



The International School at Mesa del Sol

PERMISSION TO PICK UP & EMERGENCY DISMISSAL FORM 2017-2018

Student Name: _____
Last Name First Name

Dear Parents:

The following emergency procedures will be followed at *The International School at Mesa del Sol* in the event of early dismissal due to inclement weather or other unforeseen events, which necessitates closing the school early.

_____ *The International School at Mesa del Sol* implements an Inclement Weather policy. Announcements will be broadcast through SCHOOL REACH phone/email/text system, Facebook™ and on our website. TIS does NOT follow APS closures/delays.

_____ Refer also to this website: <http://www.koat.com/weather/grid.html> for posted notices of delays, cancellations, and early dismissals and emergency announcements at the TIS website: <https://www.tisnm.org>

_____ Parents and Guardians are asked to refer to these sources to learn about late school openings, cancellations, and early dismissals of the *International School at Mesa del Sol*. We will keep students in a safe place at the school site until a parent or their authorized designee arrives for them (i.e. relative, friend, etc. from the list on reverse).

_____ We will refer to the information supplied on the Parental Permission to Pick Up List (on reverse) if an Emergency Dismissal should take place, make sure it is complete and kept up-to-date as the school year progresses.

_____ Teachers and office staff will require identification of all persons before releasing the student.

_____ Changes and/or additions to the persons authorized to pick up your student must be done *in writing* by the parent or guardian.

_____ Arrangements for after school need to be made and confirmed with your child before the beginning of the school day. Interruptions in the classroom are very disruptive to the teachers and the learning process of all the other students in the classroom. If you are late picking up your child, they will be taken to the office.

Please initial each line to show that you have read and understand our pick-up and Emergency dismissal policies.



The International School at Mesa del Sol

PERMISSION TO PICK UP & EMERGENCY DISMISSAL FORM

Student Name: _____

Grade: _____

Parent/Guardian Name:	Phone Number:	Phone Number:

List any people (over the age of 18) that will be allowed to pick up your child from school.
****PHOTO ID WILL BE REQUIRED****

Name:	Phone Number:	Relationship:

The International School at Mesa del Sol **EARLY PICKUP AND VISITOR POLICY:**
Please remember these rules are for the safety and protection of all children on campus.

1. ANY adult/visitor on campus during school hours **MUST SIGN IN AT THE OFFICE.**
2. Children being picked up before 3:30 p.m. must be checked out from the office.
3. The office will not call the child from class **UNTIL** the person picking up arrives at the office. (It is a good idea to let your child know, and/or write a note before school that they will be leaving early).
4. Arrangements for after school need to be made and confirmed with your child before the beginning of the school day. Interruptions in the classroom are very disruptive to the teachers and the learning process of all the other students in the classroom.
5. The school office is closed at 4:00 pm.
6. Be reminded that it is your responsibility to notify the office **IN WRITING** or in person of any changes that pertain to this list. **The office number is 505-508-3295 or info@tisnm.org.**

Please sign below to indicate that you have read and understand this information.

Parent/Guardian Signature: _____ Date: _____

2017-2018 Parent Permission to Photograph/Record

Many school programs, activities and events taking place in *The International School at Mesa Del Sol* are of interest to the public. Frequently, our own students create and produce multimedia materials, as part of their academic program and *Units of Inquiry*, which include images of our students. We also produce our own materials for the purpose of marketing and recruiting students and/or instructional staff (such as our web page, brochure, or marketing folders) that may include images of students involved in school events or activities.

Often civic, educational, student and other groups are interested in learning about our students and programs. From time to time, we produce or allow to be produced photographs, video recorded programs, and films to provide information to the public about our programs. In addition, newspaper coverage, broadcast television programs and cable television programs may sometimes feature our classes and activities. We do not publish the name or identity of any of our students in these releases or materials (without parent permission). When any such videotape, film or photograph is produced and released, it becomes the property of the party to whom it is released, and it may be replayed or reprinted at a later date.

One element that we will **not** perform, or permit others to perform, is the inclusion of images of our students on social networks, e.g. Facebook, MySpace, etc. However, we may include the photographs/images of our students within the linked pages of our website located at www.tisnm.org.

Please sign below giving us permission to include your child in such photographs, films or recordings. We appreciate your helping us present our students and programs in the academic program and Units of Inquiry of our students, as well as to the broader community.

Granting Permission / Denying Permission

Student Work Sample

___ I/We give permission for samples of my student's work to be displayed and or/published on the *The International School at Mesa Del Sol* website or other publications.

___ I/We DO NOT give permission for samples of my student's work to be displayed and or/published on the *The International School at Mesa Del Sol* website or other publications.

TIS Yearbook

___ I/We give permission for my child's photo to appear in the *The International School at Mesa Del Sol* yearbook.

___ I/We DO NOT give permission for my child's photo to appear in the *The International School at Mesa Del Sol* yearbook.

School Publications Photo Release

___ I/We give permission for my child's photo to be published on ***The International School at Mesa Del Sol*** website or other publications (with name excluded for identification reasons).

___ I/We DO NOT give permission for my child's photo to be published on ***The International School at Mesa Del Sol*** website or other publications (with name excluded for identification reasons).

Media / Photo Release

___ I/We hereby give permission to ***The International School at Mesa Del Sol*** and the news media to photograph, film, or record classes or activities in which my student is participating and to use these photographs, films, or recordings for educational programs and/or to release them to the news media for use in its educational news coverage.

___ I/We DO NOT give permission to ***The International School at Mesa Del Sol*** and the news media to photograph, film, or record classes or activities in which my student is participating and to use these photographs, films, or recordings for educational programs and/or to release them to the news media for use in its educational news coverage.

Student Name: _____

Signature Parent or Legal Guardian _____

Printed Name: _____

Date _____

Comments:

HEALTH INFORMATION - SCHOOL YEAR 2017-2018
INFORMACIÓN DE SALUD - AÑO ESCOLAR 2017-2018

Student Name: <i>Nombre de Estudiante:</i>	Grade: <i>Grado:</i>
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State Student ID #: <i>Numero del estado del estudiante:</i>	DOB: <i>Fecha de Nacimiento:</i>
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Address: <i>Direccion:</i>	Home /Cell Phone: <i>Numero de Casa o Celular:</i>
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Father's Name: <i>Nombre del Padre:</i>	Work Phone: <i>Numero del Trabajo:</i>
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Mother's Name: <i>Nombre de la Madre:</i>	Work Phone: <i>Numero del Trabajo:</i>
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Student Lives with: <i>El estudiante vive con:</i>	Work Phone: <i>Numero del Trabajo:</i>
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Alternate Emergency Contacts - If parent/guardian cannot be reached, the school is authorized to proceed as indicated below.
Contactos de emergencia alternativos- si no se puede comunicarse con los padres/tutor, la escuela está autorizada para proceder como se indica a continuación.

Name of contact: <i>Nombre de contacto:</i>	Phone: <i>Telefono:</i>
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Name of contact: <i>Nombre de contacto:</i>	Phone: <i>Telefono:</i>
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Name of Health Insurance Company: _____ **Medicaid # (if applicable):** _____
Nombre de Aseguranza de Salud: _____ Numero de Medicaid (si procede)

In the event of an emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the following medical care providers/hospital, and authorize these providers/hospital to give any reasonable and customary medical and health care deemed necessary:

En caso de una de emergencia y no se puede comunicar conmigo, por la presente doy consentimiento para que mi hijo sea transportado a los siguientes proveedores de atención médica/hospital de transporte y autorizo a estos proveedores/hospital de dar cualquier cuidado médico razonable que se considera necesario:

Immunization Act:
 It is unlawful for any student to enroll in school unless he has been immunized, as required under the rules and regulations of the health services division of the health and department of health, and can provide satisfactory evidence of such immunization. Provided that, if he produces satisfactory evidence of having begun the process of immunization, he may enroll and attend school as long as the immunization process is being accomplished in the prescribed manner. It is unlawful for any parent to refuse or neglect to have his child immunized, as required by this section, unless the child is properly exempted.

Es ilegal para cualquier estudiante para inscribirse en la escuela a menos que haya sido vacunado , según lo dispuesto en las normas y reglamentos de la división de servicios de salud del Departamento de Salud y de la salud , y puede proporcionar evidencia satisfactoria de dicha inmunización. A condición de que , si se produce evidencia satisfactoria de haber iniciado el proceso de inmunización, que puede inscribirse y asistir a la escuela , siempre y cuando el proceso de inmunización se lleva a cabo en la forma prescrita . Es ilegal para cualquier padre de rechazo o abandono de vacunar a su hijo, como se requiere por esta sección , a menos que el niño está exento correctamente.

Physician: <i>Doctor:</i>	Phone: <i>Telefono:</i>
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Dentist: <i>Dentista:</i>	Phone: <i>Telefono:</i>
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Nurse Practitioner/Physician Asst.: <i>Enfermera practicante/médico asistente:</i>	Phone: <i>Telefono:</i>
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Hospital: <i>Hospital:</i>	Phone: <i>Telefono:</i>
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If, for any reason, the above listed medical care providers/hospital cannot be reached, I authorize transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless the doctor/dentist concurs to the need. Nothing in this section shall be construed to impose liability on any school official or school employee, who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

Si, por cualquier razón, los proveedores de atención médica/hospital arriba listados no son disponibles, autorizo el transporte y atención médica de mi hijo a cualquier proveedor de atención médica apropiada, hospital o centro médico. Esta autorización no incluye cirugía mayor a menos que el médico/dentista esté de acuerdo a la necesidad. Nada en esta sección se debe interpretar como imposición de responsabilidad en cualquier oficial o empleado escolar, que de buena fe, intenta cumplir con esta sección. Se entiende que voy a ser financieramente responsable de toda la atención de emergencia.

Signature of parent/Guardian /Firma del Padre/Guardian _____
Date/Fecha

Facts concerning the child's medical history to which a physician should be alerted:

Hechos relativos a la historia clínica del niño por los cuales un médico debe ser avisado:

Circle any condition which the student has had or is currently under treatment for and provide month/year diagnosed or treated:

Encierre toda condición que el estudiante ha tenido o por la cual está actualmente bajo tratamiento e indica mes/año del diagnóstico o tratamiento:

Asthma/ Asma		Meningitis/ Meningitis	
Diabetes/ Diabetes		Migraines/ Migrañas	
Ear/Hearing Problems Problemas de oído y audición		Muscle weakness or Paralysis/ Debilidad muscular o parálisis	
Emotional Problems Problemas emocionales		Bleeding disorder/ Trastorno de sangrado	
Seizures/ Ataques Epilépticos		High Blood pressure/ Presión arterial alta	
Heart Problems/ Problemas de corazón		Infectious diseases/ Enfermedades infecciosas	
Hepatitis/ Hepatitis		Tetanus shot/ Antitetánica	

Other:

Otros:

Use this space below to provide pertinent information regarding any items you selected above.

Utilice el espacio a continuación para facilitar información pertinente a los elementos que ha señalado anteriormente.

Allergies/ Alergias:

Reactions to Medicine or Injections? Yes _____ No _____ If yes, please provide a brief explanation

¿Reacciones a medicamentos o inyecciones? Sí _____ No _____ si sí, proporcione una breve explicación.

Hospitalized for serious illness, surgery or accidents? Yes _____ No _____ If yes, please provide a brief explanation.

una enfermedad grave, cirugía o accidentes? Sí _____ No _____ si sí, proporcione una breve explicación.

¿Hospitalizado por

Do you wear contact lenses? Yes _____ No _____

¿Usas lentes de contacto? Sí _____ No _____

Do you wear glasses? Yes _____ No _____

¿Usas anteojos? Sí _____ No _____

Long Term Medications:

Medicamentos tomados a largo plazo:

Have you ever been informed of the need to be on antibiotic therapy prior to dental treatment? Yes _____ No _____

(if yes, identify required therapy):

¿Nunca se le ha informado de la necesidad de tomar antibióticos antes al tratamiento dental? Sí _____ No _____

(indique la terapia requerida)

Please add any concerns/problems not listed:

VOLUNTEERISM

Dear Parents and Guardians,

Over the course of our eight-year history, the parents of **The International School at Mesa del Sol** have repeatedly demonstrated generosity, a strong sense of community-building and selfless dedication to the school and larger school community. Volunteerism is part of who we are as both an organization and as individuals. Per our charter, 80% of families are required to volunteer. (That works out to 20 hours per family.) Below is a list that provides some opportunities for you to fulfill this. Please help us continue capturing the great work you are doing by logging your volunteer hours on the TIS volunteer log form located on www.tisnm.org website. Your accomplishments are a powerful force that helps make our school environment even better for all of our students.

Parent volunteer sign-up sheet:

Name: _____

Email: _____

Child's Name (s): _____ Grade (s): _____

Phone Number: _____

I'd like to volunteer for the following (please choose as many as you'd like):

PAC 5K Planning Fundraising/Events Committee

Recycling Committee Classroom Helper Office Assistant

Parking lot assistant Lunchroom Assistant Library assistant

Boxtops coordinator Volunteer Coordinator Foundation members

Sweep/shovel sidewalks Room Parent After School Program

Recess supervision Assist at 5K on October 29th

Teaching or presenting to classes in your field of work or specialty
(please list what you'd like to share with our students)

Other (please list)

Please fill out and return to Mrs. Ashley (Mrs. Jackie) in the office



An International Baccalaureate World School

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