Returning Students
Registration Packet
Red Cloud Indian School
100 Mission Drive
Pine Ridge, SD 57770

July 16, 2020

Dear Red Cloud Families,

I hope that you and your family are well as you read this letter. Thank you so much for your patience and understanding as we continually adapt, like you, to the impact COVID-19 has had on our schools and community.

The Red Cloud Administration, Staff, and Teachers are enthusiastic to begin the 2020-2021 school year with you. In this packet you will find the following forms that we need returned in addition to the $100 enrollment fee per student (or a total of $200 if there are more than 1 student attending in the family):

- Changes in Infinite Campus Form
- Medication Administration Form
- Consent for Care Form
- TIE Form (Title I services) Form
- Media Release Form
- Chromebook Acceptable Use Form
- Bus Information Form
- RCIS Student Internet Agreement Form

Also, to ensure the continued safety of our community during this pandemic, we are requesting students are equipped with the following. Please note that teachers may require additional supplies for their classes (e.g. notebooks, sketchbook, calculator, etc.).

- 2-3 face masks
- Personal Hand Sanitizer
- Water Bottle

Enrollment/registration forms and tuition must be received by Friday, August 7th. The following methods will be used to return the enrollment/registration forms and pay tuition:

1) Mail to:
   Red Cloud Indian School
   % Sarah Herman
   100 Mission Drive
   Pine Ridge, SD 57770

2) In person delivery the week of August 3th - 7th from 9am - 5pm only. Due to construction in the high school packets will be accepted at the EAST entrance of the high school (near the field house). Everyone is required to wear a mask and we ask that only one person enter at a time. Locker contents will also be available for pick up during this time.

We are very thankful for your patience and diligence during these difficult times. Please don’t hesitate to contact us should you have any concerns or questions.

Respectfully,

Jessica Heesacker
jessicaheesacker@redcloudschool.org
605-857-1289

Sarah Herman
sarahherman@redcloudschool.org
605-857-1289
Returning Student Registration Form

Red Cloud Indian School
100 Mission Drive
Pine Ridge, SD 57770

School Year ____________________________

Grade Entering  □ 10th  □ 11th  □ 12th

STUDENT INFORMATION

Last Name ____________________________ First Name ____________________________ MI ______

Gender  □ Male   □ Female  Birthdate ______/______/_______  Age ______

Social Security # ____________________________ Student Cell Phone __________________________

Please fill out the following sections with any updated information. (Student, Medical, Parent Information, Check-out, Siblings, & any other Critical info.)

MEDICAL

Does this student have any medical conditions that we need to be aware of?  □ Yes  □ No

If yes, please explain ____________________________

Does this student have any known allergies?  □ Yes  □ No

If yes, please list ____________________________

Please describe any other health conditions ____________________________

HOUSEHOLD INFORMATION  Primary - Where the student is living. All mailings will be sent here.

Mailing Address ____________________________ City ____________________________ Zip ____________

Physical Address/brief description of where the student lives:

Primary Guardian Contact 1

Name ____________________________

Relationship ____________________________

Place of Employment ____________________________

Cell Phone ____________________________

Home Phone ____________________________

Primary Guardian Contact 2

Name ____________________________

Relationship ____________________________

Place of Employment ____________________________

Cell Phone ____________________________

Home Phone ____________________________
<table>
<thead>
<tr>
<th>Work Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Email</td>
<td>Personal Email</td>
</tr>
<tr>
<td>Work Email</td>
<td>Work Email</td>
</tr>
</tbody>
</table>

**HOUSEHOLD INFORMATION**  Secondary. Send mailings to this address as well  [ ] yes  [ ] no

Mailing Address  
City  Zip

---

**Secondary Guardian Contact 1**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Place of Employment</th>
<th>Cell Phone</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Personal Email</th>
<th>Work Email</th>
</tr>
</thead>
</table>

**Secondary Guardian Contact 2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Place of Employment</th>
<th>Cell Phone</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Personal Email</th>
<th>Work Email</th>
</tr>
</thead>
</table>

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**SIBLINGS**  Please List Any Who Are Currently Enrolled at Red Cloud Indian School/O.L.L.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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**Non Household Relationships/Check-Out**

*Emergency Contacts When Primary/Secondary Guardian Cannot Be Reached.*

I give Red Cloud Indian School Permission to Release information regarding my child to the following.

<table>
<thead>
<tr>
<th>1.</th>
<th>Phone</th>
<th>Relationship</th>
<th></th>
<th>[ ] yes / [ ] no</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Phone</td>
<td>Relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Phone</td>
<td>Relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Phone</td>
<td>Relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Phone</td>
<td>Relationship</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Red Cloud Indian School Agreement
To the best of my knowledge, the above information is true, accurate, and correct. By signing below, I am requesting the enrollment of the above named student to Red Cloud Indian High School and I agree to pursue and support the educational objectives and practices as stated in the Red Cloud Indian School Student/Parent Handbook, and to respectfully observe the disciplinary code of the school.

____________________________________________  __________
Signature of Parent/Guardian                  Date

____________________________________________  __________
Signature of Student                          Date
# HIGH SCHOOL BUS SCHEDULING FORM

<table>
<thead>
<tr>
<th>NAME OF CHILDREN</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate which bus your child will be riding:

### PINE RIDGE – South
- Mission Flats
- Cheyenne Creek
- Fragg Rock
- White Clay Road
- New Crazy Horse
- Old Crazy Horse

### PINE RIDGE – East
- Old Hospital
- Trailer Court below O.H.
- North Ridge
- East Ridge
- Sundance Grounds
- New IHS
- Area Below Water Tower
- Shared Visions Court

### PINE RIDGE – West
- Old Court House
- Fire Station
- Bakers Hill
- CC Yards
- Pine Ridge Campus
- Slim Buttes

### OGLALA – One
- Calico
- Tobacco Road
- #4
- Littles Flat
- Loneman
- #6

### OGLALA – Two
- Belt Village
- Governors Drive
- Ogala
- Chadron Junction
- Casino
- Lakeside

**NOTE: Sharps Corner Bus-All stops limited to HWY stops ONLY.**

### SPECIFIC directions to your residence OR turnoff: (house color, house #, landmarks, community name, street sign, etc.)

**PLEASE DO NOT PUT, “SAME AS LAST YEAR”**

<table>
<thead>
<tr>
<th>Morning Bus Stop</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Afternoon Bus Stop</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternate Drop-Off</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact info for alternate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Alternate Stop Information

**According to the Student/Parent Handbook, “A student will ride their assigned bus and only be dropped off at their Primary or Secondary (Alternate) stops listed in the registration forms. Otherwise, it is the responsibility of the parents to pick their student up at Red Cloud High School.”

Note: You are only allowed TWO changes to the secondary (alternate) PM stop throughout the year. These changes will need to be made at your earliest convenience with the Transportation Coordinator directly in the Superintendent's Office in order for a bus pass to be made by the designated office manager.

Primary PM Stop:

__________________________________________________________________________________

Secondary (Alternate) PM Stop:

__________________________________________________________________________________

Contact Information for both PM Stops:

Name: __________________________
Phone: _________________________

Name: __________________________
Phone: _________________________
**High School ***A.S.P.*** Bus Scheduling Form**

*Please fill out **ONLY** if your student will be riding the Activity Bus for ASP or Sports:*

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**Please indicate which bus your student will be riding:**

<table>
<thead>
<tr>
<th>PINE RIDGE – South</th>
<th>PINE RIDGE – East</th>
<th>PINE RIDGE – West</th>
<th>OGLALA – One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Flats</td>
<td>Old Hospital</td>
<td>Old Court House</td>
<td>Calico</td>
</tr>
<tr>
<td>Cheyenne Creek</td>
<td>Trailer Court</td>
<td>Fire Station</td>
<td>Tobacco Road</td>
</tr>
<tr>
<td>Fraggle Rock</td>
<td>below O.H.</td>
<td>Bakers Hill</td>
<td>#4</td>
</tr>
<tr>
<td>White Clay Road</td>
<td>North Ridge</td>
<td>CC Yards</td>
<td>Littles Flat</td>
</tr>
<tr>
<td>New Crazy Horse</td>
<td>East Ridge</td>
<td>OCS Campus</td>
<td>Bakers Hill</td>
</tr>
<tr>
<td>Old Crazy Horse</td>
<td>Sundance Grounds</td>
<td>Slim Buttes</td>
<td>#6</td>
</tr>
<tr>
<td></td>
<td>New IHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Area Below Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tower</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shared Visions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Court</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SHARPS CORNER</th>
<th>MANDERSON</th>
<th>OGLALA – Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Porcupine</td>
<td>East HWY 18</td>
<td>Belt Village</td>
</tr>
<tr>
<td>Evergreen</td>
<td>Wolf Creek</td>
<td>Governors Drive</td>
</tr>
<tr>
<td>Rockyford</td>
<td>School/HSG</td>
<td>Oglala</td>
</tr>
<tr>
<td>Thunder Valley</td>
<td>Turnoff</td>
<td>Chadron Junction</td>
</tr>
<tr>
<td></td>
<td>Manderson</td>
<td>Casino</td>
</tr>
<tr>
<td></td>
<td>Wounded Knee</td>
<td>Lakeside</td>
</tr>
<tr>
<td></td>
<td>All other areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>East of Pine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ridge</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE: Sharps Corner Bus-All stops limited to HWY stops ONLY.**

**SPECIFIC directions to your residence OR turnoff: (house color, house #, landmarks, name of community, street sign, etc.)**

**PLEASE DO NOT PUT, “SAME AS LAST YEAR”**

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**Contact info for Evening Drop Off:**

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**NOTICE: THERE ARE NO ALTERNATIVE STOPS FOR ACTIVITY BUSES**

PARENT SIGNATURE ___________________________ Phone #: _____________ Date: _____________
MULTI-MEDIA/PHOTO/VIDEO PERMISSION AND RELEASE

I hereby grant Red Cloud Indian School, Inc. and third parties having prior approval from Red Cloud Indian School, Inc. (such as newspapers, magazines, television and digital productions) the absolute right and unrestricted permission to take, use, and/or publish written and audio remarks, articles and reports and photographic images or pictures of me, whether still, single, multiple, or moving, or in which I may be included in a whole or in part, in color or otherwise, as well as my work product, made while I am a student at Red Cloud Indian School through any form of media (print, digital, electronic or otherwise) for educational and promotional purposes without expectation of compensation in any form now or in the future.

I have enrolled the following student(s) into Red Cloud High School.

________________________________________

________________________________________

________________________________________

I have read the entire contents of the school’s Multi-Media/Photo/Video Permission and Release. I agree to abide by the rules, regulations, and policies of Red Cloud High School.

________________________________________  Date

Parent/Guardian Signature

________________________________________  Date

Student Signature
Title I Reading and Math Support
Services Red Cloud Elementary,
Our Lady of Lourdes, and
Red Cloud High School

Student's Name:_________________________ Grade:________

School:____________________________________________________________________

During the school year, we strive to support and encourage each student to reach their full potential by meeting them at their learning level. Title I support is intended to provide students with extra learning support when it is most helpful. Once a student reaches a specific learning goal, the support may end. Should your child need additional learning support in the form of Title I support services, do you give permission to provide extra learning support for your child? Please indicate your wishes below.

☐ I, the parent or legal guardian, GIVE PERMISSION for my child to participate in the Title I Reading and/or Title I Math Program.

☐ I, the parent or legal guardian, DO NOT GIVE PERMISSION for my child to participate in the Title I Reading and/or Title I Math Program.

I would like to be contacted about Title I events via Email. ☐ Yes ☐ No

Email:________________________________________

Phone Number:_________________________________

Date:__________________________________________

Parent Name (Printed):___________________________

Parent Signature:________________________________

Red Cloud Indian School, Inc.

Red Cloud High School ▶ Red Cloud Elementary ▶ Our Lady of Lourdes

Elementary

Student Network/Internet User Agreement

Introduction
We are pleased to offer students of Red Cloud Indian School access to the school-system computer network resources, and the Internet. To use these resources, parents of all students must sign and return this form. Parents, please read and complete this document carefully, review its contents with your son/daughter, and sign and initial where appropriate. Any questions or concerns about this permission form or any aspect of the computer network should be referred to your school’s Principal.

General Network Use
The network is provided for students to conduct research and complete assignments. Access to network services is given to students who agree to act in a considerate and responsible manner. Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. To ensure the use of electronic communication systems in the Red Cloud School System are compliant with this agreement, network administrators may monitor usage of purchased equipment from time to time. Access is a privilege - not a right. As such, general school rules for behavior and communications apply and users must comply with system-wide technology standards and honor the agreements they have signed (see over).

Network storage areas may be treated like school lockers. Network administrators may review files and communications (i.e. computers, email, cell phones, pagers, chat, and instant messaging) in order to appropriately maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files stored on Red Cloud servers are ever private, as electronic systems are not personal property, including school internet, staff/students maintain no right or expectation of privacy related to their use of Red Cloud Electronic Communication Systems.

Internet / World Wide Web
Access to the Internet will enable students to use thousands of libraries and databases. Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. Filtering software is in use, but no filtering system is capable of blocking 100% of the inappropriate material available on the Internet. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Parents are urged to explore the resource with their children, as there are many areas not suitable for access by children.

Publishing to the World Wide Web
Parents, your daughter or son’s work may be considered for publication on the World Wide Web, specifically on the student’s school’s web site. Such publishing requires parent/guardian permission (see over). The work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, those requests will be forwarded to the student’s parent/guardian.

It is the policy Red Cloud Indian School to follow the guidelines set forth in the Child Internet Protection Act located on the American Library Association website at: http://www.ala.org

Students will have access to Red Cloud Google Applications and Red Cloud Google Email hosted within in its own Red Cloud domain. Elementary students will not be able to send or receive email outside of Red Cloud Indian School’s Domain.

Directions
Read carefully! Then complete the highlighted areas on the back page and return to the school. This information will be kept on record with the technology coordinator. Only Office Staff, Technology Staff, and the Classroom Teacher will have access to this information. We must have this document on record for your child to able to use school computers or access the Internet.
Red Cloud Indian School
Student Network/Internet User Agreement and Parent Permission Form

To use networked resources, all students must sign and return this form, and those under age 18 must obtain parental permission. The activities listed below are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language, defamatory, offensive or harassing via any Electronic Communication (email, chat, text messaging, or websites)
- Giving personal information, such as complete name, phone number, address or identifiable photo, without permission from teacher and parent or guardian
- Harassing, insulting or attacking others
- Damaging or modifying computers, computer systems or computer networks will result in monetary charges related to repair, replacement or re-configuration
- Installing or attempting to install any program, game or application not approved by the District
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work or files
- All Non-School Chat Rooms, Multimedia Downloads, Outside Non-School Email (Yahoo, Hotmail, etc.)
- Social Networking Websites are Blocked and not allowed access on the school networks
- Employing the network for commercial purposes, financial gain, or fraud.
- Accessing and playing games not approved by the teacher or administration
- Hacking Sites, Games or Gambling Sites and Proxy Avoidance Sites are Blocked

Violations may result in a loss of access as well as other disciplinary or legal action

Student User Agreement:
As a user of the Red Cloud Indian School computer network, I hereby agree to comply with the statements and expectations outlined in this document and to honor all relevant laws and restrictions. In addition, I hereby waive any right or expectation of privacy I might have in any communication including emails, instant messaging, and documents that may be accessed by RCIS through the network.

(Initial appropriate items)

☐ I agree to use the network responsibly
☐ I grant permission to have my work or un-named group pictures published to the World Wide Web

Student Signature ___________________________ Date ______________

Parent/Guardian Permission:

All students are provided with access to district computer resources. In addition to accessing our district computer network, as the parent or legal guardian, I grant permission for the above named student to:

(Initial appropriate items)

☐ Access the Internet
☐ Have his/her materials published to the World Wide Web
☐ Have his/her name or photo published on the World Wide Web, according to guidelines stated on the previous page of this document

These permissions are granted for an indefinite period of time, unless otherwise requested. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use - setting and conveying standards for my daughter, son, or guardian to follow when selecting, sharing or exploring information and media.

I understand that Red Cloud takes reasonable steps to limit offensive material from the network accessible to my child. I further understand that no such system is fool proof. In consideration of allowing my child access to the network and Internet I hereby waive any claim my child or I might make relating to the content of information or images my child may encounter on the network. In addition, I understand that there is no expectation of privacy with respect to communication to, from or about my child that may be accessed through the network, including without limitation emails, instant messaging, documents and the like and the District's access to such material.

Parent Signature ___________________________ Date ______________
RED CLOUD INDIAN SCHOOL
STUDENT HEALTH RECORD

Student Name: __________________________________________

Please check if any of the following apply to your child:

Allergies    ______  Kidney Problems    ______
Asthma       ______  Rheumatic Fever     ______
Chicken Pox   ______  Scarlet Fever      ______
Diptheria     ______  Hearing Problems   ______
Diabetes      ______  Speech Problems    ______
Seizures      ______  Stomach Problems   ______
Pneumonia     ______  Heart Problems     ______
Hepatitis     ______  Wears Glasses/Contacts______

If your child has allergies, please specify _______________________

If your child has medication administered daily, please specify _________
Purpose: Over the counter pain relief medications can be obtained without a doctor’s prescription and are used for the relief of pain symptoms on a temporary basis. Appropriate use of over the counter pain relief medications at school can assist students to remain in school and continue to achieve in the classroom.

Parent/Guardian Authorization
Valid for School Year: 2020-2021

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date of Birth:</th>
<th>Grade:</th>
</tr>
</thead>
</table>

I give permission to authorized Red Cloud school staff to give my child acetaminophen (non-aspirin), antacid, or cough drops when determined to be needed for headache, menstrual cramps, tooth pain, stomach pain, cough/sore throat or other related symptoms.

Select which medication can be given by checking all that you approve:

___ Acetaminophen (non-aspirin) 500 mg in each tablet (2 tablets in a package)
___ Antacid 420 mg in each tablet (2 tablets in a package)
___ Cough Drops

Please list any drug allergies your child has:

Please list any chronic health conditions your child has:

Please list any other information we should have on file:

Parent/Guardian Printed Name

Parent/Guardian Signature

Date
CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

(Before completing this form, please read information on reverse side)

The Pine Ridge Indian Health Service may render emergency medical care, health screening physicals, and other screening clinics through a consent form. It is against federal law for a health care institution to provide routing medical care or dispense medications to a minor without a parent or legal guardian present. (Except in authorized BIA Indian boarding schools).

Children are not to be sent to school or to an IHS clinic for medical care unaccompanied by a parent or legal guardian.

GRADE_______

STUDENT NAME____________________________________ BIRTH DATE__________

I (we), ____________________________________________

have read the Consent Form for the Indian Health Service to arrange for or to provide the following health services for this child:

1. Emergency medical care for accidents or life threatening illnesses, which occur at the school.
2. Emergency dental care.
3. Periodic screening and athletic physicals.
4. Mental health services including evaluation and treatment as necessary.
5. Transportation of the child to and/or from another facility for these services.
6. Routine immunizations as needed.

_____ I hereby give consent for all of these services.

_____ Exceptions or special instructions:

________________________________________________________________________

________________________________________________________________________

Signed__________________________________________ Date ____________________

Address __________________________________________

Relationship_______________________________________ Valid Until ____________

RETURN THIS FORM TO THE SCHOOL

Defined as one who in the absence of a parent / legal guardian provides a home for the child such as next of kin.
EMERGENCY HEALTH CARE:
Emergency health care includes surgical and non-surgical procedures that cannot be deferred without endangering the child’s health or life. Surgical procedures that can be deferred are not authorized by the consent in this form. In such cases the specific authorization for surgery from the parent or legal guardian is required.

EXPLANATION:
Schools and the Indian Health Service are not permitted to treat non-emergency health problems (i.e.: ear aches, stomach aches, colds, coughs, fevers, etc.) without a parent or guardian present. It is also illegal to dispense medications to a child. Children are often unable to give an accurate health history, history of allergic reactions, or family health history to the medical provider. Children are also often unable to understand directions due to incomplete or erroneous histories, which may result in harm to the child. Children have been known to overdose on medication given to them in the absence of a parent or guardian, as they could not remember how to take the medication. It is a universal parental responsibility to bring a child in for medical care. This responsibility cannot be assumed by the schools or Indian Health Service. Repeated failure of a parent or guardian to bring a child in for medical care, once having been advised to do so by the school or IHS may lead to charges of child negligence under the child welfare codes of the tribe, state, and federal government.

PRIVACY ACT PUBLIC LAW 93-579

The Privacy act of 1974 establishes procedures to protect information, which the federal government collects about individuals. The basic authority for delivery of Health Care is the 25 USC 13, commonly referred to as the Snyder Act.

Public Law 93-638 authorizes the Public Health Service to enter into contracts and grants with tribal organizations to carry out any Indian Health Service functions, authorities and responsibilities. Indian Health Care Improvement Act, Public Law 94-437 expands the provision of health services to Indians based on the concept of Indian self-determination.

The Indian Health Service personnel will not tell anyone what is in a medical record without the patient’s written consent or the consent of a person with authority to act on behalf of the child. With a few exceptions, copies of a record, in part or total, may be disclosed:

1. To state, local or other authorized organizations which provide health services to American Indians and Alaskan Natives for the purpose of planning for or providing such services, billing third parties for the payment of care, and reporting results of medical examination, care and treatment.
2. To individuals and organizations deemed qualified by the Secretary to carry out specific research solely for the purpose of carrying out such research.
3. To federal and nonfederal school systems, which serve American Indian and Alaska Native children for the purpose of student health maintenance. We release to school personnel only the health care information that affects the health, safety, and learning needs of the student while attending school.
4. To the Bureau of Indian Affairs and their contractors for the identification of American Indian and Alaska Native handicapped children in support of P.L. 94-142, the Education for ALL Handicapped Children Act of 1975.
5. To organizations deemed qualified by the Secretary to carry out quality assessment, medical audits or utilization review.
6. To authorized organizations or individuals for conduct or analytical and evaluation studies sponsored by the Indian Health Service.
7. To a Congressional office in response to an inquiry from that office made at the request of the subject individual.
8. To Federal, State and local law enforcement agencies as may be required by law.

Indian Health Service personnel will not tell anyone what is in your child’s medical record without your written permission, without either notifying you or publishing a public notice in the Federal Register describing a new category of necessary disclosure. If you have any questions about this form or health record, you may ask an Indian Health Service doctor or nurse to explain it to you.

8/87 HIS Pine Ridge. CJJ