | Yes | No | _____ |
| Vision problems: | Yes | No | _____ |
| Wears glasses or contacts: | Yes | No | _____ |
| Asthma: | Yes | No | _____ |
| Chronic respiratory infections: | Yes | No | _____ |
| Heart disease: | Yes | No | _____ |
| Blood disorder: | Yes | No | _____ |
| Diabetes: | Yes | No | _____ |
| Difficulty controlling urination: | Yes | No | _____ |
| Difficulty controlling bowels: | Yes | No | _____ |
| Bone or joint problems: | Yes | No | _____ |
| Speech problems: | Yes | No | _____ |
| Behavior difficulties: | Yes | No | _____ |
| Emotional difficulties: | Yes | No | _____ |
| Other: | Yes | No | _____ |

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STUDENT HEALTH HISTORY AND EMERGENCY CONTACT INFORMATION (PAGE 2 OF 2)

| | |
|--|---|
| Student Last Name | Student First Name |
| | |
| Is The Student Currently Taking Any Medication? | If yes: Please List Medications <i>(All medications given at school require a medication consent form and must come in the original labeled container)</i> |
| <p style="text-align: center;">YES NO</p> | |

Does the student have any allergies to food or insect bites? If yes, please provide details *(For food allergies, this will require a medical statement in order to request/provide special meal forms)*

| | |
|--|--|
| <p style="text-align: center;">YES NO</p> | |
|--|--|

INFORMATION ABOUT CAREGIVERS

| | |
|--|--|
| Primary Physician Name and Phone: | |
| Dentist Name and Phone: | |
| Eye Doctor Name and Phone: | |

The individual(s) below have my authorization to check my child out of school in the event of an emergency situation **ONLY**. They can be reached during school hours at the number listed.

| Name | Relationship | Phone Number |
|-------------|---------------------|---------------------|
| | | |
| | | |

I understand that in cases of serious accident or illness at school or during a school-sponsored field trip, my child will be sent to an emergency medical facility. The parent/guardian will be responsible for all expenses. I understand that this information will be shared with Fremont County School District #21 staff accompanying my child on school-sponsored field trips and with emergency/medical staff in the event of a serious accident or illness. I agree to inform the school district, in writing, of any changes to this information. **HIPPA & FERPA:** I authorize the sharing of my child's health information identified on this Student Health Information form to provide appropriate school health services. This authorization is effective until revoked in writing by parent/guardian.

| | |
|----------------------------------|-------------|
| Parent/Guardian Signature | Date |
| | |



APPROPRIATE ACCESS POLICY

EDUCATIONAL PROGRAMS SERIES 507

COMPUTER ASSISTED PROGRAMS

(Use of Internet, E-Mail and Local Area Network)

It is the policy of this School District that the staff and students will be encouraged and permitted to utilize the computer network provided by the School District to the greatest extent possible to facilitate learning and provide the best education experience possible. In this regard, the School District has made electronic mail and the internet available to students and staff.

All students must obtain parental permission, sign and return a Internet/Intranet Use Agreement form to the School District to gain access to E-mail and the internet. All users must sign the Internet/Intranet Use Agreement form prior to access being granted.

Access to the internet will enable students to explore thousands of libraries, databases and bulletin boards while exchanging messages with internet users throughout the world. Families should be warned that some material accessible via the internet may contain items that are illegal, defamatory, inaccurate and potentially offensive. While it is possible for students to access inappropriate material and otherwise misuse the system, it is the intent of the School District that network access, local and worldwide, should only be used to further the educational goals and objectives set out for each student.

It is the policy of this School District to educate our students by implementing the use of modern technology. Students will need to be familiar with various types of technology in order to be successful in their subsequent education and careers. However, in order to utilize this technology, it will ultimately be the responsibility of the parents and guardians to set and convey standards to their own children that they will follow while utilizing this technology. To that end, the School District will support and respect each family's right to decide whether or not to apply for access. The Board authorizes the superintendent to prepare appropriate acceptable use procedures and regulations for implementation of this policy and for reviewing and evaluating its effect on instruction and student achievement.

FCSD#21 adopted Series 5-7-Computer Assisted Instruction: 11/13/2013

| | |
|----------------------------------|-------------|
| Parent/Guardian Signature | Date |
| | |
| Student Signature | Date |
| | |

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ETHNICITY/RACE QUESTIONS

For Federal requirements, both questions must be answered.

| | |
|--|---|
| <p>Is the student Hispanic or Latino?</p> <p>Choose only one answer</p> | <p>No, not Hispanic or Latino</p> <p>Yes, Hispanic or Latino</p> <p>A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.</p> |
| <p>What is the students' race?</p> <p>Choose one or more as appropriate</p> | <p>American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central American), and who maintains tribal affiliation or community attachment.</p> <p>Asian or Asian-American A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>Black or African American A person having origins in any of the black racial groups of Africa.</p> <p>Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>White/Caucasian A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> |

As prescribed by Title VI of the Civil Rights Act of 1964, a Home Language Survey is to be used to identify students at the time of enrollment in our school district. Please respond to the following questions:

| | |
|--|--|
| <p>What language did your child learn when he/she first began talking?</p> | |
| <p>What language does your child most frequently speak at home?</p> | |
| <p>What language is spoken by you and your family most frequently at home?</p> | |
| <p>Has your child attended a school in the United States for more than three academic years?</p> | <p style="text-align: center;">Yes No</p> |
| <p>Is this student an exchange student?</p> | <p style="text-align: center;">Yes No</p> |

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OMB Control No. 1810-0021 (Exp. 01/31/2024)

ED 506 Form

Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Education Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade Level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one) _child _child's parent _child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name: _____ Address: _____

City: _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Tribe
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe of Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

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Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian Means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aluet, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

Section A

Select one response for each question

| | | |
|--|-----|----|
| Is your current residence a temporary living arrangement? | Yes | No |
| Is your living arrangement due to loss of housing or economic hardship? | Yes | No |
| Is your current residence inadequate for meeting your physical or psychological needs? | Yes | No |
| If you answered YES to <u>any</u> of the questions, please complete the next section. If you answered NO to <u>all</u> of the questions, you may stop here. | | |

Section B

Do any of the following situations apply? (choose as many as necessary)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Living with more than one family in a house, mobile home or apartment |
| <input type="checkbox"/> | Living in a hotel/motel |
| <input type="checkbox"/> | Living in a shelter or transitional housing |
| <input type="checkbox"/> | Living in a vehicle of any kind, park, campground, public space or abandoned building |
| <input type="checkbox"/> | Living with an adult that is not a parent or legal guardian or living alone without an adult |
| <input type="checkbox"/> | Living in an unknown nighttime residence |
| <input type="checkbox"/> | Other temporary living arrangement (please describe): |



Family Educational Rights & Privacy Act (FERPA) & Protection of Pupil Rights Amendment (PPRA)

- **School Directory Information:** Not all student information is confidential. In accordance with federal law and district policies, Fremont County School District #21 & the Wyoming Department of Education (WDE) may make available to various persons, agencies and institutions different categories of information regarding students. These include public events and/or information and classroom events. These can include honor roll lists, team rosters, photo captions, press releases and more. Private information such as addresses, birthdates, phone numbers, test scores, etc. will not be disclosed.
- **Student Surveys:** Students may be asked to fill out various surveys that collect student information. In some circumstances, you may receive an opt-out form. Returning this form will remove your student from the data collection.
- **Protection of Student Records:** Parents can request to inspect and review the student's education records maintained by the school within forty-five (45) days of the school's receipt of a written request. Please contact the administration building to make this request.
- **Services for Youth in Transition:** Our district will provide equal access to comparable services to all students regardless of their home living situation. Homeless students or students in transition are not required to attend a separate school for homeless youth and have the right to benefit from programs for which they are eligible. Mr. Owen St. Clair is the staff member who will help introduce you to various educational programs and services that are available.
- **Right to Request Teacher Qualifications:** You have the right to request information regarding the professional qualifications of your child's classroom teacher(s) or paraprofessional(s). If you make this request, the district or school will provide you the information as soon as possible. Please contact the school's principal.
- **Field Trips:** From time to time this school year, your child will be taking day trips to various places of interest in the community and, at times, out of the community. The student named in this registration packet has my permission to join the class on any field trips taken during the upcoming school year.
- **Communication via Phone, Text and Email:** All parents and guardians will be contacted via phone, text message and email in addition to written communications. These may include messages regarding attendance, discipline and grades.
- **Parent Portal:** The district uses a student information system (SIS) called Infinite Campus to organize and manage student demographics, grades, attendance, behavior and other information. A feature of Infinite Campus is allowing parents access to information regarding their students. You will be assigned a username and password to monitor your student(s) information via the Parent Portal.

By signing below, you agree to the above items. If you do not agree with these items, please contact the front office to fill out the required forms to "opt-out" your student.

| Parent Signature | Date |
|------------------|------|
| | / / |

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“BLANKET” PERMISSION TO PARTICIPATE IN A SERIES OF SCHOOL-SPONSORED FIELD TRIPS

I hereby request that (Student's Name-Please Print) _____ be allowed to participate in athletic team, band/orchestra/chorus, and/or any series of field trips related to one particular area of study or activity. I understand that transportation may or may not be provided by the Fremont County School District 21 (District). In the event transportation is not provided by the District, transportation will be the student's responsibility.

Detailed trip information, including destination, date, time or departure, time of return, purpose and supervision, should be given in writing to the parents at least two (2) weeks prior to each trip in the series.

I understand that Fremont County School District 21 is not responsible for insuring me or the student with regard to the student's participation in the activity or any fundraising event associated with the activity. I am responsible for obtaining any medical, accidental, or other insurance that I may deem appropriate.

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for and consenting to the procedures or treatment at his/her or their discretion.

I understand that Fremont County School District 21 and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the field trip activity or any fundraising event associated with the activity. Fremont County School District 21 and its employees have not waived these protections and immunities.

By signing this form, on behalf of myself, the student and our family and representatives, I release, indemnify and hold harmless Fremont County District 21 and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student's own misconduct, the actions or omissions of third parties, or relate to property which is not owned by Fremont County School District 21. I understand that for purposes of this form, the term "employees" includes Fremont County School District 21 directors, employees, servants and volunteers.

Name of Student (**PLEASE PRINT**)

Signature of Student

Date

Name of Parent/Guardian (**PLEASE PRINT**)

Signature of Parent/Guardian

Date

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REGARDING SWIMMING/AQUATIC ACTIVITIES (IF APPLICABLE)

CHECK THOSE THAT APPLY:

_____ Participant has my permission to swim and participate in other aquatic activities. *Swimming in the ocean will not be allowed.*

Is there a specific activity that you do not want your child to participate in? YES NO

If so, what?

_____ Participant **DOES NOT** have my permission to swim and participate in other aquatic activities.

Students failing to adhere to the rules will have their parents notified to come pick them up.

Parent/Guardian Signature

Date

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Insurance Verification for Activities, Trips and Fundraising Events

I understand that Fremont County School District 21 is not responsible for insuring me or the student with regard to the student's participation in the activity or any fundraising event associated with the activity. I am responsible for obtaining any medical, accident or other insurance that I may deem appropriate. Based on this understanding, I certify as follows (please select the appropriate situation):

_____ My student is covered under an accident policy purchased through the school for the 2020-2021 school year.

_____ My student is covered under my personal insurance policy which coverage is now in effect.

_____ My student is covered under medical services provided through the United States Military and/or other governmental agency or organization, or otherwise through my employment.

Company: _____

Policy or Claims No.: _____

_____ My student has no medical insurance coverage and I agree to be fully responsible for all uninsured expenses for medical services and treatment resulting from any accident or injury during the field trip.

Parent/Guardian Signature

Date

PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I understand that Fremont County School District 21 and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the field trip activity or any fundraising event associated with the activity. Fremont County School District 21 and its employees have not waived these protections and immunities. By signing this form, on behalf of myself, the student and our family and representatives, I release indemnify, and hold harmless Fremont County School District 21 and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student's own misconduct, the actions or omissions of third parties, or relate to property which is not owned by Fremont County School District 21. I understand that for purposes of this form, the term "employees" includes Fremont County School District 21 directors, employees, servants and volunteers.

Parent/Guardian Signature

Date

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**FREMONT COUNTY SCHOOL DISTRICT #21
AUTHORIZATION FOR NON-PRESCRIPTION, OVER THE COUNTER (OTC) MEDICATIONS
TO BE ADMINISTERED AT SCHOOL**

Student: _____ **Birth Date:** _____

Date: _____

Drug Allergies: ___NO ___YES **If yes, please list:** _____

Please include allergies to non-prescription medications such as Tylenol, Advil, cold medications, herbal supplements, etc.

I give permission for my student named above to be given the following medications as deemed necessary by the School Nurse or designee. I understand the medication will be dosed by age and weight and given by mouth in pill or liquid form as tolerated by the student.

- **Stock Ibuprofen (Motrin/Advil)** YES ___ NO ___
- **Stock Acetaminophen (Tylenol)** YES ___ NO ___
- **Stock Diphenhydramine (Benadryl)** YES ___ NO ___
(Only used for severe allergic reactions-will notify parents immediately)

Parent/Guardian Authorization

- I understand that if I desire a specific brand/form of OTC medication, I am to furnish the medicine.
- I understand that parent/guardian authorization is required for any non-prescription medication to be given at school.
- Students are prohibited from carrying any medication on their person.
- I will notify the school nurse immediately if any child's health status changes, or there is a change or cancellation of the medications.
- I understand if I choose to provide medication for my student, all medications must be provided with an accurately labeled container. Non-prescription medications provided by a parent must be in the **ORIGINAL CONTAINER** with label and directions.
- A new authorization is required when there are any changes in the medication orders (dosage, time, etc).
- I understand this authorization is in effect until revoked by parent, physician or school nurse.
- I have read the "Parent/Guardian Authorization" (above) and agree to the instructions it provides.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____



**IMMUNIZATION AGREEMENT
BETWEEN PARENT/GUARDIAN AND SCHOOL**



To ensure the Wyoming Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA), Wyoming schools must obtain parent/guardian agreement before accessing a student’s immunization record within the Wyoming Immunization Registry (WyIR) for proof of immunization.

Parent/guardian agreement must be maintained in the student’s school file and made available to the Wyoming Department of Health upon request.

I, _____, am the parent/guardian of _____. I
(Parent/Guardian Name) (Child’s Name)

agree that the designated administrative official, such as the school nurse, representing

_____ has my permission to access this student’s immunization
(Name of School)

record in the WyIR to obtain proof of immunization in order to meet the school entry requirements in accordance with Wyo. Stat. Ann. § 21-4-309.

Parent/Guardian Signature

Date