

**Redding Achieve  
Enrollment Forms Checklist**

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

**Grade:** \_\_\_\_\_

**Required Forms - All Students**

1. \_\_\_ Placement (*one of the following*)
  - a. \_\_\_ SARB Contract [OR]
  - b. \_\_\_ Administrative Thirty-Sixty Day Placement
2. \_\_\_ RSD Student Enrollment Form (*New to district only*)
3. \_\_\_ Student Emergency Card (*Note any changes, sign & date*)
4. \_\_\_ RA Fair Share Survey 2023-24
5. \_\_\_ 2023-24 Annual Notification form
6. \_\_\_ Student Handbook Acknowledgement
7. \_\_\_ Field Trip Form (*To attend field trips through the year*)
8. \_\_\_ PG Movie Permission Slip (*For students to watch PG movies*)
9. \_\_\_ Stay Connected on Dojo
10. \_\_\_ *Counseling Services at RA*
  - a. \_\_\_ Release of Information
  - b. \_\_\_ Consent to Treatment
11. \_\_\_ Safety Rules When Cooking Contract (*For culinary class*)

**Required Forms - As Needed**

12. \_\_\_ Transportation Request (*If bus transportation is needed*)
13. \_\_\_ School Medication Authorization (*If meds are needed at school*)
14. \_\_\_ Immunization Record (*7th grade*)

**Required Forms - TK & Kindergarten Only**

- K-1. \_\_\_ Oral Health Assessment
- K-2. \_\_\_ Report of Health Examination
- K-3. \_\_\_ Home Language Survey
- K-4. \_\_\_ Language Acquisition Change Request Form

**Enclosed Documents to Keep at Home**

- A. Welcome Letter
- B. School Calendar
- C. Annual Notification to Parents & Guardians
- D. Redding Achieve Handbook
- E. Student Accident Insurance Letter & Packet

# Redding Elementary School District Student Enrollment Form

School Year: \_\_\_\_\_

Legal Student Name: \_\_\_\_\_  

Last Name
First Name
Middle Name
Nickname

Male / Female / Non-Binary Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Circle One

Name & Birthdate of other children in Family: 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Previous School:** Fax: \_\_\_\_\_

Last school your child attended: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Lives With:** Father  Mother  Stepfather  Stepmother  Other: \_\_\_\_\_

1) \_\_\_\_\_  

Legal Parent/Guardian Name
Relationship
Primary Phone

\_\_\_\_\_ Work Phone      \_\_\_\_\_ Cell Phone      \_\_\_\_\_ Email Address

**Receive Text Messages:** Yes  No

**Legal Parent Education:** (Highest level of education for Legal parent/guardian #1) Not High School Graduate  High School Graduate/GED   
 Some College/AA  College Graduate  Graduate School/Post Graduate  Decline to State/Unknown

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2) \_\_\_\_\_  

Legal Parent/Guardian Name
Relationship
Primary Phone

\_\_\_\_\_ Work Phone      \_\_\_\_\_ Cell Phone      \_\_\_\_\_ Email Address

**Receive Text Messages:** Yes  No

**Legal Parent Education:** (Highest level of education for Legal parent/guardian #2) Not High School Graduate  High School Graduate/GED   
 Some College/AA  College Graduate  Graduate School/Post Graduate  Decline to State/Unknown

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**Residence Address:** \_\_\_\_\_  

Street
City
State
Zip Code

**Mailing Address:** \_\_\_\_\_  
(If different from above)      Street / PO Box      City      State      Zip Code

**Ethnicity:** (Please answer both questions 1 and 2) →

1. Are you Hispanic or Latino? (Choose only one)

No, not Hispanic or Latino

Yes, Hispanic or Latino

2. What is your race? (Choose one or more)

American Indian or Alaskan Native

Asian (California law requires continued collection of Asian subcategories - see section below)

Black or African American

Native Hawaiian or Other Pacific Islander (California law requires continued collection of Pacific Islander subcategories - see section below)

White

**Ethnicity:** If you marked **Asian** or **Pacific Islander** for question #2 above, please complete this section (circle one):

Chinese    Samoan    Korean    Japanese    Tahitian    Laotian    Vietnamese    Asian Indian    Cambodian    Hmong    Guamanian    Hawaiian

**Has your child ever been retained?** Yes / No    If yes, what grade? \_\_\_\_\_

**Has your child ever been expelled?** Yes / No    If yes, what year? \_\_\_\_\_    What school? \_\_\_\_\_

**Is your child currently receiving any special services? Indicate which ones below. Please provide a current IEP or 504 Plan**

**Special Services:** RSP  SDC  Speech  GATE  Migrant Ed  Indian Ed  504 Plan  IEP  Behavior Plan  Bilingual/EL   
 Community Day       Alt. Education

PLEASE TURN OVER AND COMPLETE THE BACK OF THIS FORM

**Where is your child/family currently living?** (This information is federally mandated. Check all that apply.)

- In a single family permanent residence – house, apartment, condo, mobile home
- With more than one family in a house or apartment – due to loss of housing, economic hardship, or other similar reason (120)
- In a shelter or transitional housing program (100)
- In a motel or hotel (110)
- In a car or campsite (130)

1) Is either parent/guardian currently serving full-time Active Military duty or full-time National Guard Duty?

Yes                      No

2) If yes, please state which branch

**Duplicate Mailing:** Father  Mother  (If divorced/separated & joint custody allows duplicate mailing information to be given to the other parent, please include their name, address, and telephone number.)

Full Name	Home Phone	Cell Phone	Work Phone
Street / PO Box	City	State	Zip Code

**Immunizations:** Under California's kindergarten immunization requirements (California School Immunization Law, Health & Safety Code Sections 12035 – 120375; California Code of Regulations Title 17, Division 1, chapter 4), even four-year old children need their pre-kindergarten immunizations prior to the first day of transitional kindergarten. The federal ACIP, AAP, and AAFP recommend pre-kindergarten immunizations starting at four years of age. **All students entering, advancing or transferring into 7<sup>th</sup> grade** need proof of an adolescent whooping cough booster immunization (called "Tdap") AB354.

Are you able to provide proof of your students immunizations?    Yes     No

Has your 7<sup>th</sup> or 8<sup>th</sup> grade student received their Tdap booster immunization?    Yes     No

**Home Language Survey:** California Education Code requires schools to determine the language(s) spoken at home by each student. By filling out the following information, you will help us meet this important requirement. This information will only be used for reporting total counts of pupils and will not be released in a personally identifiable form without your permission.

1. Which language did your child learn when they **first** began to speak? \_\_\_\_\_
2. What is the **primary** language you use most frequently to **speak** to your child? \_\_\_\_\_
3. Which language does your child most frequently use **at home**? \_\_\_\_\_
4. Which language is most often spoken **by adults** in your home? \_\_\_\_\_
5. Does your child speak English?    Yes \_\_\_\_\_    No \_\_\_\_\_    Some English \_\_\_\_\_  
If you answered 1-4 above with a language other than English, please complete the following two questions:
6. What month/day/year did your child enroll in public school? Month/Day/Year \_\_\_\_\_
7. What month/day/year was your child first enrolled in a U.S. school? Month/Day/Year \_\_\_\_\_

Dear Parents:

Thank you for choosing the Redding Elementary School District!

We would like to inform you of the current legislation affecting the written records the schools maintain relating to your children, and your rights as parents in relation to this data. As a parent (or legal guardian), you have a right to review the school records of your child. You also have the right to challenge the validity of the entries. In the event you should leave our district, our policy is to transfer your child's cumulative data upon the request of the receiving school district. You have the right to review the information that we will transfer to that school district. If you have any questions regarding the school records of your child, or wish to review them, please contact the principal of your child's school to arrange an appointment.

Sincerely yours,

Cindy Bishop  
Superintendent

I have read the above information:

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

\_\_\_\_\_  
Date

School Year \_\_\_\_\_

Student # \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade	<b>EMERGENCY PROCEDURE AUTHORIZATION</b>		In case of emergency, you may release my child to ride the bus or walk home without calling first. Yes _____ No _____	<b>AFTER SCHOOL INFORMATION</b>
<b>STUDENT INFORMATION</b>	Last Name:	First Name:	Middle Name:	My child rides bus: _____ Bus Stop: _____
DOB:	Male / Female	Place of Birth:	My child goes to after school care at:	
Residence Address:		City:	Zip:	I will pick up my child after school: _____ My child walks home: _____
<b>Residence Type:</b> Single family permanent residence - house, apt, condo, mobile home ____ With more than one family in a house or apt - due to loss of housing, economic hardship, or other similar reason (120) ____ Shelter or Transitional Housing Program (100) ____ Motel/Hotel (110) ____ Group Home (100) ____ Car/Campsite (130) ____				
Mailing Address (if different from above):		City/Zip:	Email Address:	

**IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING PEOPLE:**

FAMILY INFORMATION	LEGAL PARENT FATHER	LEGAL PARENT MOTHER	GUARDIAN or STEP PARENT	GUARDIAN or STEP PARENT
FULL NAME:				
ADDRESS/STATE/ZIP:				
BIRTHPLACE:				
BIRTH DATE:				
MARITAL STATUS:				
EMPLOYER:				
HOME PHONE:				
WORK PHONE:				
CELL PHONE: Receive text messages: Y <input type="checkbox"/> N <input type="checkbox"/>				
EMAIL:				
STUDENT'S PRIMARY RESIDENCE:	Circle One YES NO	Circle One YES NO	Circle One YES NO	Circle One YES NO
IF NON-CUSTODIAL PARENT, ARE SCHOOL INFORMATIONAL MAILOUTS NEEDED?	Mailing Address:	Mailing Address:		
RELATIONSHIP TO STUDENT				

**OVER**

## CONTACT IF PARENT/GUARDIAN IS NOT AVAILABLE

	1 <sup>st</sup> CONTACT	2 <sup>nd</sup> CONTACT	3 <sup>rd</sup> CONTACT
NAME:			
ADDRESS:			
HOME PHONE:			
WORK PHONE:			
CELL PHONE:			
RELATIONSHIP:			

**STUDENT LIVES WITH:** (Circle all that apply)    **MOTHER**    **FATHER**    **STEPMOTHER**    **STEPFATHER**    **GUARDIAN**    **FOSTER PARENT**  
**OTHER:**

**Names of other family members at *this* school:**

### MEDICAL HISTORY

Has student had any serious illness, surgery, injury or medical problems? (SRS): Yes \_\_\_ No \_\_\_

If yes, describe the problem or limitations: \_\_\_\_\_

Does your child wear glasses? (GLS): Yes \_\_\_ No \_\_\_

List Allergies (AL): \_\_\_\_\_

Are there any medical problems which may interfere with school (MEP): Yes \_\_\_ No \_\_\_

If yes, describe problems or limitations: \_\_\_\_\_

Does student take medication on a regular basis? (MED): Yes \_\_\_ No \_\_\_ If yes, what: \_\_\_\_\_ When: \_\_\_\_\_

Does student take medication at school? (MES): Yes \_\_\_ No \_\_\_ If yes, what: \_\_\_\_\_ When: \_\_\_\_\_

Family Physician (DR) (Name): \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Medical Insurance/Group Policy# (INS) \_\_\_\_\_

According to appropriate grade level schedules, all children **will** receive vision, hearing and dental screening.  
 You have the right to refuse these services for your child. Unless you notify the office in writing, your child will be screened at no expense to you.

I understand that the Redding School District does not provide medical or accident insurance for students in school related injuries. Parents may purchase medical insurance. Information about this option is available from the school office. **Optional Emergency Treatment Authorization:** We hereby authorize the staff of my child's school district to secure emergency medical help for our child at our expense when necessary in accordance with information on this form. **To Physician or Emergency Personnel:** We give permission for emergency medical treatment of my child if I am not available.

1. \_\_\_\_\_ 2. \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 4/16 dp    Parent/Guardian Signature

Parent/Guardian Signature



August 2023

Dear Parent or Guardian:

We are pleased to inform you that Redding Elementary School District (RESD) will be continue to participate in the Community Eligibility Provision (CEP) option available to schools as part of the National School Lunch and School Breakfast Program for the school year 2023-2024.

The **GREAT NEWS** is that **ALL** students enrolled at Redding Achieve are eligible to receive a **healthy breakfast and lunch at NO CHARGE** to your household each day of the 2023-2024 school year.

We need your help to ensure adequate funding is available to support educational programs that directly benefit your child. If you haven't already done so, please **complete & return a fair share survey**, which is needed for administrative reporting purposes. This application allows our school to benefit from various State and Federal supplemental programs that are tied to the Local Control Funding Formula (LCFF) like Title I, Title II, E-Rate, etc. This application is critical in determining the amount of funding the school receives from a variety of supplemental programs.

The fair share survey will need to include each of your students enrolled in Redding Achieve. All information on the application submitted is confidential. Without your assistance, the school cannot maximize utilization of available State and Federal Funds.

Please complete this fair share survey by September 1<sup>st</sup>, 2023. If you have additional questions you may contact your school site office or the District Office at 225-0011.

Thank you,

*Robert Fellingner*

Robert Fellingner  
Chief Business Official



**Redding Elementary School District - Fair Share Survey - 2023-2024**

**SECTION A:** Please enter the names of **all children** in the home.

STUDENT/CHILD INFORMATION			FOODSTAMP/ CALWORKS/ KINGAP /FDPIR		FOSTER CHILDREN	
Last Name	First Name	Grade	Circle	If yes, enter case #	Circle	If yes, include personal use income
			Yes / No		Yes / No	
			Yes / No		Yes / No	
			Yes / No		Yes / No	
			Yes / No		Yes / No	
			Yes / No		Yes / No	

**Check which school(s) your student(s) attend in the Redding Elementary School District**

<input type="checkbox"/> Bonny View	<input type="checkbox"/> Cypress	<input type="checkbox"/> Juniper	<input type="checkbox"/> Manzanita	<input type="checkbox"/> Sequoia
<input type="checkbox"/> Sycamore	<input type="checkbox"/> Turtle Bay	<input type="checkbox"/> College Prep	<input type="checkbox"/> Redding Achieve	<input type="checkbox"/> Stellar Charter

**IF YOU ENTERED A CASE NUMBER OR CIRCLED YES FOR FOSTER CHILD IN SECTION A, PLEASE SKIP TO SIGNATURE LINE IN SECTION C.**

**THANK YOU!**

**SECTION B:** **All adults** in home must be listed. If no income, please write \$0.

**NOTE: If you enter 0 or leave any fields blank, you are certifying (promising) that there is no income to report.**

FULL NAME	GROSS MONTHLY EARNINGS	PENSION, SSI, RETIREMENT	WELFARE BENEFITS, CHILD SUPPORT	ANY OTHER MONTHLY INCOME	TOTAL MONTHLY INCOME

**SECTION C:** By signing below, I certify that all information is true and correct.

Signature:	Date:	Phone:
Printed Name:		
<b>Total Family Size =</b> (Please include all adults and children)		



# REDDING ELEMENTARY SCHOOL DISTRICT & PARTNER DISTRICTS

## 2023-2024 Annual Notification to Parents & Guardians

### ANNUAL NOTICE OF YOUR RIGHTS AND RESPONSIBILITIES

As required by law, this is to notify of your rights and responsibilities. Please take time to carefully review the information in this booklet. If you have any questions regarding this information, please feel free to contact the District Office at 530-225-0011.

Education Code Section 48982 requires parents or guardians to sign and return this acknowledgment. After your review, please sign and return to your child's school this acknowledgment indicating you have received and reviewed these materials.

By signing below, I am neither giving nor withholding consent for my child(ren) to participate in any program. I am merely indicating that I have received and read the booklet with notices regarding my rights relating to activities which might affect my child(ren).

I have read the following sections:

- Student Success Compact – page 4
- Image/Video Release page 17 – **Check one**  Yes, I give Permission  I give permission for the yearbook ONLY  
 No, please exclude my child's image, including yearbook
- Shasta Public Libraries Library Card – page 18
- Student Use of Technology: Acceptable Use Agreement – page 20
- Library Book Permission to check out library items – page 22
- Student Accident Insurance – page 25
- School Bus Rules – page 29
- Surveillance Camera's – page 31
- Equal Opportunity Notice of Nondiscrimination – page 37
- Redding School District Notice of District Complaint Procedures – page 43

Where is your child/family currently living? (This information is federally mandated.) **(please check all that apply):**

- Single family permanent residence: house, apt, condo, mobile home
- With more than one family in a house or apt: due to loss of housing, economic hardship, or other similar reason (120)
- Shelter or Transitional Housing Program (100)
- Motel/Hotel (110)  Group Home (100)  Car/Campsite (130)

1.) Is either parent/guardian on full-time active duty in the Armed Forces?  Yes  No

2.) If yes, please state which branch \_\_\_\_\_

**Please tear-off SIGN and RETURN this acknowledgement page to your school**

Student Name (printed)

Student ID Number

Student Signature

School

Grade

Parent/Guardian Name (printed)

Telephone

Parent/Guardian Signature

Date

Please tear off page: Complete, sign & return this acknowledgement to your school site





REDDING ACHIEVE  
5885 E. BONNYVIEW ROAD  
REDDING, CALIFORNIA 96001  
530-225-0406

To: Parents/Guardians of Redding Achieve students  
From: Jen Severin, Principal  
Date: September 20, 2023  
Re: Student Handbook

Attached is our Student Handbook outlining the rules and regulations of Redding Achieve. A detailed explanation of the Level system is included within.

Please review the Handbook with your student and sign and return the portion below indicating that you have done so.

In addition to our level system, individualized incentives may be provided for your student. Because they vary from one student to another, these incentives are not detailed in the handbook. However, either your child's teacher or I would be happy to discuss them with you. You can contact us at 530-225-0406.

PLEASE SIGN AND RETURN

My child, \_\_\_\_\_ and I have reviewed the Redding Achieve Handbook and level System.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)



**Redding School District  
Stellar Charter School  
VOLUNTARY EXCURSION/FIELD TRIP NOTICE  
AND MEDICAL AUTHORIZATION - MINOR**

Dear Parent/Guardian:

**Throughout the school year**, your child will have an opportunity to participate in VOLUNTARY off-campus field trips/excursions. These activities may include but are not limited to:

- |                            |                            |                        |
|----------------------------|----------------------------|------------------------|
| - government offices       | - parks and zoos           | - athletic events      |
| - conferences and meetings | - local businesses         | - entertainment events |
| - exhibitions and fairs    | - museums/cultural centers | - etc.                 |

I hereby authorize \_\_\_\_\_ (student) to participate in these voluntary activities throughout the school year unless this authorization is revoked by me in writing.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**As stated in California Education Code Section 35330, I understand that I waive all claims against the Redding School District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Redding School District, its officers, agents or employees.**

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

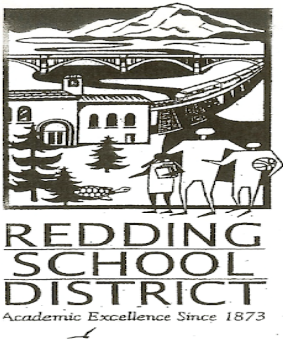
Policy No. \_\_\_\_\_

Address: \_\_\_\_\_

**A special note to Parent/Guardian:**

1. All drugs must be registered on this form.
2. All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
3.  Check here if there are special problems that the staff should be aware of and no drugs are required on the trip.
4. If any medication or drugs are to be taken by student, list them here: (Name of drug and reason) \_\_\_\_\_ . If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.





**Redding School District  
PG Movie PERMISSION SLIP**

(Student Name) \_\_\_\_\_

Parents---throughout the school year, there may be times when we show a PG rated movie in the classroom. This permission slip will cover the entire year.  
**THANK YOU!!!**

**Yes, my child may watch a PG movie**

**NO, my child may not watch a PG movie**

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Redding School District and its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Exciting and important news 🎉

## Stay connected on ClassDojo!

Hey families,

This year we'll be encouraging positive skills, like perseverance and teamwork, with ClassDojo. We'll also rely on it to communicate with one another: instantly sharing messages, updates, events, and photos from class. It's simple, secure, and gives you a window into their school day!

I'd like all families to join me by signing up for a parent account on ClassDojo! You can use it on any device: it's a simple, **free** mobile app for iOS and Android, and can also be accessed from your computer at [classdojo.com](http://classdojo.com).

I'll need your email address or cell phone number to invite you. Our class goal is for every family to **fill out and return this slip** with your enrollment packet! Feel free to reach out with any questions :)

Thank you!

### Learn more about ClassDojo!

Used by 90% of schools in the US, ClassDojo is the most popular classroom communication app in the US!  
Find out more about why we're excited to use ClassDojo, and how it is safe and simple:

[classdojo.com/learnmore](http://classdojo.com/learnmore)  
[www.classdojo.com/privacycenter](http://www.classdojo.com/privacycenter)

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## Please send my ClassDojo invite to...

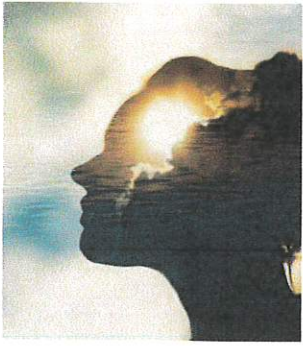
**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone number (optional):** \_\_\_\_\_

**Your child's name:** \_\_\_\_\_





# Positive Approach Counseling Center

1726 Tehama St. Redding, CA 96001

Phone: 530-710-8971 Fax: (530) 241-5312

## Release of Information

Clients Name \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

As the legal holder of privacy for the above-mentioned person I consent to the release and receipt of private health information between \_\_\_\_\_ and the persons described below.

### Information to be released and/or received:

I authorize the release of my complete health record, including:

OR

I authorize the release of the following information:

- Dates of Treatment
- Duration of Therapy
- Practitioner Information
- Rating Scales
- Psychotherapy information
- Diagnostic/Intake Evaluation
- Progress Notes/Treatment Summary
- Alcohol/Drug Abuse Treatment
- Verbal Communication
- Scheduling & Client Appointments

This authorization will be effective for 365 days past the signature of this document or the duration of treatment whichever comes first.

I understand that my/my child's records are protected under State and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided by law. I also understand that I may revoke this consent at any time in writing, and that in any event this consent expires automatically 365 days after signing or at termination of services. Information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by HIPPA.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**\*\*Authorization for use of disclosure of protected health information (Required by the Health Insurance Portability and Accountability Act, 45 C.F.R Parts 160 and 164)**



## Consent to Treatment

Mental Health Counseling Release of Information and Informed Consent for Treatment of Student at Redding Achieve by Positive Approach Counseling Center.

Informed Consent for Psychotherapy General Information

### **The Therapeutic Process**

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may at times result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeat patterns, as well as to help you clarify what it is that you want for yourself.

### **Confidentiality/Mandated Reporting**

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a way there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses. Elderly reporting if for clients 60 and above if suspicion of abuse is stated.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
8. A breach of a court order (e.g. "no contact order", from a Temporary Restraining Order or a Violation of Custody Agreement) may justify a request for records.
9. There may other circumstances in which a court may decide that the privilege does not exist

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name. Your records are stored electronically in a HIPPA Compliant ERA system with PACC. Your right to privacy and confidentiality is of the utmost importance to us. However, with providing services it is necessary to discuss with other clinicians for supervision or consultation purposes. Clinical data is shared without using identifying information to ensure quality care.

### **About the therapist**

Lennox Humphrey is an associate marriage & family therapist, licensed with the BBS. He has a Master's degree in counseling psychology AMFT, #135649 from the board of behavioral sciences. He is supervised by Kimber Serna MA LMFT, CA License #MFC101846. As an associate, which means that I am a therapist in supervision. My supervisor may also request videotaping of small segments of our sessions which by signing this form you

consent to. I will be discussing your case on a regular basis with my supervisor, Kimber Serna, LMFT. Your confidentiality will be held by her with the same due diligence. If at any time you have concerns about my performance, please feel free to call her at this number 530-710-8971. Routine surveys of your therapy experience may be requested from her to monitor your satisfaction with treatment.

I authorize, **Lennox Humphrey** Associate Marriage and Family Therapist employed by Positive Approach Counseling Center to give individual or group therapy services to my child who attends Redding Achieve. I have read and understand the release of information and informed consent of the therapist providing services to my child. I understand my child's right to confidentiality as a minor, and all information is otherwise confidential, and its use is limited to the treatment of the above-named client. I understand all maintenance of client records at PACC.

This consent is valid immediately, as of \_\_/\_\_/\_\_. It is valid for two years or until treatment is terminated. A photocopy of this authorization shall be as valid as the original.

I \_\_\_\_\_ as \_\_\_\_\_ to \_\_\_\_\_  
Name Relationship to Client Client's Name

Signature of guardian : \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature of client(if 12 year or older) \_\_\_\_\_

Relationship to the client named above: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Positive Approach Counseling Center 1726 Tehama St. Redding, CA. 96001  
Phone: 530-710-8971

August 4, 2023

Dear Parents,

Our culinary program is underway and we are excited for our students to be learning about food safety and meal preparation. Cooking skills can be developed from a very young age and help promote cognitive development, direction-following, decision making, motor skill work, and many other areas. Life Skills Cooking activities not only teach important meal preparation, they address a wide variety of areas.

Some important areas of development that occurs through cooking tasks include:

- Measuring items involves math, computation, dexterity
- Reading a recipe – scanning, reading, decoding, processing language
- Following directions including sequencing, working memory, problem solving
- Fine motor skills are needed to use utensils, cut with a knife, stir, scrape with a spatula, use tongs, crack eggs, spread an item, or scoop food
- Bilateral coordination – pouring from a container, holding an item while cutting with the other hand, holding a pan steady while stirring or flipping objects, opening containers, putting items together
- Attention to details, timing, frustration tolerance, organization

In order to make this a meaningful experience for your child, we will focus on 1:1 instruction in a small group setting. Here are some of the cooking elements your child may learn:

- Make scrambled eggs
- Read and understand nutrition labels
- Plan a balanced, healthy meal for the family
- Write down a recipe
- Complete cooking tasks in a certain amount of time
- Use a microwave with assistance
- Cut, slice, and dice fruits and veggies
- Crack eggs without shells
- Use a can opener, peeler, grater, whisk, and corer
- Drain larger food items
- Follow basic recipes
- Complete baked good recipes with guidance
- Make sandwiches and salads
- Use stove top to complete simple frying such as grilled cheese and eggs
- Stir and sauté foods on stovetop with supervision
- Help plan and develop a grocery list
- Clean up advanced spills
- Transfer some hot food bowls and plates to table
- Begin to read recipes and follow the steps with guidance
- If older, use a mixer with guidance
- Use the microwave with guidance

Due to the nature of this experience, students are expected to be safe with all cooking utensils, be respectful to all adults working with them, and be responsible for following all kitchen safety rules. While we feel this is a safe environment for learning these skills, we also understand that there is always an element of risk, especially of being burned, if not following the property safety procedures. We ask that you review the enclosed safety sheet with your child and then sign and return it to the school office.

Thank you,

Mr. Selke

## Safety Rules When Cooking Contract

Remember that safety in the kitchen is the most important rule. It's lots of fun to cook but you have to follow some important rules that will keep everyone safe.

Here are some very important safety rules that I agree to follow when cooking:

- I will not begin any cooking preparation until an adult is present in the kitchen.
- I will always wash my hands before touching foods.
- I will review my recipe and make a list of the ingredients and cooking items I need. If there is space I will neatly line up all the measuring items on the counter.
- I will always ask before using any electric items, appliances or sharp utensils
- I know that knives and other sharp objects are not toys and have to be handled very carefully. I will not pick up a knife or sharp object without permission and an adult in the kitchen.
- I know that when I handle a knife, I will always point the knife away from myself before cutting food and only when an adult is present to supervise.
- I understand that there are some items such as the stove and oven that can get very hot and cause burns. I will always use potholders not dish rags or dish towels if I am allowed to work with the stove and oven.
- If I am cooking with pots on the stove, I will always point the pot handles toward the back of the stove for safety.



**Student:** Signed: \_\_\_\_\_



Visit [www.ChefSolus.com](http://www.ChefSolus.com) for Free online nutrition games, healthy interactive tools, fun activities, and tips!  
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**Parent:** I have reviewed the above with my child.

Signed: \_\_\_\_\_



SCHOOL YEAR  
**2023-2024**

Shasta Union High School District  
Redding School District  
Transportation Department  
(530) 646-3000 Fax: (530) 225-8470

## Transportation Request

*\*Request may take 3-7 school days to schedule*

Date of Request:	SDC: <input type="checkbox"/> Yes <input type="checkbox"/> No
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School Attending:	Sex:	Date of Birth:
Student Name:	Grade:	Start Date:
Home Address:		
Home Phone:	Cell Phone:	Work Phone:
Parent/Guardian:	Parent/Guardian:	

Alternate Contact Person:	Phone:
Alternate Contact Person:	Phone:

Does student require adult present at bus stop:  Yes  No  
AM Bus stop:  Yes  No PM Bus stop:  Yes  No

**Bus Stop Comments:**

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### Confidential Emergency Health Information

Medical Protocol in place:  Yes  No \*If yes please attach updated Medical Protocol

Medical History (check all that apply and describe under the comments section)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADHD               | <input type="checkbox"/> Cerebral Palsy     | <input type="checkbox"/> Seizures           |
| <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Severe Allergies** |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Heart Condition    | <input type="checkbox"/> Vision Concern     |
| <input type="checkbox"/> Autism             | <input type="checkbox"/> Hyperventilation   | <input type="checkbox"/> Other:             |
| <input type="checkbox"/> Bleeding Disorder  | <input type="checkbox"/> Orthopedic Concern |   |

Comments:

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### **Allergies (list all that apply)**

Cause of allergy:

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Medication/Treatment:

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Requested By:	Date:
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*\*\*\*This is to be reviewed and approved by the Transportation Department prior to boarding the bus\*\*\**

Stop Location:	Bus:	AM Stop Time:	PM Stop Time:
Authorized By:	Approval Date:		



# SCHOOL MEDICATION AUTHORIZATION FORM

Name of Child \_\_\_\_\_ Date of birth: \_\_\_\_\_

School \_\_\_\_\_ Phone: \_\_\_\_\_ FAX # \_\_\_\_\_

California Ed Code 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school or maintain or improve the potential for education and learning.

Medication must be in the container in which it was purchased with a pharmacy label attached. No medication (including over-the-counter medication and supplements) will be given at school without a current prescription from a California licensed physician.

## PHYSICIAN'S ORDER (To be completed by health care provider) Only one medication per form

Name of medication/strength of tablet, capsule or liquid \_\_\_\_\_

This medication is a controlled substance  Yes  No

Dosage: \_\_\_\_\_ How Often? \_\_\_\_\_

Time to be given at school: \_\_\_\_\_ Route to be given: \_\_\_\_\_

Reason for medication/Diagnosis: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Student has been instructed by physician in self-administration and may carry the inhaler with them

Student has been instructed by physician in self-administration and may carry the Epi-Pen with them

Comments \_\_\_\_\_

*It is necessary for this medication to be taken during the school day at the time(s) indicated above.*

Print Name of Licensed Physician \_\_\_\_\_ Signature of Licensed Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_ License # \_\_\_\_\_

\*\*\*\*\*

## TO BE COMPLETED BY PARENT BEFORE GIVING FORM TO DOCTOR

I request that my child, \_\_\_\_\_, be assisted in taking the above prescribed medication at school by authorized persons. I will comply with the school's policies and procedures. I will notify the school if there are changes in my child's health status, changes in medication or change in health care provider.

I authorize exchange of information between my child's Physician, District Nurse, or site administrator with regard to this medication request.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone (home) \_\_\_\_\_

Phone (emergency) \_\_\_\_\_

Name of medication to be given at school \_\_\_\_\_ Time to be given at school \_\_\_\_\_

*Form must be renewed every 12 months or whenever the prescription changes.*

