



BACK-TO-SCHOOL PACKET

2023-2024 School Year



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Dear CPS Families,

Welcome back!

We're excited to kick-off the school year with you! Please find the 2023-2024 Back-to-School packet enclosed. **All back-to-school forms are available digitally on SchoolMint.**

Collecting back-to-school information online is preferred to ensure fewer errors. Online forms are available in Spanish and French. Benefits to filling out the forms online include:

- You only need to check and update existing information
- Ensures student information is not duplicated

To access online documents, create an account at <http://register.cps-k12.org/login> and search for your child with their PowerSchool ID number, first and last name and date of birth.

If you need help, your child's school has staff that are trained to use the Online Registration System.

If you fill out forms digitally, you do not need to fill out paper forms. However, given many families prefer paper forms, inside this document, you will find all paper forms families are required to fill out, including:

- Health history and consent forms
- CPS' Mobile Device Agreement and Acceptable Use Policy
- Student Fee forms
- Parent Involvement survey
- Positive Behavior Intervention Supports
- CPS District Calendar

Families are also responsible for understanding Emergency Weather Procedures, which can be found on our website at www.cps-k12.org/severeweather.

To get a copy of the forms in Spanish, French or Arabic, please contact your school.

If you would like to register a student for preschool, please contact early childhood education at (513) 363-0240 or visit www.cps-k12.org/preschool.

Thank you, and we look forward to a great school year!



Students with Disabilities

Cincinnati Public Schools is conducting an Intensive Awareness Campaign in accordance with the requirements of the Individuals with Disabilities Education Improvement Act (IDEIA 2004), the Ohio Administrative Code, the Ohio Revised Code, and the Operating Standards for Ohio Educational Agencies Serving Children with Disabilities.

Public school districts and the Ohio Department of Education are trying to **identify children with disabilities, from birth through age 21**, who may need special education and related services.

For children birth to age 3, a disability means an established condition known to result in either a developmental delay or a documented developmental delay.

For children ages 3 through 5, a disability means a child has a documented deficit in one or more of the following developmental areas:

- Communication
- Vision
- Hearing
- Motor skills
- Social emotional / behavioral functioning
- Self-help skills
- Cognitive development

For school-age children, a disability means a child has been identified as having one or more of the following conditions:

- Autism
- Deaf-blindness
- Hearing impairment (including deafness)
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment (including blindness)
- Intellectual disabilities
- Emotional disturbance

Your public school offers:

- Evaluation for all children with suspected disabilities, birth through age 21
- Education for all children with disabilities ages 3 through 21 years

When school staff is notified about a child who is suspected of having a disability:

- The child's parents are contacted and informed of their rights, as required by the Individuals with Disabilities Education Improvement Act (IDEIA 2004), the Ohio Revised Code, and the State Board of Education's Operating Standards for Ohio's Schools Serving Children with Disabilities.
- Arrangements are made to review all information and documentation pertaining to the suspected disability.

If you know a child who is suspected of having a disability and is not being served, tell staff at the child's school or contact CPS' Student Services Department, (513) 363-0298.

Revised 6/2019



Districtwide Discipline Policy

Positive Behavior Intervention Supports

- There is a districtwide Code of Conduct for students.
- The Code of Conduct is updated annually and available for review on CPS' website: www.cps-k12.org/codeofconduct

Cincinnati Public Schools strives to create a Positive School Culture in all our schools, aimed at creating a safe and orderly environment that keeps students in school and engaged in learning.

Part of this Positive School Culture is a districtwide **Code of Conduct** that provides clear and explicit expectations for student behavior, specifies guidelines for teaching social skills to students, describes methods to help correct behavior and outlines the consequences for misbehavior.

In addition to the Code of Conduct, each school is required to develop its own Positive Behavior Intervention Supports Plan through its Positive Behavior Intervention Supports Committee. This plan must include a range of options that teach behavior expectations to students. Schools must communicate this plan to parents and students. Parents should know and understand the Positive Behavior Intervention Supports Plan at their children's schools.

Searches of Student and Property

Students will be subject to searches by metal detectors and/or by hand on a random basis, or with reasonable suspicion, by district administrators or security personnel.

The district may search: A student's outer clothing, pockets, book bags or other property; a student's locker; a vehicle driven to school by a student and parked on school property.

Students have no expectation of privacy in cell phones or other electronic devices brought to school. If there is reasonable suspicion that a search will reveal a violation of school rules, cell phones and other electronic devices may be confiscated and searched, including searching calls, e-mails, contacts, texts, and other communications or Internet access.

Students will be treated with respect during a search. Any student failing to cooperate during a search will be subject to discipline under the CPS Code of Conduct.

The Cincinnati Public School District is not responsible for damaged, lost or stolen personal items.

The Cincinnati Public School District provides equal educational, vocational, and employment opportunities for all people without regard to race, gender, ethnicity, color, age, disability, religion, national origin, creed, sexual orientation, or affiliation with a union or professional organization, and provides equal access to the Boy Scouts and other designated groups. The district is in compliance with Title VI, Title IX and Section 504 of the Vocational Rehabilitation Act. For additional information, contact the Title IX Coordinator or Section 504 Student Coordinator: (513) 363-0000 TDD: (513) 363-0124



Dear CPS Families, Parents & Guardians,

Providing our CPS students and staff with a safe educational environment remains one of our top priorities. As a part of an April 2022 School Board resolution, we are encouraging our families to implement secure firearm storage at home to ensure children don't have access and/or bring a gun to school. A firearm stored safely at home is the first step. We have partnered with the "Be Smart For Kids" program to provide you with key information, statistics, and the ability to get a gun lock.



Secure all guns in your homes and vehicles;
Model responsible behavior around guns;
Ask about unsecured guns in other homes;
Recognize the role of guns in suicide;
Tell your peers to Be SMART

Studies of school-based gun violence point to the same significant point for intervention: addressing students' unauthorized access to guns in the home. One recent study of targeted school violence incidents from 2008 to 2017 found that 76% of the firearms were obtained from the home of a parent or close relative.

What's more, unsecured guns in the home pose a risk to students *outside* school. Firearms are now the leading cause of death among children in the U.S. Every year, nearly 350 children under the age of 18 unintentionally shoot themselves or someone else. Distressingly, almost 40% of child gun deaths are suicides—nearly 700 child gun suicides annually (pre-pandemic). In most incidents, the gun used was one that belonged to someone in the student's home.

**4.6 million
American children
live in homes with
guns that are both
loaded and
unlocked.**

One study found that 87% of kids know where their parents' guns are kept, and 60% have handled them. Research shows that secure firearm storage practices are associated with up to an 85% reduction in the risk of self-inflicted and unintentional firearm injuries among children and teens. Storing firearms securely protects any child in your home as well as students throughout the school district and community.

As an additional measure to ensure our parents are informed and aware about secure firearm storage, our school staff will share this information while registering their children for the 2023-2024 school year and confirm this within our student information system.

You can also learn more about secure firearm storage, talking to your children about guns, and facts and resources on child firearm suicide at **BeSMARTforKids.org**. Please take the necessary steps in protecting your family, community, and schools – 'Be Smart' and secure your firearms.

Yours in Service,

Iranetta Wright
Superintendent



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Update to the Meal and Educational Benefits Application

Dear CPS Families,

During the pandemic, free breakfast and lunch meals were provided to all students regardless of income verification.

For Fall 2023, breakfast will continue to be provided at no cost to all students, but expired federal waivers as of July 1, 2022 will require parents/guardians with children attending the below nine CPS schools to complete a Meal & Educational Benefits Application to qualify for free lunch:

- Clark Montessori High School
- Clifton Area Neighborhood School
- Fairview-Clifton German Language School
- Hyde Park School
- Kilgour School
- Sands Montessori School
- School for Creative and Performing Arts
- Spencer Center for Gifted and Exceptional Students
- Walnut Hills High School

Paid meals will be \$1.75 at elementary schools and \$2.00 at secondary schools.

Parents/guardians at these nine schools may access and fill out the online application available on the CPS webpage or complete a paper application at your child's school.

For more information about our Student Dining Services and Free and Reduced Meal programs, please visit: www.cps-k12.org/studentdining.



Request to Restrict Privacy Information and Photos/Video

Federal and Ohio laws prohibit Cincinnati Public Schools (CPS) from publicly releasing student information, photos and video/audio without authorization, except for designated "Directory Information." Under Ohio public records law, CPS is required upon request to provide the Directory Information to any member of the public who requests it. Per **Board Policy No. 8330**, CPS defines Directory Information as the following:

A student's name, school, grade level, parent-guardian's name, home address, telephone number, email address, participation in officially recognized activities and sports, and awards received

CPS' primary purpose for releasing Directory Information is to highlight student accomplishments. Sometimes, the district and/or school takes photos and captures video/audio that may be placed on the district's websites, social media channels, approved publications and/or may appear within a broadcast media news story.

If you agree that CPS may release your child's Directory Information, photos, video/audio, **you do not need to return this form** and no further action is needed. If do not want CPS to release directory information, photos, video/audio or to military recruiters, please check the applicable boxes below.

Directory and General Public Release

Parents, legal guardians, or students aged 18 and older may refuse to allow CPS to release Directory Information by checking the box returning this form to the school by the end of September.

☐

CPS **may not** release Directory Information about my child.

Media Release

Parents, legal guardians, or students aged 18 and older may refuse to allow CPS to release photos and video/audio that features students on the district's websites, social media channels, and publications or may appear on broadcast news. Opting-out does not cover events or performances that are open to the public.

☐

CPS **may not** release photos and/or video/audio of my child.

Military Recruiters:

Per federal law, CPS must release the names, addresses and telephone numbers of high school students to military recruiters, unless the parent, legal guardian, or student aged 18 and over specifically objects.

☐

CPS **may not** release my child's name, address and phone number to military recruiters.

Student Information

Last Name: _____ First Name: _____

Birth Date: ____ / ____ / ____ School: _____ Grade: ____ Home Room: ____

Please check one: ☐ I am the student, and I am 18 years of age or older.
☐ I am the parent or legal guardian of the student and the student is under 18 years of age.

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: ____ / ____ / ____

Parents/guardians and/or eligible students who believe their rights under the Federal Education Rights and Privacy Act (FERPA) have been violated may file a complaint with: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C., 20202-4605.

<https://studentprivacy.ed.gov/file-a-complaint>. Informal inquiries may be sent to the Family Policy Compliance Office via email: FERPA@ed.gov.

Reviewed 6/28/2023



Community Learning Center
Cincinnati Public Schools
2651 Burnet Avenue
Cincinnati, Ohio 45219
Phone: (513) 363-0154

2023-2024 Parent/Guardian Consent Form Student Computerized Records

The Cincinnati Public Schools partners with a number of organizations to assist with addressing student needs.

The partners offer an array of services related to the following areas: tutoring, mentoring, health, and after school services. Services may be organized through Resource Coordinators who are assigned to individual schools.

The Resource Coordinators or partner organizations may request access to the student computerized records system, including IEP data, to view personally identifiable student data. This data may also be shared with staff and volunteers working with the partner organization. This would enable the Resource Coordinators and partner organizations to identify and assign appropriate services to students. If granted access, the Resource Coordinator or partner organizations must maintain the confidentiality of student information, and not re-disclose the information to persons not identified in this consent. The Resource Coordinator and partner organizations are only permitted to access student records in their own program and to the extent necessary to perform his/her duties. In addition, the Resource Coordinator or partner organizations may share information about his/her program with school district staff and other partners listed below, in order to better serve students.

Confidential information may only be shared to the extent that the information is relevant to the student's educational progress, safety, or well-being. Student information may be disclosed in a grave medical emergency which necessitates facilitation of medical care.

A parent/guardian authorization is required to allow the coordinator and partner organizations access to your child's data. Please select the partners below that you give consent to.

Resource Coordinator and/or school will enter partner options below

<ul style="list-style-type: none">• _____• _____• _____	<ul style="list-style-type: none">• _____• _____• _____
---	---

I have read the above and consent to all partners listed above serving Cincinnati Public Schools to release, obtain, and exchange my child's information from school district staff and partners listed above.

Print Parent/Guardian Name

Print Student Name (one student per form)

Parent/Guardian Signature

Date

School Name

Grade

Phone Number

For Office Use Only

Student ID #: _____



Student Acceptable Use Policy and Internet/Network Safety Agreement

Cincinnati Public Schools 2023-2024 School Year

Grades PreK - 3

Student Agreement

I WILL...	
	Always handle my iPad or computer properly.
	Only use the websites my teachers approve of.
	Always keep my username and password private.
	Always keep food and drinks away from my iPad or computer, because another student may use the device.
	Always be respectful and kind with using the internet.
	Always report anything on the internet that makes me sad, scared, uncomfortable or unsafe.
	Always take responsibility if I damage my iPad or computer.



Student Acceptable Use Policy and Internet/Network Safety Agreement

Cincinnati Public Schools 2023-2024 School Year

Grades PreK - 3

1. What is an AUP?

Acceptable Usage Policy. An agreement or promise that you will follow the rules when using school computers, iPads, and other devices.

2. Why is the AUP important?

Our school wants to keep you and the equipment you use safe. The AUP tells you the rules and your job when using computers, iPads, and devices.

The AUP reminds us that when you are using computers, iPads, and other devices it is not private. Your teacher is watching and so are others on the internet. You must remember to be respectful, responsible, and safe.

3. What is the MDA?

The Mobile Device Agreement. An agreement or promise that you will take care of the school computers, iPads, and other devices.

[CLICK HERE](#) for equipment fee list.

4. Why is the MDA important?

The Mobile Device Agreement helps remind you to keep the computers, iPads, and devices in good working condition. It also tells you there are consequences if you destroy or damage the computer, iPad, or device.



Student Acceptable Use Policy and Internet/Network Safety Agreement

Cincinnati Public Schools 2023-2024 School Year







Grades PreK - 3

For all questions, please call the Family Technical
Support Center: 513-363-0688



Student Acceptable Use Policy and Internet/Network Safety Agreement
Cincinnati Public Schools 2023-2024 School Year
Grades 4-12

Student Agreement

I WILL...	
	I understand that I am expected to use my assigned device safely, responsibly, and for educational purposes only
	I will treat my equipment with care and respect. I understand that I am responsible for the proper use of technology that is issued to me in my name.
	I will be a respectful digital citizen. I will not cyberbully, send inappropriate messages or use inappropriate language.
	I will notify an adult if an internet/security issue is suspected or identified.
	I will return the device in the condition in which I received it (keyboard/screen cleaned off; no food particles), because I understand another student may be assigned this device.
	I will follow the student responsibilities listed below and the Cincinnati Public Schools (CPS) Code of Conduct while using technology.

Student Responsibilities

1. **I will be responsible for my assigned device and accounts.** I will not share my account information, passwords, or other information used to access programs to anyone. I also know that I should not access accounts under someone else's name. If I see someone else's information, when using a shared device, I

will tell an adult and wait to use the device until an adult has removed the material.

2. **I will be kind and respectful in my language and how I treat others while online.** I will not intentionally be hurtful, bully, harass, intimidate, stalk, or threaten other students and staff ("cyberbullying"). I will only use language on the internet and in my school email that I would use in the classroom with my teacher. I will tell a teacher if I see anything hurtful to another student online.
3. **I will use the CPS Network responsibly.** I will not access, post, display, or otherwise use material that is not school appropriate. I will not look up web pages, apps, or documents that have content that is inappropriate. I will not create or share photos, videos, or texts/chats that are inappropriate. Inappropriate content can include things that are discriminatory, mean-spirited, improper, sexually explicit, violent, or disruptive language. I will not download any files, including music and video files, unless a teacher gives me permission.
4. **I will be honest about who I am online.** I will not pretend to be anyone else online. I will not send email, create an account, or post any words, pictures, or sounds using someone else's name. I will not use another person's login name or password. I will not "plagiarize." When I use information from a website, I need to let people know where I got the information and cite my sources. I will obey copyright laws and will not download words, pictures, video, or music that belongs to someone else.
5. **I will protect the security of the CPS Network.** I will not try to change security settings or install any software on school devices without permission. I will not use a phone, personal laptop, or any electronic device in school without a teacher's permission. I will not "hack" into any systems to manipulate data of the district of other users.
6. **I will protect all CPS property that is assigned to me.** I will not break or destroy any equipment on purpose. I will not move any equipment, including keyboards and mice, without permission. I will not disrupt or harm district technology (such as destroying district equipment, placing a virus on district computers, adding or removing a computer program without permission, changing settings on shared computers, etc).
7. **I will protect myself and others while online.** I will not publish any material on a school website, wiki, blog, podcast, or discussion group without permission. I will not publish a picture, including my picture, with the person's first or last name attached. I will not give personal information (such as name, address, telephone number, Social Security number, or other personal information) of mine, another student, staff member, or anyone else without permission or with the intent to threaten, intimidate, harass, or ridicule that person.

Frequently Asked Questions

What is an AUP?

AUP stands for "Acceptable Use Policy." It means that you agree to only do "acceptable" things when you are using Cincinnati Public Schools (CPS) internet and technology. For details on what is "acceptable" see the above agreements and responsibilities as well as your building and/or classroom rules. The AUP is an agreement that you must digitally sign for you to be allowed to use CPS network and equipment.

What is an MDA?

MDA stands for “Mobile Device Agreement.” It means that you agree to handle devices and equipment in a safe and secure manner. Please note that within this agreement it states you may be charged for repair or replacement costs to your device if there is damage caused by...

- A. horseplay in the vicinity of the device.
- B. spilling liquid or food on the device.
- C. closing the monitor on an object (e.g. pen, pencil, calculator, paper clip, etc.).
- D. the device not being cleaned off when turned in.
- E. theft of the device resulting from not securing the device properly.
- F. loss of missing devices.

[CLICK HERE](#) for equipment fee list.

Why does CPS have an AUP/MDA?

A lot of people use the Cincinnati Public Schools' network and school devices. We need to make sure that our devices and printers are in working order and that everyone is safe and comfortable when using the network.

Why do I have to be responsible for what I do on the CPS District Network?

It is important that we are all responsible digital citizens in order for all staff and students to have safe spaces to learn and grow. Using the internet and district technology is a privilege given to help in achieving that goal. Please understand that the CPS network, web pages, and email accounts are NOT private. CPS staff, as well as the Cincinnati Police, are able to “monitor” all activity on school devices. (Including everything you read, what you write, and the web pages that you visit on school devices). This is done to ensure that district technology is being used for safe and appropriate activities. Pause and think before you use your device to ensure you don't do anything online that you would not want your teachers or parents to see.

What happens if a student does not follow the rules in the AUP/MDA?

The CPS AUP/MDA are in place to ensure we all have safe spaces to learn and grow while using technology. If you see anything online that does not follow the agreements and responsibilities, report it to a teacher or adult IMMEDIATELY! Students who do not follow the CPS AUP/MDA will receive consequences up to the loss of device privileges. Consequences will be determined by your building principal according to your school's rules and procedures. Please note the Cincinnati Police Department will be contacted if your actions have broken a law. Lastly, you could be responsible for fees associated with your device(s).



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August, 2023

Dear CPS Parent or Guardian:

All of our K-12 students are charged an annual student fee. The fee is used to pay part of the cost of essential classroom materials. This is a one-time charge for the entire 2023-2024 school year. The fee schedule for the school year reflects no increase over the prior school year.

Please complete the student fee form on the back of this letter and return it to the school office where your child attends along with any applicable payment by October 18, 2023. You must fill out separate form for each child.

Payments may be made by credit/debit card, cash, money order or certified check (no personal checks) payable to Cincinnati Public School District at the school office where the child(ren) attend(s). If paying by cash, please remember to pay with the exact amount as our offices do not have change. Fees may also be paid online via Visa, MasterCard, or a valid checking account by visiting www.PayForIt.net. Adjustments cannot be made online

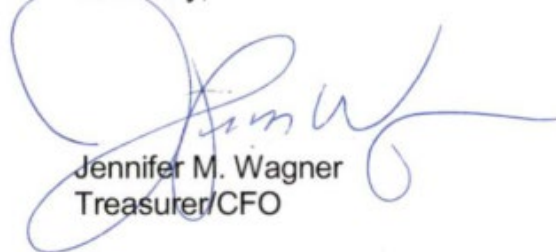
As in past years, the fees are based on family income and the number of children you have in the Cincinnati Public School District.

- If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, you must complete **Section 2** of the form to be eligible for a waiver of student fees for the current year.
- If you qualify for free or reduced lunch based on household income, your student(s) may be eligible for a waiver of student fees for the current year. You must complete **Section 3** of the form and indicate your household size and income range.

If you are entitled to a reduced fee, it can only be reduced when the payment is submitted with the form. **Any 2022-2023 or prior school year fees will not be adjusted once the 2023-2024 school year starts on August 17, 2023.**

If you have questions or concerns, please call your student's school office.

Sincerely,



Jennifer M. Wagner
Treasurer/CFO

SECTION 1 – Complete a separate form for each CPS student AND
return with separate payment to each student's school they are attending.

Student's Name _____ Student ID # _____

School Attending _____ \$ Enclosed/Paid Online (circle one) \$ _____

SECTION 2 – Benefits Eligibility Waiver

Does any member of your household receive SNAP or OWF benefits? (✓) ☐ Yes ☐ No

- Checking "Yes" and signing in this box below authorizes the School District to confirm the status of your child's eligibility with the Food Services Department, Treasurer's Office, and/or School Office. Do not complete Section 3 of this form. In order to waive fees, you must submit this signed form to the school office where your child attends for verification.
- Checking "No," Please sign in this box below and then complete Section 3 of this form.

Parent/Guardian's Signature _____

By signing this line, you agree that the above information completed is accurate.

School Office: Please ONLY send forms checked "Yes" AND signed in this section to the Student Dining Services Department via pony mail for benefits verification. If confirmed, the Student Dining Services Department will notify the A/R Department to waive the student fee. If not eligible, please have parent/guardian complete Section 3 of this form for possible income eligibility. Do NOT send the form to the A/R Department.

SECTION 3 – Income Eligibility Waiver

List the Names and Schools of your other children who attend Cincinnati City School District, if any.

Student Name

School Attending

- 1) _____
- 2) _____
- 3) _____

Please follow the steps below to calculate your student fee:

In order to waive fees, you must submit this signed form to the school office where your child attends.

Step 1 Number of Adults in household
Number of Children in household
Total Household Size (THH Size)

+ _____
= _____ (Include ALL children in your household here)

Step 2 Find THH Size from above and circle the total household income range to the right of the household size.

For example: If your total household size (THH Size) was 5 and your annual income was \$41,000; you would circle in the middle column.

\$39,885 and \$56,757

Please send payment in full prior to the start of school year 2023-2024 to receive an adjustment. Adjustments cannot be made on the www.payforit.net website.

Total Household Annual Income
*Amounts listed are based on the 2020 Federal Poverty Guidelines.
*Below 130% *Between 130% and 185% *Above 185%

THH Size	If your income is at or less than	If your income is between	If your income is at or above
1	\$16,588 or less	\$16,589 and \$23,605	\$23,606 or more
2	\$22,412 or less	\$22,413 and \$31,893	\$31,894 or more
3	\$28,236 or less	\$28,237 and \$40,181	\$40,182 or more
4	\$34,060 or less	\$34,061 and \$48,469	\$48,470 or more
5	\$39,884 or less	\$39,885 and \$56,757	\$56,758 or more
6	\$45,708 or less	\$45,709 and \$65,045	\$65,046 or more
7	\$51,532 or less	\$51,533 and \$73,333	\$73,334 or more
8	\$57,356 or less	\$57,357 and \$81,621	\$81,622 or more
9	\$63,180 or less	\$63,181 and \$89,909	\$89,910 or more
10	\$69,004 or less	\$69,005 and \$98,197	\$98,198 or more

Step 3 A) Circle the number of children attending a CPS School.

B) Find students grade level(s) next to the number of children.

C) Locate the income range from the table above. Follow the column down to determine the student fee owed.

Number of Children	Grade Level	Fee Owed	Fee Owed	Fee Owed
1	K-6	0.00	18.00	26.00
	7-8	0.00	21.00	31.00
	9-12	0.00	23.00	35.00
2	K-6	0.00	16.00	23.00
	7-8	0.00	20.00	29.00
	9-12	0.00	22.00	33.00
3 or more	K-6	0.00	12.00	18.00
	7-8	0.00	15.00	23.00
	9-12	0.00	17.00	25.00
A	B	C		

Parent/Guardian Signature: _____

By signing this line, you agree that the above information completed is accurate.

School Office: Please verify signature. Then reduce/waive student fee based on the amount circled above with applicable concurrent payment. Then file the form at the school in the student's cumulative file folder. If section 3 is completed, do NOT send the form to the A/R Department or the Student Dining Services Department.



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Education Center - Office of Environmental Health and Safety

2651 Burnet Avenue Cincinnati OH 45201-5381 Phone: 513-363-0107 Fax 513-363-0373

DATE: 6/22/2023

TO: Parents, Staff, School Organizations and Employee Representative Groups

RE: AHERA Annual Notification

This memo is to notify all parents, staff, school organizations and employee representative groups that the Cincinnati Public School District complies with the United States Environmental Protection Agency's (U.S. EPA) Asbestos Hazard Emergency Response Act (AHERA) regulations.

These regulations require every private, parochial and public school district to inspect all school buildings for asbestos containing material, assess the condition of the asbestos material and draw up a plan on how the district is to manage the asbestos containing material.

The Cincinnati Public School District has had all buildings inspected for asbestos and has compiled the results in the Asbestos Hazard Emergency Response Act (AHERA) – *Asbestos Management Plan*. The plan for each school is located in the main school office and is available for review.

The Asbestos Management Plan should be checked when planning all building renovations so as to prevent the disturbance of asbestos. All planned repairs and renovations of school district buildings, which involve the disturbance of known asbestos containing material, are completed by certified persons who are trained to work with asbestos material. These projects are completed in a safe manner by following procedures detailed in the Asbestos Management Plan.

The school district continues to monitor the condition of all asbestos containing building material by having district employees check the condition every six months. In addition, the district has trained inspectors from outside the district conduct a major re-inspection of all buildings every three years. The results of these required inspections are available in the Asbestos Management Plan.

If your school has had asbestos abatement projects, you will find a brief description of the projects in the Asbestos Management Plan.

Any questions or concerns about the implementation of the AHERA regulations should be given to the building administrator who will contact the Environmental Health and Safety Manager, if necessary, to obtain clarification.

Sincerely,

Steven Knapik

Environmental Health and Safety Manager

2023 EHS Annual AHERA Notification

Sign Up Today



- Educate your children **on when and how** to dial 9-1-1 in an emergency, and make sure your children know their home address.
- Create a Smart911 Safety Profile at **www.smart911.com** to provide 9-1-1 staff and First Responders — police officers, firefighters and Emergency Medical Services — with information that can help protect your family in an emergency.

Signing up for Smart911 gives First Responders important information you have provided that can help **locate you and help you** in an emergency.

Other safety reminders:

- To avoid injury, choose your child's backpack carefully, making sure it won't get too heavy. A loaded backpack should weigh no more than 10 percent to 20 percent of your child's body weight.
- Don't put your child's name on a backpack, or on any outer clothing. If your child's name is easily readable, it makes it easier for strangers to approach and begin a conversation.
- Teach your children that **any adult they don't know is a stranger**, even if the person looks nice, and that they should never go anywhere with a stranger.



PREPARING STUDENTS FOR LIFE

Through Academic Achievement • Personal Well-Being • Career Readiness



June 2023

Dear Parent or Guardian,

Please complete the necessary health forms and return to your child's school. These forms may be obtained from your school or online: <https://www.cps-k12.org/forms>

The **Emergency Medical Authorization** form is needed in case of an emergency at school. It gives the school permission to get emergency treatment for children who become ill or injured while at school, when parents or guardians cannot be reached.

The **Health History Update** form gives school personnel pertinent health information regarding your child and is **required** by Ohio law. It must be updated every school year. Additional forms may be needed for children with chronic conditions (such as asthma, diabetes seizure disorder, sickle cell disease) These may be obtained through the school health office at your child's school.

Complete the **CPS Administration of Medication** form only if your child needs **prescription medication** during the school day. This must be completed and signed by both the licensed medical provider and parent before medication can be given at school.

The **Authorization for Administration of Over-the-Counter Medications at School** form gives the nurse, school health assistant or principal designee permission to give the medications listed on the Over-the-Counter Medication form to your child for comfort measures. This must be completed and signed by **both** the licensed medical provider and parent before medication can be given at school.

The **Consent Form for 2023-2024 Seasonal Influenza Vaccine** is needed for your child to receive the flu vaccine at school this year. It gives the Cincinnati Health Department permission to administer the vaccine. The flu consent will be sent out in September 2023 and the flu shot will be given between September and December 2023.

The **School Based Health Center Enrollment Packet** may also be included. If you would like your child to receive the services listed, complete and return the packet to the school health office. If your student is already consented to the School Based Health Center, please complete page five of the consent (Patient Rights and Responsibilities, Sharing of Information, Payment for Services). This must be completed annually.

Cincinnati Health Department Registered Nurses work in collaboration with the pediatric providers at the Cincinnati Health Department and Cincinnati Children's Hospital Medical Center to assure the best coordinated care for your student. The nurses can access electronic health records from Cincinnati Children's Hospital Medical Center and the Cincinnati Health Department to verify orders, emergency plans, confirm follow-up appointments and to reference discharge plans.

Thank you in advance for your attention to these important documents and for partnering with us in guarding your child's wellness!

Grant Mussman, MD, MHSA
Interim Health Commissioner
Cincinnati Health Department

Denise M. Saker, MD, MPH, FAAP
Interim Medical Director
Cincinnati Health Department



Health History Update - 2023-2024

Please fill out and return to the school nurse or office. Thank you.

Ohio law requires that a current Health History form be on file for every student.

Student's Name _____ Date of Birth _____ / _____ Grade/Homeroom _____

Doctor's Name _____ Phone Number _____ Last checkup or visit _____

Dentist's Name _____ Phone Number _____ Last checkup or visit _____

Insurance: _____ Medicaid (Circle one: CareSource/ Molina/ United Health Care/ Paramount/ Buckeye)

_____ Private Insurance Provider's Name _____

_____ None

Any history of the following problems? (Circle Y for YES or N for NO)

History For Student and then Family	Student	Family
Allergies: Seasonal/Hay fever	Y N	Y N
Life Threatening Allergy to:	Y N	
EpiPen prescribed	Y N	
ADD/ADHD	Y N	Y N
Anemia or Other Blood Problems	Y N	Y N
Asthma	Y N	Y N
Behavioral Problems _____	Y N	Y N
Blood Pressure Problems (High/Low)	Y N	Y N
Developmental Problems _____	Y N	
Cancer – type _____	Y N	Y N
Chronic Diarrhea or Constipation	Y N	Y N
Chronic Ear Infections	Y N	
Depression	Y N	Y N
Diabetes	Y N	Y N
Drugs or Alcohol Used During Pregnancy	Y N	
Eczema/Chronic Skin Condition	Y N	Y N

History For Student and then Family	Student	Family
Emotional/Psychological Problems	Y N	Y N
Frequent Headaches	Y N	Y N
Head Injury/Concussion? When	Y N	
Frequent Stomachaches	Y N	Y N
Hearing Problems	Y N	Y N
Heart Disease – type _____	Y N	Y N
Kidney Disease – type _____	Y N	Y N
Learning Problems _____	Y N	Y N
Prematurity or Birth Weight under 5 lb.	Y N	
Seizure Disorder/Epilepsy/Tics	Y N	Y N
Sickle Cell Disease	Y N	Y N
Sleep Problems	Y N	Y N
Speech Problems	Y N	Y N
Toothaches/Dental Problems	Y N	Y N
Problems with Vision	Y N	Y N
Wears Glasses	Y N	
Surgery? What type? _____	Y N	



Tuberculosis (TB) Risk Assessment:

Is your child in contact with any of the following people: Immigrants from another country, someone diagnosed with or treated for TB, incarcerated children or adults, HIV infected, homeless, nursing home residents, institutionalized children or adults, illegal drug users, migrant farm workers?

For your child, please circle Yes or No below, and explain any Yes answers.

Diagnosed or treated for TB? ___ No ___ Yes _____

Immigration from another country? ___ No ___ Yes _____

Traveled to another country? ___ No ___ Yes _____

Ever been in jail or in 2020 (Juvenile Detention Center)? ___ No

Student's Name _____

Has your child received the COVID-19 Vaccine? ___ No ___ Yes Dates: _____

Please list any **CURRENT** health problems or conditions your child has (may be same as above): _____

Please list any allergies (include **food, medications**, environmental, seasonal, etc.): _____

Please list any dietary restrictions (medical or non-medical) _____

Does your child see a specialist? If yes, please list condition, doctor's name, and phone number: _____

Please list any medications (prescribed or over-the-counter) your child takes **at home** on a daily or as-needed basis (such as medication for ADHD, allergies, asthma, or headaches): _____

SPECIAL NOTE: If your child must take any medications at school, including emergency medications (such as an inhaler or Epi Pen), you must fill out a CPS Administration of Medication form (available at the school).

Has your student had any operations, serious injuries or overnight hospital stays? No ___ Yes ___; please explain: _____

Has your child ever been pregnant? No ___ Yes ___; please explain: _____

Has your child ever been a victim of abuse? No ___ Yes ___; please explain: _____

Has anything bad, scary or sad happened to your family? No ___ Yes ___; please explain: _____



School Concerns

Is your child in a special education class? No ___ Yes ___; please explain: _____

Has your child repeated a grade? No ___ Yes ___; details: _____

Does your child get into trouble at school? No ___ Yes ___; details: _____

What are your child's grades on the report card? _____

Any changes recently in grades? No ___ Yes ___

Name of Parent/Guardian _____ Date _____

How can we reach you during school hours? Cell: _____ Work _____ Other _____



Emergency Medical Authorization Form

Fill out this form and return it to your child's school.

Student's Name: _____ ID #: _____ Homeroom: _____ Birth Date: _____

School: _____ Grade: _____ Year: _____

Student's Address: _____ Apt.: _____ Phone: _____

City: _____ State: _____ Zip: _____

Purpose — To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Parent / Guardian Name: _____ Daytime Phone: _____

Parent / Guardian Name: _____ Daytime Phone: _____

Other's Name: _____ Daytime Phone: _____

Name of Relative or Child-care Provider: _____

Relationship: _____ Daytime Phone: _____

Address: _____ Zip: _____

PART I or PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT I hereby give consent for following medical-care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date: _____ Signature of Parent/Guardian: _____

Address: _____ Zip: _____

PART II: REFUSAL TO GRANT CONSENT I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Address: _____ Zip: _____



Emergency Medical Authorization Card

Fill out this form and return it to your child's school.

Revised: 6/2019

Student's Name: _____ ID #: _____ Homeroom: _____ Birth Date: _____

**Cincinnati Public Schools
EMERGENCY MEDICAL AUTHORIZATION FORM**

School: _____ Grade: _____ Year: _____

Student's Address: _____ Apt.: _____ Phone: _____

City: _____ State: _____ Zip: _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Parent / Guardian Name: _____ Daytime Phone: _____

Parent / Guardian Name: _____ Daytime Phone: _____

Other's Name: _____ Daytime Phone: _____

Name of Relative or Child-care Provider: _____

Relationship: _____ Daytime Phone: _____

Address: _____ Zip: _____

PART I or PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT: I hereby give consent for the following medical-care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning my child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date: _____ Signature of Parent/Guardian: _____

Address: _____ Zip: _____

PART II: REFUSAL TO GRANT CONSENT: I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Address: _____ Zip: _____

Cincinnati Health Department

School-Based Health Center Enrollment Packet

For students at NON-SBHC schools

PLEASE COMPLETE AND SIGN ALL PAGES.

STUDENT/PATIENT'S NAME: _____ **DOB:** ____/____/____ **Gender:** M/F **Trans:** MTF/FTM or Non-Binary

Child's Social Security #: _____ - _____ - _____ **Medical Card/Insurance ID:** _____

☐ CareSource ☐ Molina ☐ Buckeye ☐ Paramount ☐ United Health Care ☐ No Insurance ☐ OTHER _____

DENTAL HEALTH CARE SERVICES:



☐ **YES**, I consent for my child to receive **DENTAL SERVICES** at a Cincinnati Health Department (CHD) Center or school-based/mobile clinic including preventive care, dental examinations, x-rays, sealants, fillings, local anesthesia, tooth removal, and root canals if necessary. Sealants and other preventive procedures will be provided at school. My child may be **TRANSPORTED/ACCOMPANIED** to and from dental services by a school designee. I, the parent or guardian of above named student, release the City of Cincinnati, its City Council members, employees, and authorized agents and representatives and CPS, its board members, administrators, employees and authorized agents and representatives from any and all liability related to personal injury or damage resulting from the transportation of my student to and from health services.

☐ **NO**, I do not wish for my child to receive **DENTAL SERVICES**

EYE CENTER SERVICES:



☐ **YES**, I consent for my child to receive **EYE CENTER SERVICES** at the OneSight Vision Center at Oyler School or Academy of World Languages, which may include comprehensive eye examinations including dilation, vision therapy, and the fitting and dispensing of vision correction. My child may be **TRANSPORTED/ACCOMPANIED** to and from eye center services by a school designee. I, the parent or guardian of above named student, release the City of Cincinnati, its City Council members, employees, and authorized agents and representatives and CPS, its board members, administrators, employees and authorized agents and representatives from any and all liability related to personal injury or damage resulting from the transportation of my student to and from health services.

☐ **NO**, I do not wish for my child to receive **VISION SERVICES**

MEDICAL HEALTH CARE SERVICES: Available at the following sites: Aiken, AWL, Children's Home of Cinti, JP Parker, Mt. Airy, Oyler, Riverview, Roberts, Roll Hill, Ethel Taylor, Taft HS, West Hi/Dater HS, and Withrow HS)



☐ **YES**, I consent for my child to receive **MEDICAL CARE** including routine well childcare* (e.g. work, daycare, and sports physicals) appropriate immunizations, fluoride varnish and treatment for illness or injury including over the counter medications unless emergency services are needed. (*Note: well child care includes vision/hearing screening, urine and blood tests, immunizations as needed, and an external genital exam when appropriate).

**Please note: in Ohio, minors may access confidential service for sexually transmitted infections and family planning, including provision of contraception such as condoms or birth control pills without parental consent.*

☐ **NO**, I do not wish for my child to receive **MEDICAL CARE** at the school-based health center (SBHC)



Parent / Guardian Signature (or patient if 18 or older) **Parent/Guardian Name (PRINT)** **DATE**

Phone (best) _____ Phone #2 _____ Phone #3 _____

ADDRESS **STREET** **APT** **CITY** **STATE** **ZIP**

I give consent for my child to obtain the services that I have marked in the boxes above. I agree to the terms and conditions regarding the PAYMENT FOR SERVICES and SHARING OF HEALTH INFORMATION as explained in Program Description form (attached). Consent in effect until terminated in writing by Parent/Guardian.

STUDENT/PATIENT'S NAME: _____ DOB: ____/____/____

To provide health services for your child we need the following information:

Parent/Guardian Name: _____ Parent/Guardian's Date of Birth: _____

Relationship to Child: _____ Parent/Guardian's Social Security No.: _____

Address: _____ City/State/ZIP: _____

Emergency Contact Person: _____ Phone Number: _____

Your Child's Health History

❖ Do you have a **Primary Care Doctor?** ☐ YES ☐ NO

Doctor Name/Clinic: _____ Phone #: _____ Fax #: _____

Date of last complete yearly physical examination (head to toe): _____

❖ Do you have a **Primary Dentist?** ☐ YES ☐ NO

Dentist Name/Clinic: _____ Phone #: _____ Fax #: _____

Date of last routine dental check-up: _____

❖ Do you have a **Primary Eye Doctor?** ☐ YES ☐ NO

Eye Doctor Name: _____ Phone #: _____ Fax #: _____

Date of last routine vision exam: _____

❖ Do you have a **Preferred Pharmacy?** ☐ YES ☐ NO

Preferred **Pharmacy**: _____ Phone #: _____ Fax #: _____

Please list any **CURRENT** health problems or conditions your child has:

Please list any **allergies** (include **food, medications**, environmental, seasonal, etc.):

Does your child see a specialist? If yes, please list condition, doctor's name, and phone number:

Please list any medications (prescribed or over-the-counter) your child takes **at home** on a daily or as-needed basis (such as medication for ADHD, allergies, asthma, or headaches):

****SPECIAL NOTE: If your student needs to take any medications at school, including emergency medications (like an inhaler or Epi Pen), you must complete a CPS Administration of Medication form****

Has your child had any operations, serious injuries, or hospitalizations? ☐ No ☐ Yes

Please provide reason and dates: _____

Has your child ever been pregnant? ☐ No ☐ Yes If Yes, how many living children has your child given birth to: _____

Has your child been a victim of abuse? ☐ No ☐ Yes

Has anything bad, scary or sad happened to your family? ☐ No ☐ Yes

Please explain: _____

School Concerns: Explain any YES answers on the line provided.

Is your child in a special class (Special Ed / IEP / 504 Plan)? ☐ YES ☐ NO _____

Has your child repeated a grade? ☐ YES ☐ NO _____

Does your child get into trouble often at school? ☐ YES ☐ NO _____

What are your child's grades? _____ **Is this a change?** ☐ YES ☐ NO

(Please continue to the next page)



Consent for Nitrous Oxide Sedation

Patient Name: _____

If your child needs dental treatment, it may be beneficial or necessary to use nitrous oxide sedation in order to complete the dental treatment. Nitrous oxide relaxes children, makes them more comfortable, and gives them an all-around better experience at their dental appointment. By signing this form ahead of time it will be easier for us to do the treatment in a more timely and efficient manner. We will attempt to call you prior to using nitrous oxide on your child. Please read the following and sign at the bottom if you consent to treatment with nitrous oxide sedation. It will only be used if necessary.

I give permission for a Cincinnati Health Department dentist to give my child nitrous oxide sedation if indicated. I understand that some side effects could occur including:

1. Nausea and vomiting – we suggest that no food be eaten for at least two hours before the appointment.
2. Excessive sweating and patient may get red or flushed.
3. An unusually high amount of saliva is sometimes produced.
4. Although not common, a patient may get a sensation of having the chills.
5. In unusual circumstances, a child may become temporarily hyperactive.

The benefits include relaxation and possibly eliminating the need for local anesthetic injections (“Novocaine”). For those patients who may need both, the use of nitrous oxide/oxygen will make the injections much easier for the patient.

At no time will the patient be “asleep” and at all times the patient will be given more oxygen than what is present in room air. Patients will be monitored continually by the dentist and staff, and a parent can be present as well if requested.

If you would like to be present, please make a note on the top of this form and we will be happy to schedule an appointment for you at your convenience.

☐ I consent for my child to receive nitrous oxide sedation as deemed necessary by the dentist. I understand the dental staff will attempt to contact me prior to administering nitrous oxide.

☐ I do not consent for my child to receive nitrous oxide sedation.



Signature (Parent/Guardian)

Phone Number

Date

PLEASE REVIEW THE FOLLOWING INFORMATION

Program Description School-Based Health Center Cincinnati Health Department

Welcome to the School-Based Health Center. The School-Based Health Center makes medical, dental and vision care available to all students when needed. If your child/adolescent becomes sick at school or if your child/adolescent needs a check-up, sports physical, immunizations, routine dental care, or a vision exam they can have it done in the School-Based Health Center. If your child/adolescent develops a dental problem at school, a dentist can see your child at one of school-based dental centers located at Academy of World Languages, Withrow High School, Western Hills High School, Oyler School, Crest Smiles Shoppe, or other CHD Health Centers. If you have any questions or need help with the application, please call the School Health Program 357-2809 or contact your school nurse

Patient Rights and Responsibilities:

- Respectful and equal treatment, care, and accommodations are available regardless of race, age, ethnicity, creed, sex; or sexual orientation.
- To have a health care assessment and plan of care and participate in your health care plan.
- To talk to your health care provider openly and privately.
- It is the patient's responsibility to carry out the recommended treatment plan.
- Allow 30 days for completion of insurance or disability forms..
- Notify the SBHC if you have received treatment in an Emergency Room or hospital.
- After hours, in case of emergency call 911 or go to the nearest emergency room. If you have an urgent issue and would like to speak with the provider on call, please call 357-7320.


Regarding PAYMENT FOR SERVICES:

- If you do not have health insurance for your child, you will be responsible for the bill at the appropriate **discounted fee**. However, no child will be denied care due to inability to pay for services.
- If you do not have health insurance for your child, information about your household income will be requested to ensure compliance with federal requirements and to determine if you qualify for reduced or waived fees based on the Cincinnati Health Department sliding fee scale. This information will be kept strictly confidential.
- No child will be denied care due to inability to pay for services.
- We can help you if you need assistance applying for Medicaid, you can stop by our center or call 513-357-2787.

Regarding the SHARING OF HEALTH INFORMATION:

- The School-Based Health Center may request medical records/information from any health care provider or facility where your child has been seen.
- Results of the visit will be sent by the School-Based Health Center to your child's regular doctor/clinic.
- The PHHC, School-Based Health Center and/or the Cincinnati Health Department (CHD) school nurse will share medical information with each other as needed.
- The school has other community resources available, including mental health. If services for mental health are needed, the health center provider may initiate a referral to the mental health provider at your child's school or a community site. The mental health provider will contact you for consent. The health center provider and the mental health provider will coordinate your child's care as needed. All information will be kept strictly confidential.
- Dates of service regarding completed dental, vision and medical care (ie. Immunizations, annual well-child check and asthma care) may be shared with your child's school if you agree and sign the Authorization form provided with this consent.

I have the right to receive or review a copy of the Notice of Privacy Practices. I acknowledge that I have been offered a copy of the Notice of Privacy Practices:

 I have received or reviewed a copy (signature and date) _____

I do not want a copy (signature and date) _____

I authorize the SBHC to call my home or cell phone number and leave a message with an adult that answers the telephone or on the voicemail pertaining to my child's medical care, including laboratory results.

INFORMED CONSENT FOR SILVER DIAMINE FLUORIDE

Silver diamine fluoride (SDF) is an antimicrobial liquid used to treat tooth sensitivity and to help stop tooth decay. Reapplication of SDF may be necessary to better control caries progression and is recommended every 3, 6 or 12 months but may be applied more frequently if needed. Treatment with SDF may not eliminate the need for dental fillings or crowns to repair function or esthetics. Additional procedures may incur a separate fee.

Facts for consideration:

- The procedure involves: 1) Proper isolation of the area and drying of affected teeth. 2) Rub a small amount of SDF on the decayed area. 3) Allow SDF to act on the tooth surface for at least 1 min, preferably up to 4 minutes. 4) Rinse tongue and oral mucosa.
- I should not be treated with SDF if: 1) I am allergic to silver or ammonia. 2) There are painful sores or raw areas on my gums or anywhere in my mouth (i.e., ulcerative gingivitis, gingivostomatitis).

Benefits of SDF treatment:

- It is quick, easy and painless.
- No need to numb teeth.
- It arrests 80% of cavities when applied twice yearly.
- It can help relieve tooth sensitivity.
- It is a temporary treatment option for young, fearful, or special needs patients that may require sedation for extensive dental care.



patients

Risks related to SDF:

- **The affected area will stain black permanently.** Healthy tooth structure will not discolor. Stained tooth structure can be covered with a filling or a crown in the future.
- If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm, cannot be washed off, and it will disappear in a few days to 2 weeks.
- You may notice a very temporary metallic aftertaste.
- SDF may not work for all cavities and decay will progress with poor oral hygiene and food impaction. In that case, the affected tooth will require further treatment, which can involve a filling or a crown, root canal therapy, extraction, or referral for specialty dental care.

Alternatives to SDF, not limited to the following:

- No treatment, which may lead to progression of cavities, severe pain and more serious dental infection.
- Depending on the location and extend of the tooth decay as well as the level of patient behavior and cooperation, other treatment may include fluoride varnish, a filling or crown, extraction, or referral to a specialist.

I hereby acknowledge that I have read and understand this consent and the meaning of its contents. All questions have been answered in a satisfactory manner. I have seen the photo displaying the discoloration of the cavity after SDF application. I consent to have Silver Diamine Fluoride (SDF) treatment with a dentist or another qualified dental staff at any dental site operated by the Cincinnati Health Department.

Patient Name: _____

Date of Birth: _____

Patient/Guardian Signature: _____

Date: _____

CHD Dental Staff Signature: _____

Date: _____



Authorization for Administration of Over-the Counter Medications at School

This form expires at the end of the current school year (2023-2024).

Student's Name		Date of Birth	School Year	
Street Address	Apt. No.	City	State	Zip
School	Grade		Homeroom	

As this student's parent/guardian, I give permission for my child to receive the following over-the-counter medications during school hours or during after-school activities. I agree to provide the medication my child needs in the original labeled container with the protective seal intact.

(Circle yes or no for each medication listed below. *Physician to complete dosage and time/frequency)

Over-the-Counter Medication (Parent to Complete)	Circle Yes	Circle No	Dosage (Physician to complete)	Time/Frequency (Physician to complete)
Acetaminophen (Tylenol) for headache, toothache or minor pain				
Ibuprofen for headache, toothache, minor pain or menstrual cramps				
Anti-itch cream or lotion				
Cough drops				
Tums (antacid)				

Is student allergic to any medications? ☐ No ☐ Yes, allergic to _____

Severe reactions that should be reported to the physician: _____

Student's Provider (Physician / Nurse Practitioner / Dentist) *Complete dosage and frequency above.

Provider's Signature: _____ Date: _____

Provider's Name: _____ Emergency Phone: _____

I give permission to the Cincinnati Health Department school nurse or Cincinnati Public Schools' designee to give my child the above-mentioned medications for comfort measures. I further agree to indemnify or hold harmless the Cincinnati Health Department or Cincinnati Public Schools and its agents from all claims as a result of any and all acts performed under this authority. I will inform the school if there is a change in any of this information.

Signature of Parent or Guardian _____ Date _____

Please Print Name of Parent or Guardian _____

How can we reach you during school hours?

Work Phone _____ Cell Phone _____ Home Phone _____ Other _____



Authorization for Administration of Prescription Medication Form

Parent/Provider Request for School Personnel to Give Prescription Medicine

School: _____ Grade: _____ Homeroom: _____ School Fax: _____

Cincinnati Board of Education policy, Section 5330, requires consent of the parent, guardian, or eligible student 18 years or older before medication (including prescription medication, inhalers, Epinephrine, etc.) can be given to a student by school personnel. The following information is necessary to comply with this policy. **Please answer all questions and return this completed form to your student's principal or school nurse.**

Student's Name: _____ Date of Birth: _____ Home Phone: _____

Street Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

TO BE COMPLETED BY THE STUDENT'S PROVIDER (Physician / Nurse Practitioner / Dentist)

Name of Medication: _____ Dosage: _____

Time/Frequency: _____ How Administered: _____ Date to Begin: _____

Permission for this medication is only valid through the end of the current school year unless otherwise noted. EXCEPTION: For emergency medications for asthma, anaphylaxis, seizures or diabetes, this permission can be valid for 3 years. A provider order is required for any changes in this medication.

Date to Terminate Emergency Medication: _____ (3 years)

Please attach an emergency action plan with procedures to be followed if emergency medication does not alleviate student's emergency.

For Epinephrine orders only: I have determined that this student is capable of possessing and using this auto injector/epipen appropriately and have provided the student with training in the proper use of the auto-injector.

Severe reactions that should be reported to the physician: _____

Special conditions for storage of drug: _____

Provider's Signature: _____ Date: _____

Provider's Name: _____ Emergency Phone #: _____

TO BE COMPLETED BY THE STUDENT'S PARENT OR ELIGIBLE STUDENT

The medicine must be in pill, capsule, liquid, auto-injector or inhaler form, and must be clearly marked from the pharmacist. The label must show the student's name, medication name, dosage directions, doctor, and prescription number.

Pharmacy: _____ Phone Number: _____

As the parent/guardian of this student (or eligible student), I give permission for the principal or designee to administer the prescribed medication. The undersigned agrees not to file or make any claim for negligence in connection with the administration or non-administration of this medicine(s) and further agrees to hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines. I will inform the school if there is a change in any of this information.

Please check the following if applicable:

For Students with Asthma:

_____ As the parent/guardian of this student, or myself, an eligible student, I authorize the student (or myself) to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school participates.

For Students with EpiPen/Twinject/Auto Injector:

_____ As the parent/guardian of this student, or myself, an eligible student, I authorize the student to possess and use an Epinephrine Auto-Injector, as prescribed, at the school and any activity, event, or program in which the student's school participates. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. **I will provide a backup dose of the medication to the school as required bylaw.**

Name of Parent / Guardian / Eligible Student (please print): _____

Signature of Parent / Guardian / Eligible Student: _____ **Date:** _____

Primary Emergency Phone: _____ **Secondary Emergency Phone:** _____

Cincinnati Health Department
School and Adolescent Health Program
Consent Form for 2023-2024 Seasonal Influenza Vaccine

COMPLETE THIS FORM ONLY IF YOU WANT YOUR CHILD TO GET THE FLU VACCINE

A. SCHOOL NAME: _____

STUDENT NAME (Last)	(First)	(M.I.)	GRADE/HR
DATE OF BIRTH	AGE	GENDER M / F	RACE
PHONE NUMBER			
STREET ADDRESS	CITY	STATE	ZIP
INSURANCE STATUS: <input type="checkbox"/> Medicaid <input type="checkbox"/> CareSource <input type="checkbox"/> United Healthcare Community Plan <input type="checkbox"/> Molina <input type="checkbox"/> Paramount <input type="checkbox"/> Buckeye <input type="checkbox"/> No Insurance <input type="checkbox"/> Private Insurance _____ Insurance Billing# _____ Medical Card Billing Number# _____ Child's SS# _____ *No student will be denied the flu vaccine due to inability to pay or lack of insurance			

B. In order to determine if your child needs a booster dose, please answer this question:

1. Did your child receive **2 doses** of seasonal flu vaccine since July 2010? ☐ Yes ☐ No ☐ Unsure

C. Please answer all of the following questions:

YES NO

1. Is the student sick today with fever or respiratory illness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the student have a serious allergy to eggs, thimerosal or another component of the flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the student ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the student ever had Guillain-Barré Syndrome (a temporary severe muscle weakness) within 6 weeks after receiving flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

D. Please answer all of the following questions:

YES NO

1. Does the student have a long term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), anemia or another blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>
2. If the student is between the ages of 2 and 4 years old, in the past 12 months has a health care provider told you that he or she had wheezing or asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this student have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long term treatment with drugs such as high dose steroids, or cancer treatment with radiation or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the person have close contact with someone who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person on long-term aspirin or aspirin-containing therapy (for example, does the person take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the student receiving anti-viral medications?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the person pregnant or could become pregnant in the next month?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the person received any of the following vaccinations within the past 30 days? MMR, Varicella, or Flu Mist? If yes, give type and date. Recent Vaccinations: _____ Date received: _____	<input type="checkbox"/>	<input type="checkbox"/>

E. Consent

CONSENT FOR VACCINATION:

I understand I will receive the **Flu Vaccine Information Statement** and be offered the **Cincinnati Health Department Notice of Privacy Practices** prior to my child receiving the vaccine.

I GIVE CONSENT for the student named at the top of this form to receive the Flu vaccine.

Signature of Person/Parent/Legal Guardian _____ Date: month _____ day _____ year _____
 Print Name of Parent Legal/Guardian _____
 Parent Cell Phone Number: _____

F: Vaccination Record (FOR ADMINISTRATIVE USE ONLY):

Vaccine	Date Dose Administered	Route	Lot Number	Name and Title of Vaccine Administrator
2023 Seasonal Flu /	/2023	L Arm R Arm <input type="checkbox"/> IM		
Booster Dose /	/2023	L Arm R Arm <input type="checkbox"/> IM		

Get Support with Parent Advocacy Hours

Are you looking for support or assistance navigating CPS?

We are now offering virtual office hours with CPS' District Parent Champion, LaRonda Thomas.

Appointments are 15 minutes and give you space to ask questions, discuss any concerns or how CPS can support you and your child.

Parent Advocacy Office Hours:

Mondays and Wednesdays

10:00 a.m. - 11:00 a.m.

2:00 p.m. - 3:00 p.m.

6:00 p.m. - 7:00 p.m.

Please contact LaRonda Thomas to schedule an appointment at parentvoice@cps-k12.org or **513-377-2167**.

Interpreter Services available



**PARENT
VOICE**
#activateyourvoice

Join a Parent Organization!

Make a difference at your student's school! Join a Parent Organization today!

School Parent Organizations give you the opportunity to:

1. Activate your voice
2. Support your students' academic and social-emotional success
3. Share your expertise
4. Build community
5. Learn and have fun!

Contact your school's Parent Chair or School Resource Coordinator for more information

Create a Parent Organization at Your School!

Help us reach our goal of 65 parent organizations by 2025! Contact LaRonda Thomas, CPS Parent Champion, for information on establishing or becoming involved in a Parent Organization at your school!



To learn more visit
<https://bit.ly/parentresources>

Email ParentVoice@cps-k12.org
Join our Parent Commnutiy on Facebook
<https://bit.ly/CPSParentVoiceGroup>



Parent Engagement Form

Welcome New & Returning Parents, Guardians and Caregivers!
Would you like to volunteer at your child's school?

Fill out the survey online by visiting <https://bit.ly/ParentEngagementSurveySY23> or scanning the QR code.

If you complete the paper form, please return it to the main office at your child's school.



Student Information

Name: _____

Grade: _____

School: _____

Parent / Guardian /Caregiver Information

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Best time and /or day for volunteering:

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

Please share your skills and areas of interest for volunteering. For example, tutoring, chaperon, office assistant or classroom guest speaker and topics.



Are you registered to vote?

Registering to vote or updating your address for voting is easy — you can go online, print a form and mail it in, or go in person to any public library or Ohio BMV.



Check your registration status or register now at
<https://votehamiltoncountyohio.gov/register/>

To vote in the **August 8, 2023** Special Election, you must register **by July 10, 2023**.

To vote in the **November 7, 2023** General Election, you must register by **October 10, 2023**.

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: ☐ Registering as an Ohio voter ☐ Updating my address ☐ Updating my name

1. Are you a U.S. citizen? ☐ Yes ☐ No

2. Will you be at least 18 years of age on or before the next general election? ☐ Yes ☐ No

If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name		Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)			Apt. or Lot #	5. City or Post Office	6. ZIP Code
7. Additional Mailing Address (if necessary)				8. County (where you live)	
9. Birthdate (MM/DD/YYYY) (required)		10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)		11. Phone Number (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street					
Previous City or Post Office			County	State	
13. CHANGE OF NAME ONLY Former Legal Name			Former Signature		
14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.					
			Your Signature Date (MM/DD/YYYY)		
<div></div>					

Board of Elections - Hamilton County Ohio
Registration Department
4700 Smith Road
Cincinnati OH 45212

TO ENSURE YOUR INFORMATION IS RECEIVED, PLEASE DO THE FOLLOWING:

1. Make sure all required fields are complete.
2. Sign and date your form.
3. Mail your form to: **Board of Elections - Hamilton County Ohio**
4700 Smith Rd
Cincinnati OH 45212

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.OhioSecretaryofState.gov or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A
FELONY OF THE FIFTH DEGREE.**



2023-24 Districtwide School Year Calendar

AUGUST 2023				
	T	W	T	F
	1	2	3	4
7	8	9	10	◆ 11
● 14	● 15	◆ 16	★ 17	18
21	22	23	24	25
28	29	30	31	

SEPTEMBER				
M	T	W	T	F
				1
◆ 4	5	6	7	8
M 11	12	13	14	15
18	19	20	21	22
● 25	26	27	28	29

OCTOBER				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	Q 13
16	17	18	19	20
23	24	25	26	27
30	31			

NOVEMBER				
M	T	W	T	F
		1	2	3
M 6	◆ 7	8	9	◆ 10
13	14	15	16	17
20	21	✓ 22	◆ 23	◆ 24
27	28	29	30	

DECEMBER				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	Q 15
◆ 18	◆ 19	◆ 20	◆ 21	◆ 22
◆ 25	◆ 26	◆ 27	◆ 28	◆ 29

JANUARY 2024				
M	T	W	T	F
◆ 1	2	3	4	5
8	9	10	11	12
◆ 15	16	17	18	19
22	23	24	25	● 26
29	30	31		

FEBRUARY 2024				
M	T	W	T	F
			1	2
M 5	6	7	8	9
✓ 12	13	14	15	16
◆ 19	20	21	22	23
26	27	28	29	

MARCH				
M	T	W	T	F
				1
● 4	5	6	7	Q 8
11	12	13	14	15
18	19	20	21	22
◆ 25	◆ 26	◆ 27	◆ 28	◆ 29

APRIL				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
M 15	16	17	18	19
22	23	24	25	26
29	30			

MAY				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	Q 23	◆ 24
◆ 27	28	29	30	31

JUNE				
M	T	W	T	F
☒ 3	☒ 4	☒ 5	☒ 6	☒ 7
☒ 10	☒ 11	☒ 12	☒ 13	☒ 14
☒ 17	☒ 18	◆ 19	☒ 20	☒ 21
☒ 24	☒ 25	☒ 26	☒ 27	☒ 28

JULY				
M	T	W	T	F
1	2	3	◆ 4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

Legend

- ★ First Day of School for Students
- Days of Instruction
- ◆ Holiday/Break Day
- M Midterm Week
- Q End of Quarter
- ✓ Conference Day
- Staff Professional Development Day
- ◆ Professional Meeting Day - Building
- ☒ Elementary Summer School
- ☒ Senior Summer School

- 173 Student Days
- 191 Teacher Days
- 1,124.5 Instructional Hours

Calendar Dates and Details on Next Page

2023-24 Calendar Dates and Details (Dates noted in blue are testing days; dates subject to change.)

Aug 11	Professional Meeting Day - Building
Aug 14	Staff Professional Development Day
Aug 15	Staff Professional Development Day
Aug 16	Professional Meeting Day - Building
Aug 17	First Day of School for Students
Sept 4	Labor Day Holiday — Schools Closed
Sept 11	Midterm Week
Sept 25	Staff Professional Development Day — No Students
TBD	Preliminary SAT/National Merit Scholarship Qualifying Test (Grades 10-11)
Oct 10-27	Fall Gifted Screening Window / 2nd-6th Grade Whole Grade Gifted Screening
Oct 13	End of First Quarter (40 Instructional Days, 46 Staff Days)
TBD	Third Grade Fall ELA State Test
Nov 6	Midterm Week
Nov 7	Election Day — No Students
Nov 10	Veterans' Day Holiday Observed — Schools Closed
Nov 22	Conference Day — No Students (Banked day for 1st Semester Conferences)
Nov 23	Thanksgiving Day Holiday — Schools Closed
Nov 24	Schools Closed
TBD	Fall High School State End-of-Course Exams
Dec 5-20	Semester 1 Exams (High Schools)
Dec 15	End of Second Quarter (40 Instructional Days, 43 Staff Days)
Dec 18-Jan 1	Winter Recess — Schools Closed (11 days)
Dec 22-25	Christmas Eve and Day Holiday Observances
Jan 1	New Year's Day Holiday Observance
Jan 2	Schools Reopen
Jan 15	Martin Luther King Jr. Day Holiday — Schools Closed
Jan 26	Staff Professional Development Day — No Students
Jan 17-Feb 3	Winter Gifted Screening
TBD	OELPA (Ohio English Learner Proficiency Assessment)
Feb 5	Midterm Week
Feb 12	Conference Day — No Students (Banked day for 2nd Semester Conferences)
Feb 19	Presidents' Day Holiday — Schools Closed
TBD	Alternative Assessments
TBD	ACT (Class of 2024)
Mar 4	Staff Professional Development Day — No Students
Mar 8	End of Third Quarter (44 Instructional Days, 51 Staff Days)
Mar 25-29	Spring Break — Schools Closed (5 days)
Apr 1	Schools Reopen
TBD	Spring High School State End-of-Course Exams, ELA
Apr 15	Midterm Week
TBD	Spring High School State End-of-Course Exams (Math, Science, Social Studies)
TBD	Advanced Placement Exams
May 1-25	Semester 2 Exams (High Schools)
May 23	End of Fourth Quarter. Last day for Students (49 Instructional Days, 51 Staff Days)
May 24	Professional Meeting Day – Building --- Last day for Teachers
May 27	Memorial Day Holiday — Schools Closed
June 3-28	Summer School: Elementary - 20 instructional days; Senior Summer School - 20 instructional days
June 19	Juneteenth Holiday --- School Closed
TBD	Third Grade Summer ELA
TBD	Summer High School State End-of-Course Exams
July 4	Independence Day Holiday — Schools Closed