

**KAYENTA BOARDING SCHOOL
KAYENTA, ARIZONA**

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

Name of student: _____ Birth Date: _____

Census No: _____ Tribe: _____ Quantum: _____ () Male () Female

(Parents/Guardian) I, (We) _____, have read the Consent Form for the Kayenta Boarding School and Kayenta Indian Health Center Clinic to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, tuberculin skin test, accu-cheks for diabetes screening and immunizations.
2. Dental care including dental examinations, dental sealants, preventive use of fluorides, fluoride treatment, and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary, with parent consent.
4. In case of emergency health care for accidents or illness, the child will be taken to the PHS Emergency Clinic, and parent or guardian will be notified immediately.
5. The parents and/or school, as needed, will provide transportation of the child to and/or from another facility for these services.

_____ I/We hereby give consent for all of the above services.

_____ Exceptions or Special Instructions: _____

Signature (Parent/Guardian) _____

Address: _____

Telephone No: _____ Work #: _____

Date: _____ Valid Until: _____

Contact person in case of emergency: _____ Telephone No.: _____

Before completing this form, please read information on the reverse side

PRIVACY ACT SIGNATURE RECORD

I have read the Privacy Act Notice. I have been informed that my child's record is or will be kept in the Health and Medical Records System at:

Name of Facility and Address: Kayenta Boarding School, P.O. Box 188, Kayenta, Arizona 86033

Name of Facility and Address: Kayenta Indian Health Center, P.O. Box 368, Kayenta, Arizona 86033

I understand that the information given by me and/or collected and stored in my child's health record is necessary for Indian Health Service Staff, Indian Health Contractors and School Health Personnel to provide services for my child's health and well-being. I/We give our permission for our child's School Health Records to be forwarded to the next school where our child will be reenrolled.

Signature of Parent/Guardian: _____ Date: _____

DEFINITIONS OF CONSENT

(1) Person is defined as one who is in the absence of the parent or legal guardian provides a home for the child such as next of kin.

Health Care: Health Care is the provision of health services of preventive, diagnostic, therapeutic and/or rehabilitative nature that do not involve major surgical procedures. These procedures will be performed either by the school nurse or the Indian Health Service Clinic.

The purpose of Health Care is to:

1. Appraise the child's health and physical condition.

The appraisal includes:

1. Questions regarding the health of the child are past and present.
2. Thorough health assessment of the child's body includes:
 - a. Weight
 - b. Height
 - c. Blood Pressure
 - d. Vision and hearing screening
3. Laboratory Studies of urine and blood.
4. X-rays taken to see if there is any abnormality in the body.
5. Immunizations given as needed according to the child's Immunization Record. To be given by the school nurse or at the Indian Health Service Clinic. Law requires current immunizations of the school age child.
6. Skin tests to child for Tuberculosis and/or Valley Fever. If the child has a positive skin test –x-rays of the chest will be taken to determine if the child has or has had Tuberculosis or Valley Fever.
7. Accu Chek (Diabetes Screening). To check for elevated blood sugar.

DENTAL CARE

Dental Examinations include:

1. Examination of teeth, gums, tongue, and other parts of the mouth with the aid of a dental mirror and explorer.
2. Dental X-rays as needed to determine if there are any cavities or infected gums.

Routine Dental Care Includes:

1. Prevention of loss of teeth.
2. Cleaning of teeth.
3. Fluoride treatments.
4. Filling decayed teeth.
5. Pulling teeth that are infected.
6. Medications to treat existing infection.

Emergency Dental Consist of:

- a. Relief of pain.
- b. Treating of infections.
- c. Control of bleeding.

MENTAL HEALTH SERVICES

Mental Health Services Include:

1. Psychological testing.
2. Psycho-Educational testing.
3. Psychiatric evaluation, consultation and assessment by a qualified Mental Health Professional.
4. Information from evaluation is used to determine if it is appropriate or necessary to develop a treatment for the child.

EMERGENCY HEALTH CARE

Emergency Health Care Consists of:

1. Surgical and/or non-surgical procedures that cannot wait without endangering the child's health or life.
2. Emergency care will be provided by a qualified school nurse at the school and referred to the Indian Health Service Clinic as soon as possible.
3. This consent form does not cover surgical procedures that are not emergent.
4. The parent or legal guardian requires specific authorization for major surgical procedures.