



HARMONY
ACADEMY

**HARMONY ACADEMY 2022-2023
ENROLLMENT PACKET**

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2022-2023 School Calendar

Community Understanding

Harmony Academy is an intentional recovery community.

I have chosen a school that provides a safe, sober community for recovering students committed to academic progress and personal growth. I choose to be part of this program based on the following understanding:

1. My intention is to be drug and alcohol free.
2. I agree to develop a recovery plan with my team.
3. Participation at mutual aid meetings is recommended.
4. Caring for my mental health is necessary for recovery.
5. I will participate in drug testing.
6. I will hold my peers accountable to community agreements.
7. I will participate in drug testing.
8. I will hold my peers accountable to community agreements.
9. Relapse is a part of recovery (but not required). If I relapse, I agree to talk about it.
10. I will attend school.
11. I commit to making academic progress.
12. Harmony is a tobacco and drug-free campus.
13. Safety is essential to a recovery community. Racist, sexist, and homophobic comments cannot be ignored.
14. We recover in community.

Print Full Name:

Student Signature:

Enrollment Document Checklist

| |
|--|
| <p>Please provide an approved proof of age document for your student.</p> <p><input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Hospital Certificate <input type="checkbox"/> Passport <input type="checkbox"/> State Issued I.D.</p> |
| <p>Are there legal documents concerning the custody of this child? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, please provide copies of the custody documents when submitting this form.)</p> <p><input type="checkbox"/> Parent/Guardian to provide a copy of their state-issued I.D.</p> |
| <p>Please provide a copy of the student's current immunization record. Student's entering grade 9-12 require:</p> <p><input type="checkbox"/> DTaP (Diphtheria/Tetanus/Pertussis): 5 doses <input type="checkbox"/> Polio: 4 doses <input type="checkbox"/> Varicella (chickenpox): 1 dose <input type="checkbox"/> Measles: 2 doses <input type="checkbox"/> Mumps: 1 dose <input type="checkbox"/> Rubella: 1 dose <input type="checkbox"/> Hepatitis A: 2 doses <input type="checkbox"/> Hepatitis B: 3 doses</p> |
| <p>Required documents contained within this packet in order to register/enroll are as follows:</p> <p><input type="checkbox"/> New Student Questionnaire (this form) <input type="checkbox"/> Language Use Survey <input type="checkbox"/> Student Registration Form (4 pgs.) <input type="checkbox"/> Consent(s) to Obtain/Release Information <input type="checkbox"/> Enrollment Packet Acknowledgment</p> <p>Required documents to complete student record:</p> <p><input type="checkbox"/> Field Trip Permission Slip <input type="checkbox"/> Title 1 Income <input type="checkbox"/> Family Survey <input type="checkbox"/> Federal Family Education Rights and Privacy Act <input type="checkbox"/> Emergency Contact Parental Consent Form <input type="checkbox"/> Medication Administration or Agreement (if applicable)</p> |

New Student Questionnaire

| | |
|---|--|
| <p>Is your student on an IEP or 504 Plan? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, please provide a current copy of the IEP or 504)</p> <p>Has your student ever been removed from school for any disciplinary reason? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Is your student credit deficient or had a lapse in enrollment? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the student previously been enrolled in English as Second Language (ESL) classes? <input type="checkbox"/> Y <input type="checkbox"/> N</p> | |
| <p>Does your student have health concerns we should be aware of? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does your student require medication during the day? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes to either, please attach an additional explanation sheet. <i>(Please note all medications are required to be in their unexpired, original container with an accurate label. If applicable, please complete enclosed Medication Administration forms prior to any medication administration while on school property.)</i></p> | |
| <p>What was the last school your student attended? <i>We want to make sure we request records from the correct location.</i></p> | |
| <p>Did you withdraw and let them know the student would be attending a different school? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Can you provide a copy of the current transcript/withdrawal grades? <input type="checkbox"/> Y <input type="checkbox"/> N (If no, we will request it for you.)</p> | |
| <p>If your student is an incoming 9th grader – what high school would they have been attending?</p> | |

Student Registration Form

| SHADED AREA FOR OFFICE USE ONLY | | | | | | |
|--|--------------------------|----------------------------------|------------------------------------|---------------------------|-----------|--|
| ADMISSION REASON | ENTRY DATE | ADMISSION STATUS | FTE | GRADE | GRAD YEAR | TEACHER NAME |
| ENROLLING SCHOOL & NOTES | | | | | | |
| STUDENT INFORMATION | | | | | | |
| LEGAL LAST NAME | LEGAL FIRST NAME | MIDDLE NAME(S) | SUFFIX (Jr, III, etc.) | GENDER | | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X |
| PREFERRED LAST NAME | PREFERRED FIRST NAME | BIRTHDATE (mm/dd/yyyy) | ENROLLING GRADE | | | |
| CITY & STATE OF BIRTH | COUNTRY OF BIRTH | STUDENT'S PERSONAL EMAIL ADDRESS | | | | |
| ETHNICITY AND RACE: (Harmony Academy is required by law to request this information.) 1. Ethnicity: Hispanic or Latino Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No (Meaning: Central, Latin or South American; Chicano; Cuban; Dominican; Mexican/Mexican American; Puerto Rican; Spantard or Other Hispanic/Latino) 2. Races: CHECK ALL THAT APPLY: <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White | | | | | | |
| HOME ADDRESS (Street Address & Apartment No.) | | | CITY | STATE | ZIP CODE | |
| MAILING ADDRESS IF DIFFERENT | | | CITY | STATE | ZIP CODE | |
| Is student currently living in any of these circumstances: <input type="checkbox"/> YES <input type="checkbox"/> NO • Shelter or transitional public housing • Hotel or motel not intended as permanent housing • Unsheltered (e.g., in a vehicle or abandoned building) • Doubled-Up, i.e., sharing housing of relatives, friends, or others due to economic hardship | | | | | | |
| PROOF OF RESIDENCY: Provide a copy of <input type="checkbox"/> Real Estate Document or <input type="checkbox"/> Current Utility Bill | | | | | | |
| PREVIOUS SCHOOL DISTRICT Attended | PREVIOUS SCHOOL Attended | DATES ATTENDED | PREVIOUS SCHOOL PHONE/ADDRESS/CITY | PREVIOUS SCHOOL PHONE/FAX | | |

Emergency Contact Parental Consent Form

| | | |
|--|--|--------------------------------------|
| Child's Name | | Birth Date |
| Address | | |
| Mother's Name/Legal Guardian | | |
| Home Telephone Number | | Mobile Telephone Number |
| Email Address | | |
| Address | | |
| Business Name | | |
| Address | | |
| Father's Name/Legal Guardian | | |
| Home Telephone Number | | Mobile Telephone Number |
| Email Address | | |
| Address | | |
| Business Name | | |
| Address | | |
| Emergency Contact Person(s) Name, Telephone Number When Child in in Care | | |
| 1. | | |
| 2. | | |
| Person to Whom Child May be Released Name, Address, Telephone When Child in Care | | |
| 1. | | |
| 2. | | |
| Name of Child's Physician/Medical Care Provider | | |
| Address | | Telephone Number |
| Special Disabilities (in any) | | |
| Allergies (Including Medication Reactions) | | |
| Medical or Dietary Information Necessary in an Emergency Situation | | |
| Medication, Special Conditions | | |
| Additional Information on Special Needs of Child | | |
| Parents Signature is Required to Indicate Parental Consent | | |
| Obtaining Emergency Medical Care | | Admin. Of Minor First-Aid Procedures |
| Walks and Trips | | Swimming |
| Transportation by the Facility | | Wading |

Parent/Guardian Signature

Date

Federal Family Educational Rights and Privacy Act

According to the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), directory information about students may be released by the district without parental consent, provided annual notification has been given and the school does not have on file written denial to release directory information; however, schools do use discretion when they receive requests for directory information and will not release such information if it is the Principal’s judgment that releasing such information would not be in the best interest of the student.

Examples of general directory information are:

- name, address, telephone listing, electronic mail address
- date and place of birth, photographs
- participation in officially recognized activities and sport
- field of study
- weight and height of athletes
- enrollment status
- degrees and awards received
- dates of attendance
- most recent previous school attended
- grade level

This information will be made available to qualified agencies upon request. Qualified agencies include, but are not limited to colleges and universities, scholarship providers, trade/technical schools, and potential employers.

In addition, Federal No Child Left Behind legislation provides that all branches of the military have access to three directory information categories - names, addresses, and telephone listings - unless parents (or students) have advised the school that they do not want their student’s information disclosed without prior written consent.

Parents have the right to have directory information withheld upon written request. If you prefer to deny the release of your student’s directory information, please complete the form below and return it to your child’s school.

Only return this form to your child’s school if you are requesting to withhold directory information.

Release of Student Information - Request For Waiver

I request that directory information for my child NOT be released:

| | |
|--|---|
| <input type="checkbox"/> Withhold information from Military only | <input type="checkbox"/> Withhold directory information from ALL agencies/organizations |
|--|---|

| | |
|--------------------------------|---------------------------|
| Student Name | Date of Birth |
| Physical Address | Phone Number |
| School of Attendance | Grade Level |
| Parent/Guardian Name (PRINTED) | Parent/Guardian Signature |
| Date Signed | Date Received by School |

The written request to withhold directory information is due to the school the student is attending by September 1st. If enrolled after September 1st, the written request is due within two weeks of enrollment. The request to withhold directory information will be in effect from the date it is received by the school. Please be aware that prior to this date information may have been released.

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Title I Income Form

Dear Parent/Guardian,

Your child is attending school at Harmony Academy. The following income information is needed to determine if Harmony Academy will qualify for funding under Title I. In addition, we may use the information when seeking grants to enhance our educational programs.

Please indicate your entire household income below using one of the choices:

- \$ _____ Annual Income
- \$ _____ Monthly Income
- \$ _____ Twice per Month
- \$ _____ Every Two Weeks
- \$ _____ Weekly

Number of people who live in your household _____

Children enrolled in school (please include ALL children in school) _____

Name (Last, First) _____

Physical Address _____

This information is confidential and individual family data will not be reported.

Family Survey

In order to better serve you children, Harmony Academy would like to identify students who may qualify to receive additional educational services. The information provided will be kept confidential. Please answer the following questions and return this survey to your child’s school. Or, if you prefer, for more information, contact Harmony Academy.

| | | | | | |
|----|--|-----|--|----|--|
| 1. | Have you moved within the last 3 years? | Yes | | No | |
| 2. | If yes, have you done agricultural or fishing related work since your move (e.g. fieldwork, canneries, lumbering, dairy, meat processing)? | Yes | | No | |

If you answered “yes” to both questions above, an educational representative may contact you to find out whether your child is eligible for additional educational services.

To qualify for migrant education services, a child must have moved within the past 3 years across the school district, city, county, or state lines with their parents or guardians to obtain temporary or seasonal employment in an agricultural or fishing activity.

Public Relations Release

I understand that Harmony Academy is a private, non-profit organization that depends upon financial support to operate. I also understand that Harmony Academy engages in public relations programs and fundraising designed to create public awareness of its needs, including financial contributions and availability of academic services. It is requested that I give permission to use photographs, audios, or similar likeness of myself and/or my child if I am the student's legal guardian in Harmony Academy's activities to support the mission and vision of the school. I have been assured that permission is not required as a condition of admission to receive services from the school.

I consent to photographs, slides, audiotapes, videos, and other likenesses of my student being taken and used. All questions regarding this document have been answered to my satisfaction. I expect no monetary or valuable benefit from this agreement and expressly release from liability Harmony Academy as an institution and/or any officers, staff personnel, or individuals receiving the likeness. I understand that this authorization can be revoked at any time by providing a written request for such action to the principal. This will not impact the materials that have already been created and/or distributed according to this authorization.

____ I am 18 years of age or older and am signing this form on my own behalf

Print Full Name: _____

Student Signature: _____

AND/OR

____ I am the parent or legal guardian of the child or children named below, who are under 18, and I am signing this form on behalf of my child or children listed below

Student Name: _____

Parent Name: _____

Parent/Guardian Signature: _____

Non-Sponsored Activity Liability Release Form

Student Name: _____

Home Phone: _____

Address: _____

Parent/Guardian Name: _____

Activity: After-School Non-Sponsored Activity

Description of Activity: _____

Harmony requests anyone participating in After-School Non-Sponsored Activities to sign and have parents/guardians sign, if applicable, the following Non School Sponsored Event Liability Release Form and return it to Harmony. **The Activity is not sponsored by Harmony.** The Activity’s supervisors and coordinators may be affiliated with Harmony as employees, parents of students, or otherwise. However, with regard to this Activity, the Activity Coordinators are not acting on behalf of Harmony.

I understand that transportation during and participation in this Activity will expose me or my child/student to risks of injuries. Some of these risks are foreseeable, but some are unforeseeable. Examples of risks include physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Also, **some of these risks cannot be eliminated due to the nature of the activities.** I understand that **these risks could cause harm to Student, his/her property, and harm to other persons.**

I understand that this activity is not sponsored or supervised by Harmony. Also, I recognize that Student’s participation is not required by Harmony. I recognize the dangers inherent in the Activities, but I am willing to participate, and I am willing to allow my child/student to participate in the Activity. **Both Student and I voluntarily agree to waive and discharge any and all claims against Harmony and release it from liability for any and all losses, regardless of cause,** including claims for any negligent actions of Harmony or its employees or agents, to the fullest extent allowed by law, for myself, Student, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and **Hold Harmless** Harmony, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, Student, or to our property, or losses of any kind which may result from or in connection with Student’s participation in the Activity, up to and including injuries stemming from the negligent actions of Harmony or its employees or agents. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of Student.**

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

I certify that I have read this document and fully understand its contents. I freely and voluntarily assume all risks of participation in this Activity on my behalf and/or Student’s behalf.

Signature of Student or Guardian: _____ Date: _____

Cross Fit Welcome Letter

Dear CrossFit Teens Parent(s),

Thank you for allowing your teen to be a part of our CrossFit Teens class. The commitment to our children's future is a beautiful, arduous, amazingly nuanced path; the coaches are excited you have chosen CrossFit Teens to be a part of that path as CrossFit has changed all of our lives immeasurably for the better and aided us in our recovery. With your teen, we are not only able to potentially enhance their lives, but we also have the opportunity to shape their lives and their realities within them. It is with this endeavor I have dedicated my life; your teen's safety and opportunity to potentiate their personal lives are our primary focus.

Our goal is to not only improve their body mechanics and overall fitness, but to aid as mentors in recovery. Just how we have drills to improve an athlete's squat, we also have drills to assist their path of recovery - tools that we learned on a personal level and becoming Certified Recovery Mentors.

As previously stated, your teen's safety is paramount to the coaches, and it is with this focus I need your help. Below are some rules that we must enforce as a Strength & Conditioning Community to best protect your teen; please:

1. Please inform teachers and coaching staff of any conditions, medications, existing or previous injuries of your teen.
2. Ensure your teen is wearing clothes appropriate for running, jumping, rolling, pulling, swinging, climbing, crawling, throwing, and being upside down.
3. Dress code as follows:
 - a. Boys - TShirt, shorts worn must reach an inch below fingertips when hands rest at side.
 - b. Girls - TShirt, shorts worn must reach an inch below fingertips when hands rest at side.
 - c. Shirts must always be worn.
 - d. If any questions come up about dress code, please don't hesitate to reach out to me. Failure to follow dress code will result in not being allowed to participate in class
4. Ensure your teen has a bottle of water, or a bottle that can be filled up at the drinking fountain. Don't forget to put your teen's name on it!
5. If you choose to come and watch the class (which I hope you do!), please do not coach your teen. We want you to cheer your teen on and encourage them, but let us do what we do best when it comes to coaching! Our plan may not be obvious to you, but we need your trust to be effective at what we do!
6. Student with disciplinary problems: first warning-free of consequence, second warning-sit out the first two minutes of the game, third warning-sits out for remainder of class with teacher, TRG Staff, or parent.

If you have any questions, concerns, or if there is an area that I can support you and your family in wellness and recovery, please don't hesitate to reach me at angela@therecoverygym.org or 253-394-6660

Best,
Angela Porras
Lead Teens Fitness Coach
The Recovery Gym
CrossFit L1/ CrossFit Kids/ CRM

Cross Fit Student Waiver

I, _____ (print name), understand that Cross Fit, including traditional and recovery-focused Cross Fit activities, includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Participation in any Cross Fit class, event, and workshop includes, but is not limited to, participation in strength training, high intensity interval training, aerobics, and performing various athletic postures. Cross Fit is designed to exercise every part of the body. Cross Fit is an individual experience performed in group classes.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be eliminated. My signature acknowledges I understand that in Cross Fit classes, events, and workshops I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust, and ask for support from the Cross Fit teacher (the "Teacher"). I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing.

Cross Fit is not a substitute for medical attention, examination, diagnosis or treatment. Cross Fit is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to participate in Cross Fit. I further affirm that if I currently have or have had at any time in the past a medical condition or injury that could put me at risk during participation, that I will refrain from practicing or participating, or if I choose to practice or participate, I do so at my own risk.

By signing my name below, I acknowledge that participation in Cross Fit classes, events, and workshops exposes me to a possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any class, event, or workshop.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, economic losses, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from Cross Fit classes, events, and workshops, Teacher and Alano Club of Portland DBA The Recovery Gym and X-Factor Cross Fit, and each of their directors, officers, employees, volunteers, representatives, agents, and lessors of premises used to conduct activities; (b) INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the entities or persons mentioned in this paragraph as to any and all liabilities or claims made as a result of participation in Cross Fit classes, events or workshops, whether caused by the negligence of releasees or otherwise; and (c) IDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the owner and operator of the real estate where such activities will occur, from any obvious defect in the premises including parking areas, common areas, and walkways.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Teacher and/or Alano Club of Portland DBA The Recovery Gym; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors, and my assigns. My signature verifies that I am physically fit to participate in Cross Fit classes, events, and workshops, and a licensed medical doctor has verified my physical condition for participation in this type of class, event, and workshop, and that I will consult with a medical doctor to verify my physical condition before participation in any class, event, or workshop in the future.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in Cross Fit classes, events, and workshops with my doctor's full approval. I realize that I am participating at my own risk.

The Student Waiver Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law in Oregon. I acknowledge that this Student Waiver Agreement form will be used by the persons or entities being released in the Cross Fit classes, events, and workshops and that it will govern my actions and responsibilities in said classes, events, and workshops. This waiver may not be modified in anyway, and if any part of this waiver is deemed to be unenforceable, all other parts shall remain valid and enforceable.

- € I hereby certify that I have read this document; and I understand its content.
- € I am aware that this is a release of liability as well as a contract and I sign it of my own free will.
- € I also understand at the Cross Fit classes, events, workshops, or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by the Teacher or Alano

HARMONY ACADEMY 2022-2023 ENROLLMENT PACKET

Club of Portland and grant a royalty-free, perpetual license, and permission to use, reproduce, distribute, and publicly display throughout the world.

___ I am 18 years of age or older and am signing this form on my own behalf

Print Full Name: _____

Address: _____

Email: _____

Parent/Guardian Signature: _____

AND/OR

___ I am the parent or legal guardian of the child or children named below, who are under 18, and I am signing this form on behalf of my child or children listed below

Student Name: _____

Address: _____

Email: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Evaluation Consent Form – State Opioid Response Grant

Principal Investigator: Kelsey Smith Payne, BA, CADCII, QMHA, Opioid Grant Coordinator, Behavioral Health Unit, Oregon Health Authority, (503) 856-2785

Co-Principal Investigator: Lauren maxim, PhD, RMC Research Corporation, (503) 223-8248, ext. 5740

Sponsor: U.S. Department of Health and Human Services, Substance Abuse Mental Health Services Administration

Purpose

Your child is invited to participate in this evaluation because they get services from a program that participates in a grant to increase access to medication assisted treatment or recovery support services for people with opioid use disorder and to reduce opioid-related overdose deaths. The purpose is to see how effective these program services are. Being in this evaluation will last until your child is discharged from the program.

What will happen if my child participates?

If your child participates in the study, they will be asked to take part in 3 interviews. The interviews ask how services have affected their drug and alcohol use, mental health, physical health, education, employment status, legal problems, relationships, and living conditions.

Your child will be asked to give program staff their contact information to help them get in touch with your child for the follow-up interviews.

Your child's participation in this evaluation does not affect services they get here. They may continue to participate in the interviews even if they stop getting services here.

How long will my child be in this evaluation?

The first interview will take place during your child's intake assessment. After 6 months, your child will be asked to do a 2nd interview. The 3rd interview happens when your child leaves the program. Each interview is 30 to 45 minutes.

What are the risks or side effects of participation?

Some interview questions may seem personal or may upset your child. Your child may refuse to answer any questions that they do not wish to answer. They may also stop the interview at any time. If they get so upset by the questions that they appear to need counseling, one of the counselors will speak with them. There is also a small risk that your child's private information might be accidentally revealed, but we have taken many steps to keep this from happening (see "How will my information be kept confidential? below).

What are the benefits to participation?

There are not direct personal benefits from being in this evaluation. However, your child's participation may contribute new information about services which could benefit future clients seeking treatment for opioid use disorder.

What are the alternatives to participation?

Your child may choose not to participate in this evaluation. If your child does take part, they may refuse to answer any question asked or choose not to do some activities. Your child may stop taking part in the evaluation at any time. Their choice will not change the treatment or services they get.

How will my information be kept confidential?

Your child's privacy is important to us. To protect your child's privacy:

- We won't tell anyone if your child takes part in the evaluation or not.
- Interviews will happen in a private place, where not one can overhear your child.
- Your child's name and what they tell us will be kept confidential, to the extent allowed by law. (By "kept confidential," we mean the names of people who participate will not be given to anyone else. We share their responses in a way where no one can ever guess or know who said it.)

We take steps to protect the security of all your child's personal information, but we cannot guarantee confidentiality of all data. Your child's name will not be used in any publications or reports. Only data combined from all participants will be shared. Personal information (such as your child's name and other identifying information) will be stored by the program and is not shared with evaluators. Evaluators store information in a locked file cabinet and in password-protected computer files to protect your information.

How long will my child's information be kept?

Evaluators store electronic data on our secure sever during the evaluation and for 2 years after the evaluation ends. After that, data will be removed from the server and saved on DVDs which are stored in locked filing cabinets in a secure room only accessible to evaluation staff for a period of 5 additional years. At that time, the DVD will be destroyed by a professional document shredding company that provides certification that the DVD is destroyed.

Will my child be paid for taking part in this evaluation?

Your child will receive a \$30 gift card for the 2nd interview that they complete 6 months after starting services as a way of thanking your child for their time.

Can my child stop participating once they start?

Yes. Your child's participation in this evaluation is completely voluntary. You can choose not to have your child participate in the evaluation. Your child can start and you can decide to have your child stop at any time without a penalty or change in our child's services here. Your decision to have our child participate, or to stop participating, will not affect your child's relationship with the program. You can have your child stop participating by telling program staff you no longer want your child to participate. If you choose to have your child stop participating in the interviews, the evaluation will continue to use the information from your child in previous interviews unless you tell us you don't want us to do so.

Whom can I call with questions or concerns about this evaluation?

Lauren Maxim at RMC Research Corporation can be reached at lmaxim@rmcres.com or (800) 788-1887, ext. 5740 to answer questions or concerns you may have about this evaluation. You can also contact Solutions IRB at 1-855-226-4472 or at: participants@solutionsIRB.com

Consent

This is a consent form. Your signature below means:

- You have read and understand what this form says
- You are willing for your child to take part in the evaluation
- You know that your child does not have to participate. And even if you agree, you can change your mind at any time.
- Your decision to have your child participate has nothing to do with the services your child receives here.
- You will get a copy of this form to keep.

Your signature below shows that you have read this information. You agree to have your child participate in this evaluation.

Printed Name of Parent/Guardian of Interview Participant: _____

Signature of Parent/Guardian of Interview Participant: _____

Date: _____

G Suite for Education Notice

At Harmony Academy, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. Harmony Academy students will use their G Suite accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st-century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the G Suite for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a G Suite for Education account for your child. Students who cannot use Google services may need to use other software to complete assignments or collaborate with peers.

Thank you,

Sharon Dursi Martin, Founding Principal

I give permission for Harmony Academy to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Student Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their G Suite for Education accounts, students may access and use the following “Core Services” offered by Google (described at https://gsuite.google.com/terms/user_features.html):

- Gmail
- Google+
- Calendar
- Chrome Sync
- Classroom
- Cloud Search
- Contacts
- Docs, Sheets, Slides, Forms
- Drive
- Groups
- Hangouts, Hangouts Chat, Hangouts Meet, Google Talk
- Jamboard
- Keep
- Sites
- Vault

In addition, we also allow students to access certain other Google services with their G Suite for Education accounts. Specifically, your child may have access to the following “Additional Services”:

- YouTube
- Google Maps

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online at https://gsuite.google.com/terms/education_privacy.html

You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, Harmony Academy may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone numbers for account recovery or a profile photo added to the G Suite for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies that are used to collect and store information about a browser or device, such as preferred language and other settings.

How does Google use this information?

In G Suite for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with a G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using a G Suite for Education account.

Can my child share information with others using the G Suite for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations, and individuals outside of Google unless one of the following circumstances applies:

- With parental or guardian consent. Google will share personal information with companies, organizations or individuals outside of Google when it has parents'/guardians' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.
- With Harmony Academy and Clackamas Education Service District. G Suite for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- For external processing. Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the G Suite for Education privacy notice and any other appropriate confidentiality and security measures.

For legal reasons. Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:

- meet any applicable law, regulation, legal process or enforceable governmental request.
- enforce applicable Terms of Service, including investigation of potential violations.
- detect, prevent, or otherwise address fraud, security or technical issues.
- protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a G Suite for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of G Suite for Education, you can access or request the deletion of your child's G Suite for Education account by contacting the principal of Harmony Academy. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed into the G Suite for Education account to view and manage the personal information and settings of the account.


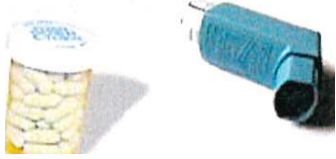

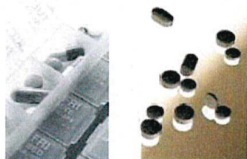
What if I have more questions or would like to read further?

If you have questions about our use of Google's G Suite for Education accounts or the choices available to you, please contact the principal of Harmony Academy. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the G Suite for Education Privacy Center (at <https://www.google.com/edu/trust/>), the G Suite for Education Privacy Notice (at https://gsuite.google.com/terms/education_privacy.html), and the Google Privacy Policy (at <https://www.google.com/intl/en/policies/privacy/>).

Parent/Guardian Guide for Student Medication at School

The school medication law is designed to protect students and school staff from harm. In order to administer medication to students the following requirements must be met:

1. **Medication must be brought into the school office by a parent/guardian.**
 - a. Please do not send medication on the bus or with your child unless specific arrangements have been pre-authorized with Harmony Staff.
2. **Medication must be in the original prescription (non-expired) container.**
 - a. If medication needs to be split/cut, it is to be done by the parent/guardian.
 - b. If medication needs to be crushed, the parent/guardian needs to send/supply the pill crusher.
 - c. If medication needs to be measured, the parent/guardian needs to send/supply the correct tool (such as a measuring teaspoon).
3. **Medication form(s) must be filled out and signed before ANY medication can be administered or brought on-site.**
 - a. *Permission for Staff to Administer Medication Form* must be signed by parent/guardian for prescription or non-prescription medications that are to be kept in the main office.
 - b. *Student Self-Medication Form* must be signed by parent/guardian, student, and school administrator for the medications carried by a student. Prescription medications always require a doctor’s signature on the form.

| Accepted | Not Accepted |
|--|--|
| <p>Prescription medication in original container with pharmacy label. If the student has an inhaler, make sure pharmacy label is on the container or is on the box sent with the inhaler.</p>  | <p>Prescription medication in a baggie or a medication container without a pharmacy label. Medication in the wrong bottle or in a dose different than it says on the label.</p>  |
| <p>Over-the-counter medication in original container with the student’s name written on it.</p>  <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>← Student's name written on the side of the box or bottle.</p> </div> | <p>Over-the-counter medication in a baggie or container other than the original bottle. Dosages not recommended by the manufacturer.</p>  |
| <p>Medications for current conditions that the student needs to take to be able to participate at school.</p> | <p>Medications “just in case” the student may become ill, vitamins, herbal extracts, etc.</p> |

Lake Oswego School District
School District Nurse Phone (Student Services Office): 503-534-2359
School District Nurse Fax: 503-534-2288

Authorization for School Personnel to Administer Medications

Student Name: _____
 Date of Birth: _____ Grade: _____

| | |
|---|--|
| Medication Name: | |
| Medication Dose: | |
| Expiration Date: | |
| Method of Administration (by mouth, in the eye, on the skin, etc.): | |
| Time(s) to be given at school: | |
| Duration (specific range of dates, or all school year): | |
| Reason for Medication: | |
| Possible Side Effects: | |
| Physician/clinic: | |

Parent/Guardian Request/Approval

I hereby request and give my permission for the above-named student to receive the specified medication as stated in the above instruction. I understand that the school administration will designate specific staff to administer medication, train staff, assure proper identification and safekeeping of medication, and maintain records of such administration of medication.

I understand I am responsible to provide this medication and maintain the supply as needed, and that I am responsible to notify the school in writing of any changes. Parents are required to pick up all unused medication by the last day of school. All medication left at the school will be discarded.

I further understand that school personnel who provide assistance (administration of specified medication so noted) or employer of such staff are not liable in any way civil or criminal, for any adverse reaction suffered by my child as a result of taking the medication so indicated and discontinuing the administration of the medication in keeping with the procedure outlined above. This also authorizes an exchange of information, as necessary, between the school nurse, appropriate school personnel, and/or my child's health provider.

Parent/Guardian Signature _____ Date _____

Lake Oswego School District
School District Nurse Phone (Student Services Office): 503-534-2359
School District Nurse Fax: 503-534-2288

Self-Medication Agreement

Student Name: _____

Date of Birth: _____ Grade: _____

| | |
|------------------------|-------|
| Medication Name: | _____ |
| Expiration Date: | _____ |
| Reason for Medication: | _____ |
| Possible Side Effects: | _____ |
| Physician/clinic: | _____ |

Students who are developmentally and/or behaviorally able, will be allowed to self-administer prescription and nonprescription medication, subject to the following:

1. Permission form must be submitted for self-medication of all prescription and non-prescription medication. Physician or School District Nurse signature needed for prescription medications.
2. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
 - a. Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
 - b. Nonprescription medication must have the student's name affixed to the original container.
3. The **amount of medication** to be in the student's possession will depend on the type of medication and will be determined through the approval process.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of medication and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

I have read and agree to the above criteria. I give permission for my child to carry his/her medication. I give permission for the school district and the student's doctor to exchange information about this medication.

Parent/Guardian Signature: _____ Date: _____

I agree to comply with the above criteria:

Student Signature: _____ Date: _____

School Administrator Signature: _____ Date: _____

PRESCRIPTION MEDS ONLY

Physician / School District Nurse Signature: _____ Date: _____