



# UPPER MISSISSIPPI ACADEMY

— A PUBLIC CHARTER SCHOOL —



*a collaborative community  
engaging lifelong learners in active,  
authentic experiences*





Dear Student and Family,

**Welcome to Upper Mississippi Academy!** We are delighted and grateful to be involved in the growth of your child's educational experience. Our community is looking forward to the upcoming 2020-2021 academic school year and we hope you are excited as well.

We understand that some forms in this packet may not be applicable right away due to the hybrid or distance learning option this semester. However, in order to ensure a smooth transition to UMA, we ask that all these forms be completed so when we can return to onsite instruction all student information will be complete.

To save time and resources, our team has made these forms fillable. Of course, you are more than welcome to print these and return to us by mail or in-person drop-off at the UMA office. If you would like a paper copy of these mailed to you, please contact us at (651) 528-8091.

If returning these forms electronically, please follow the directions below:

1. Download form(s)
2. Find the file(s) in your downloads folder
3. Open using Adobe (or any other compatible PDF program).
4. Fill in blanks and complete the requested information
5. Once the form is completed, go to:  
    "File," click "Save As," and then choose "Save and Replace Existing File."
6. Once saved, generate a new email and attach the form with a subject line of "Completed Student Forms" and add your students' full name in the message.  
    The email should be addressed to: [brenda.montes@umissacademy.org](mailto:brenda.montes@umissacademy.org).

These forms should be submitted to us no later than Monday, August 24. If you need more time or assistance filling out the forms, please contact us at (651) 528 – 8091 or by email: [brenda.montes@umissacademy.org](mailto:brenda.montes@umissacademy.org).

School supply lists can be found on the school's website. Additional information about transportation, food service, technology logins, and orientation dates for new students & families will be sent soon.

We look forward to working with you this school year!

*All the best,*

*UMA Office Staff*



## Responsible Use of Technology at UMA

1. I will use school devices and the network for class projects only
2. I will access *only* websites and apps related to the class project
3. I will respect copyright laws and credit **ALL** of the sources I use.
4. I understand that I must use my own words and not plagiarize or copy from another source.
5. I understand that I must get permission before I print and can use color printing for special projects only.
6. I will refrain from streaming videos or music while at school.
7. I will respect the work and privacy of others, and will not copy, damage or delete their work.
8. I will exit any inappropriate sites and immediately tell an adult about it.
9. I will not use technology to hurt, frighten, or bully others.
10. I will immediately tell an adult when someone's online comments or actions make me feel uncomfortable.
11. I understand that I must get written permission from others before taking photos, recording video and audio, or publishing these things online.

*By signing below, I agree to adhere to this policy. I understand that any violation of this policy could result in the suspension of computer use at UMA for a period of time as determined by staff.*

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Behavior Expectations at UMA

*Our school has rules that everyone is expected to follow. When we all follow the rules, everyone can feel safe and respected and we can all learn.*

|   |
|---|
| <b>These behaviors are expected of all students to help them be successful at school:</b> |
|---|

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Come to school every day, on time, ready to learn</li> <li>• Take responsibility for your own behavior</li> <li>• Follow school and classroom rules</li> <li>• Treat others and myself with respect</li> <li>• Dress in an appropriate manner</li> </ul> | <ul style="list-style-type: none"> <li>• Help others understand your culture and learn about other cultures</li> <li>• Follow reasonable directions from staff</li> <li>• Work to achieve at high levels</li> <li>• Talk to my family about what is happening at school</li> </ul> |
|---|--|

**Follow all school rules at school, at the bus top, on the bus, on field trips or any other school sponsored activity regardless of the location.**

|  |
|--|
| There are some things you cannot do at school. If you do these things you will be <b>suspended and may be recommended for expulsion</b> . Here are some things that are not allowed at school: |
|--|

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Possession of a weapon including: guns, knives, metal knuckles, numchucks, throwing stars, explosives, stun guns, ammunition or mace. Note: students who find a weapon and report or give it to staff immediately will not be considered in possession of a weapon.</li> </ul> | <ul style="list-style-type: none"> <li>• Assault: a direct attack on another person, either physical or sexual in nature</li> <li>• Making a bomb or terroristic threat</li> <li>• Possession or sale of alcohol or other drugs</li> <li>• Robbery</li> <li>• False fire alarms or 911 calls</li> </ul> |
|---|---|

|  |
|--|
| You may be suspended or receive another consequences if you do any of these behaviors: |
|--|

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Threats, fighting or physical aggression</li> <li>• Defiance or verbal abuse</li> <li>• Harassment</li> <li>• Property offenses, including vandalism, theft, or possession of stolen property</li> <li>• Disruption/interference of instruction</li> </ul> | <ul style="list-style-type: none"> <li>• Possession of tobacco (exemption for cultural or religious purposes and approved by parents and administration)</li> <li>• Inappropriate use of personal electronic devices (phones, MP3s or radios).</li> </ul> |
|---|---|

**Electronic communication devices, such as cellphones, are not allowed during the school day without teacher permission. The school has defined consequences for using electronic devices at inappropriate times. If you have any questions, please talk to your teacher.**

**I have reviewed the UMA Handbook and understand UMA's behavior expectations.**

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student's Printed Name

\_\_\_\_\_

Advisor



## Expanded School Yard Field Trip Permission Form

UMA believes that experience-based learning is the most effective way to deliver any curriculum. This includes exploring the unique areas surrounding our school. We therefore ask parents and guardians to provide one signed permission slip covering those supervised activities held within two (2) miles of our downtown location. We think of these areas as our 'expanded school yard'.

I give permission for my child, \_\_\_\_\_, to participate in all Upper Mississippi Academy supervised activities held within the UMA expanded schoolyard, including surrounding downtown locations and attractions such as, Central Library, walking paths near the Mississippi River, Bruce Vento Nature Sanctuary, State Capitol and the neighborhoods in route to these locations.

I understand that his/her participation may subject him/her to the normal risks associated with this activity. I also understand that the school will provide reasonable supervision of this activity, but cannot guard against every contingency

In signing this permission slip, I authorize school personnel to take reasonable action to safeguard the health and well-being of my child, including administering first aid and, if necessary, obtaining emergency medical treatment. I understand the school will take every effort to contact me in the event professional medical treatment is required.

I furthermore affirm that I have completed the required health information packet, and have informed the school of any changes in my child's medical condition, including medications being taken, since completing that form. Additional pertinent health information may be provided in the space below.

*Please print legibly*

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Alternate Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please list any allergies, medical conditions, or medications that should be given/available during the outing.

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By typing or writing your name and signing below, you are acknowledging that you have reviewed the information provided on this form and certify that all information is accurate.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



## Student Health Information 2020 – 2021

**Student's Full Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Sex:** \_\_\_\_\_ **Grade (2020-2021):** \_\_\_\_\_

**Dear Parent/Guardian:** *The American Academy of Pediatrics recommends children receive a physical examination annually. Health information is vital in planning and supporting students while attending school. Please provide us with current health information. State Law (M.S.123.70 & M.S. 144.29) requires your child be immunized & receive a comprehensive physical examination before entering Kindergarten or elementary school.*

**HEALTH CONCERNS:**

Please **X** and explain if your child has any of the following. **\*Submit an emergency action plan(s)** for starred conditions.

- \_\_\_\_\_ **No health concerns**
- \_\_\_\_\_ **Allergies\*** to \_\_\_\_\_; reaction \_\_\_\_\_
- \_\_\_\_\_ Food Intolerance to \_\_\_\_\_; reaction \_\_\_\_\_
- \_\_\_\_\_ **Asthma\*:** \_\_\_\_\_
- \_\_\_\_\_ **Diabetes\*:**  Type 1  Type 2      Managed by (circle):    Diet/Activity    Oral medication    Insulin injections    Insulin Pump
- \_\_\_\_\_ **Seizures\*:** type/description/frequency \_\_\_\_\_
- \_\_\_\_\_ Heart Condition \_\_\_\_\_
- \_\_\_\_\_ Concussion / Traumatic Brain Injury – date \_\_\_\_\_
- \_\_\_\_\_ Social/emotional/behavioral/mental health concerns \_\_\_\_\_
- \_\_\_\_\_ Recent surgeries, hospitalizations, injuries \_\_\_\_\_
- \_\_\_\_\_ Activity Restrictions \_\_\_\_\_
- \_\_\_\_\_ Implanted Devices \_\_\_\_\_
- \_\_\_\_\_ Special Education (circle):    IEP / 504 Plan
- \_\_\_\_\_ Bowel / Bladder Concerns \_\_\_\_\_
- \_\_\_\_\_ Other Health Concern (s) \_\_\_\_\_
- \_\_\_\_\_ My child has health insurance \_\_\_\_\_ (  I request assistance to obtain this)

Preferred Hospital in the event of an emergency \_\_\_\_\_  
Name / Address

**MEDICATIONS:** List ALL medications that this student takes  
**\*Please Note: WRITTEN CONSENT IS REQUIRED BY BOTH THE STUDENT'S GUARDIAN AND THEIR HEALTHCARE PROVIDER.** Complete a Medication Administration Form for ANY medication (BOTH PRESCRIPTION AND NON-PRESCRIPTION) needing to be administered during school hours (forms are available in the Health Office).

| Medication Name | Dose | Purpose | How Often | Given during school?     |
|-----------------|------|---------|-----------|--------------------------|
|                 |      |         |           | <input type="checkbox"/> |
|                 |      |         |           | <input type="checkbox"/> |

*I attest to the information provided. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, medications, and/or allergies. I understand and agree that this student may receive a routine screening for any vision and hearing deficiencies. I will comply with all school illness and medication policies. Furthermore, I give permission for school health staff to confidentially exchange health information - both within the school as well as with outside health care providers - for use in meeting this student's health and educational needs in school.*

\_\_\_\_\_  
 Parent/Guardian Printed Name(s)                      Phone Number(s)                      Parent/Guardian Signature(s)                      Date



## Información Sobre la Salud de la Estudiante 2020 – 2021

**Nombre de estudiante** \_\_\_\_\_ **Nacimiento:** \_\_\_/\_\_\_/\_\_\_ **Sexo:** \_\_\_ **Grado (Agosto 2020-2021):** \_\_\_

**Estimados Padres y Tutores:** La Academia Estadounidense de Pediatría recomienda que los niños reciban un examen físico anualmente. La información de salud es vital para planificar y apoyar a los estudiantes mientras asisten a la escuela. Por favor proporciónenos la información de salud actual. La Ley Estatal (M.S.123.70 y M.S. 144.29) requiere que su hijo sea vacunado y reciba un examen físico completo antes de ingresar al jardín de infantes o la escuela primaria.

**PROBLEMAS DE SALUD:**

Escriba **X** y explica si su estudiante tiene alguna de las siguientes condiciones. **\*Enviar un plan de acción por las condiciones con estrellas.**

\_\_\_\_\_ **No hay problemas de salud**

\_\_\_\_\_ **Alergias\*** a \_\_\_\_\_; reacción \_\_\_\_\_

\_\_\_\_\_ Intolerancia de Comida a \_\_\_\_\_; reacción \_\_\_\_\_

\_\_\_\_\_ **Asma\*:** \_\_\_\_\_

\_\_\_\_\_ **Diabetes\*:**  Tipo 1  Tipo 2-Gestionado por (escoge): Dieta/Actividad Medicamentos orales Inyecciones de insulina Bomba

\_\_\_\_\_ **Convulsiones\*:** Tipo / descripción / frecuencia \_\_\_\_\_

\_\_\_\_\_ Condición de Corazón \_\_\_\_\_

\_\_\_\_\_ Conmocion cerebral / Herido cerebral traumatica – fecha \_\_\_\_\_

\_\_\_\_\_ Aspectos sociales / emocionales / conductuales / de salud mental \_\_\_\_\_

\_\_\_\_\_ Cirugías recientes, hospitalizaciones, lesiones \_\_\_\_\_

\_\_\_\_\_ Restricciones de actividad \_\_\_\_\_

\_\_\_\_\_ Dispositivos implantados \_\_\_\_\_

\_\_\_\_\_ Educación Especial (escoge): IEP / Plan de 504 (escoge)

\_\_\_\_\_ Preocupaciones intestinales / vesicales \_\_\_\_\_

\_\_\_\_\_ Otra Problema de Salud \_\_\_\_\_

\_\_\_\_\_ Mi niño tiene seguro médico \_\_\_\_\_ (  Yo pido asistencia obtener esto)

Hospital preferido en el caso de emergencia \_\_\_\_\_

Nombre / Dirección

**MEDICINA:** Escriba **TODOS** los medicamentos que este estudiante toma

**\*Observe por favor: EL CONSENTIMIENTO ESCRITO ES NECESARIO POR EL TUTOR DEL ESTUDIANTE ASÍ COMO SU PROVEEDOR DE LA SALUD.** Complete un Formulario de Administración de Medicamentos para **CUALQUIER** medicamento (BOTEN PRESCRIPCIÓN Y NO PRESCRIPCIÓN) que necesite ser administrado durante el horario escolar (los formularios están disponibles en la Oficina de Salud).

| Nombre del Medicamento | Dosis | Proposito | Frecuencia | Dado durante la escuela? |
|------------------------|-------|-----------|------------|--------------------------|
|                        |       |           |            | <input type="checkbox"/> |
|                        |       |           |            | <input type="checkbox"/> |

*Acepto la información proporcionada. Reconozco que es mi responsabilidad informar a la escuela de cualquier cambio en el estado de salud de este estudiante incluyendo condiciones de salud, necesidades, medicamentos y / o alergias. Entiendo y estoy de acuerdo en que este estudiante puede recibir un examen de rutina para detectar cualquier deficiencia visual o auditiva. Cumpliré con todas las pólizas de enfermedad y medicamentos de la escuela. Además, doy permiso para que el personal de salud de la escuela intercambie confidencialmente información de salud - tanto dentro de la escuela como con proveedores de servicios de salud externos - para usar en la satisfacción de las necesidades de salud y educativas de este estudiante en la escuela.*

\_\_\_\_\_  
Nombre(s) del Padre/Guardián

\_\_\_\_\_  
Número(s) de teléfono

\_\_\_\_\_  
Firma del Padre/Guardián

\_\_\_\_\_  
Fecha



**School Medication Administration Form 2020 – 2021**

**ONE (1) MEDICATION PER FORM – REQUIRED FOR ALL (PRESCRIPTION & OVER-THE-COUNTER) MEDICATIONS**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Prescriber Portion**

**Medication Name:** \_\_\_\_\_ **Concentration:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Route:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Indication or instructions for “as needed” med:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**For Emergency Medication: The student is capable, have been instructed of the proper use of this medication, and may self-carry / self-administer this medication:**  Yes  No

**Date:** \_\_\_\_\_ **Prescriber Name:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_

**Parent/Guardian Portion**

*I request this medication be given as prescribed (above) including on field trips. I release school personnel from any liability in the administration of this medication and understand that I am responsible for communication with the healthcare provider who is ordering this medication. I understand that this medication will not be administered by a school nurse. I understand that this authorization will be effective and need to be renewed each school year. I agree to provide medication in the unopened original container (for over the counter med) / with a printed label from the pharmacy (prescription med) and pick the medication up at the end of the school year. I will provide all necessary devices required to administer this medication, if needed (ie: nebulizer mask/tubing, syringes, pill crusher, medcup, etc). Information may be exchanged with staff working with my child, medical providers, and emergency personnel, if needed, to ensure the student’s safety.*

**For Emergency Medication: The student is capable, have been instructed of the proper use of this medication, and may self-carry / self-administer this medication:**  Yes  No

**Date:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

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