

## THATCHER UNIFIED SCHOOLS PROCEDURE FOR TAKING MEDICATION AT SCHOOL

### **When it is essential to a child's health that medications be taken during school hours:**

1. The medicine must be prescribed by the child's physician and accompanied by a special medication permit or doctor's prescription to be given to the school nurse. A parent or legal guardian must sign a permission slip in the nurses' office.
2. Prescription drugs must be in the **original pharmacy container**, labeled with the physician's name, the child's name, date, medication, dose, time to be taken at school and date to be discontinued. (The parent may request the pharmacist to prepare a special container for school use.)
3. Whenever possible, the parent is asked to bring the medicine to the nurse. If this is impractical the parent may send the medication in a sealed envelope with the child.
4. Medication will be administered in the presence of the nurse, or in her absence, by the person designated by the principal.
5. Certain health problems demand that the child develop an understanding of his/her medical condition and learn to assume responsibility for self-management of medication. In these cases it is recommended that the child's doctor send written notification to the nurse so she knows what medication the child is taking and when it should be taken during the school day.

**NOTE:** Within three (3) days after the end of the authorized medication period or at the end of the school year, excess medication supplies may be picked up by the person who authorized the school nurse to administer the medication to a student. **Excess medication supplies not picked up shall be destroyed.**

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Thatcher Unified School District Nurse's Office  
TUSD

# REQUIRED HEALTH INFORMATION FOR ALL STUDENTS ATTENDING THATCHER UNIFIED SCHOOL DISTRICT

The Arizona State Law applies to all students who attend public school.

## **REQUIREMENTS FOR SCHOOL ATTENDANCE**

Every student must have proof of all required immunizations or valid exemption on file in order to attend the first day of school. Arizona law allows exemptions for medical reasons, laboratory evidence of immunity, and personal beliefs.

Every student must be immunized against Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, and Rubella, Chicken pox, Hepatitis B, and Meningococcal (required in 6-12<sup>th</sup> grades) according to Arizona Department of Health Services recommendations.

Each student's required immunization history must be presented at the time of registration and must be in compliance with Arizona State law. **Students cannot attend school without their immunization history on file.**

Immunization Law Sec. 15-871-874 states that the immunization history must have the **month, day, and year for each vaccine given with the name of the doctor or clinic.**

**Diphtheria**---4-5 doses with at least one dose being given at age 4 or older is required. A 6<sup>th</sup> dose is needed if 5 doses have been given before 4 years of age.

**Tdap**—1 Tdap dose is required for grades 6-12. A Td booster is required 10 years after the Tdap dose.

**Meningococcal**—1 dose is required for grades 6-12

**Polio**—3-4 doses. Three doses meet the requirement if the third dose was given at 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life.

**Measles/Mump/Rubella (MMR)**—2 doses. A third dose will be required if the first dose was given before 12 months of age.

**Hepatitis B**—3 doses. A fourth dose will be required if the third dose was given before 24 weeks of age.

**Varicella**—One dose if given before 13 years of age. Two doses if first dose was given at 13 years of age or later. Students attending school prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. As of 9/01/2011 students enrolling a preschool or school for the first time are required to present proof of varicella immunization or valid exemption due to laboratory evidence of immunity, medical reasons or personal beliefs

**You may obtain immunizations at your local physician's office or at the Graham County Health Department.**

If you have any questions, please call the School Health Office at 928-348-7258

**THATCHER ELEMENTARY SCHOOL  
FIELD TRIP PERMISSION SLIP**

I/We \_\_\_\_\_

parents/guardians of \_\_\_\_\_ hereby grant permission to Thatcher Unified School District to allow my/our child to participate in school-sponsored excursions for the current school year under the supervision of School District personnel, under the following conditions: (check one/or more)

\_\_\_\_\_ Permission is granted if school vehicles are used for transportation.

\_\_\_\_\_ Permission is granted when students walk from their school to the site of the field trip.

**This permission is valid until the conclusion of the current school year.**



**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THATCHER ELEMENTARY SCHOOL  
STUDENT HANDBOOK AWARENESS**

- The TES handbook is available on-line at: [www.thatcherud.org](http://www.thatcherud.org) through the Elementary website under News & Events section. A hard copy may be obtained through the office upon request.
- I agree to contact school personnel when I have any questions concerning school policy, procedures, or my child's progress.
- I agree to support my child in his/her efforts to be the most successful student possible.

**Parent/Guardian Signature:** \_\_\_\_\_



**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_



**THATCHER ELEMENTARY SCHOOL  
OFF-CAMPUS WAIVER  
HOME**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent/guardian of the above named students, I give permission for this student to leave campus to eat lunch at home. I also understand that I accept full liability and responsibility for the conduct of my student while they are away from campus. I also understand that this waiver only applies for my student to eat lunch at home and then return to school. Any other activities will be in violation of the THATCHER ELEMENTARY SCHOOL OFF-CAMPUS POLICY.

**(REFER TO CLOSED CAMPUS POLICY MAP)**

\_\_\_\_\_  
Signature of parent/guardian

**EAGLE'S ROOST**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent/guardian of the above named students, I give permission for this student to leave campus to eat **ONLY** lunch at the EAGLE'S ROOST and then return to school. I understand that because of it's location, an off-campus exception has been made. I also understand that I accept full liability and responsibility for the conduct of my student while they are at the Eagle's Roost. If a student is on Eagle's Roost property during the school day other than lunch they will be in violation of the THATCHER ELEMENTARY SCHOOL OFF-CAMPUS POLICY.

\_\_\_\_\_  
Signature of parent/guardian

# THATCHER UNIFIED SCHOOL DISTRICT – 2017 - 2018

## Student Technology Acceptable Use Policy Agreement

*Please read the following carefully before signing this document. This is a legally binding document.*

I understand that, as a computer & Internet user, I am responsible for my actions and that I am responsible to act considerately and appropriately, in accordance with the following rules.

I understand that these actions are NOT permitted while using the school network, computers, or Internet access:

- use, send, display, or download offensive communication, obscene language or other media.
- harass, insult, attack, defame or cyber bully others.
- install/download software, violate copyright laws or illegally duplicate software, music or other data.
- use other users' passwords or identifiers without authorization.
- trespass in other users' files, folders, or work
- attempt to enter administrative network areas not related to specific classroom.
- intentionally misuse resources.
- attempt to bypass system protection.
- use the network for commercial use.
- intentionally damage computers, computer systems, or computer network.
- intentionally introduce a virus to a computer or a computer network.
- access or use chat rooms, inappropriate forums, or personal email, not including accounts set up by school personnel for educational purposes.
- attach a personal computing device to the TUSD network without authorization. Permission must be given by the TUSD Technology Department.
- perform any action which violates existing Board Policy or Public Law.

I will use technology including Internet access in an appropriate, responsible, and ethical manner. I will also participate in education and training on student safety with regard to safety on the Internet, appropriate behavior while online, on social networking websites, and in chat rooms, as well as cyber bullying awareness and response.

I understand that any violation of this agreement or any additional school or classroom guidelines may result in disciplinary action and/or loss of computer/Internet usage.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

By signing, I acknowledge that when I am no longer a student of the School District, access to network systems will be terminated.

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# THATCHER UNIFIED SCHOOL DISTRICT #4

Dear Parent/Guardian:

Children need healthy meals to learn. **THATCHER SCHOOLS** offers healthy meals every school day. **Breakfast costs \$1.75;** lunch costs \$2.75. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **.30 for breakfast** and **.40** for lunch. This packet includes an application for free or reduced-price meal benefits, as well as a set of detailed instructions. Below are some common questions and answers to help you with the application process.

## 1. WHO CAN GET FREE MEALS?

- a. All children in households receiving benefits from **SNAP, FDPIR (Food Distribution Program on Indian Reservations)** or **TANF**, can get free meals regardless of your income.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children participating in their school's Head Start Program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. Children can get free or reduced-price meals if your household's gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
Each additional person:	+\$7,733	+\$645	+\$149

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **THATCHER UNIFIED SCHOOLS, MATT PETERSEN, (928-348-7201)**.
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **ANITA MALDONADO, THATCHER SCHOOLS, P.O. BOX 610, THATCHER, AZ 85552, P: 928-348-7205.**
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact **ANITA MALDONADO at 928-348-7205** immediately.
5. **CAN I APPLY ONLINE?**

No. Our district does not have the option to apply for free or reduced-price meals online at this time. Please contact **ANITA MALDONADO, THATCHER SCHOOLS, P.O. BOX 610, THATCHER, AZ 85552, 928-348-7205** and refer to the information above to complete a paper application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year through **September 21, 2017**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **ANITA MALDONADO, THATCHER SCHOOLS, P.O. BOX 610, THATCHER, AZ 85552 P: 928-348-7205**.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **ANITA MALDONADO**, to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call **928-348-7205**.

Sincerely,

**ANITA MALDONADO**

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*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*