



## HOOKS ISD STUDENT ENROLLMENT

Please review your students' information on the following page(s) and verify its accuracy. Strike out any incorrect information and write in the corrections. If you need to change an address, a new proof of residency will need to be provided in the form of a utility bill (gas, electric, or water only).

The people listed in the emergency contacts section are the only people who will be allowed to check your student out. Once the school year begins, changes to this list will need to be submitted in writing or by email to the office.

Once all corrections have been made, please check the appropriate box and sign below.

- I have made the necessary changes to my student's attached information form.
  
- I certify that the information on my student's attached information sheet is correct and no changes need to be made at this time.

Student name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Please use the checklist below to ensure all required forms have been completed.

### **Form Checklist:**

- |  |                               |
|--|-------------------------------|
| __ Student information                 | __ Technology                 |
| __ Notice of Student Directory         | __ Medical                    |
| __ Dismissal                           | __ Notice of Posted Documents |
| __ Parent-School compact               | __ Military/Foster Care       |
| __ Acknowledgement of Student Handbook | __ Residency Questionnaire    |
| __ Corporal Punishment                 | __ Family Survey              |
|  | __ Ethnicity & Race           |



# Hooks ISD Student Enrollment

## NOTICES REGARDING DIRECTORY INFORMATION AND PARENT'S RESPONSE REGARDING RELEASE OF STUDENT INFORMATION

Regarding student records, I understand that the Federal Family Educational Rights and Privacy Act (FERPA) and state law require that "directory information" on my child be released by the District to anyone who requests it unless I object in writing to the release of any or all of this information. I also understand that to be in compliance with the No Child Left Behind Act of 2001, the District will release to institutions of higher education, upon request, the name, address, and telephone listing of my child, unless I direct the District not to release this information without prior written consent, as indicated below. This objection must be filed with the principal within ten school days of my child's first day of instruction for this school year. Directory information includes my child's:

1. Name
2. Address
3. Telephone listing
4. Date and place of birth
5. Photograph
6. Participation in officially recognized activities and sports
7. Weight and height of members of athletic teams
8. Dates of attendance
9. Grade level
10. Enrollment status
11. Honors and awards received in school
12. Most recent previous school attended
13. E-mail address

In exercising my right to limit release of this information, I have marked through the items of directory information listed above that I direct the district not to release without my prior written consent.

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

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name Printed

# Afternoon Dismissal Procedure



**Hooks ISD**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

## **First Day Dismissal ONLY:**

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Bus Rider – Bus # \_\_\_\_\_

\_\_\_\_\_ Car Rider

## **Regular dismissal information for your student.**

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Bus Rider – Bus # \_\_\_\_\_

\_\_\_\_\_ Car Rider

Please list the name and grade of any siblings that will be riding the bus with your child.

\_\_\_\_\_

If for any reason there needs to be a change in dismissal procedure for your student you must call, send a note or email no later than:

**2:30 pm - Hooks Elementary - 903-547-2291**

**2:30 pm - Hooks Junior High - 903-547-2568**

**2:00 pm - Hooks High School - 903-547-2215**



# HOOKS ISD STUDENT ENROLLMENT

## Parent-School Compact

### Parent Responsibilities:

- ✓ As an involved parent, I will support my child by ensuring that he/she attends school daily and arrives at school on time.
- ✓ I will encourage my child to participate in at least one extracurricular activity.
- ✓ I will seek information regarding my child's progress by conferring with teachers, principals, and other school district personnel.
- ✓ I will attend district wide parent conferences and visit my child's classrooms to discuss and participate in his/her education.
- ✓ I will participate in parent groups/activities to contribute to the decision-making process within the Hooks Schools.
- ✓ I will communicate positive information regarding teachers, principals, and other campus personnel when discussing school with my child.
- ✓ I will encourage my child to dress according to the district's dress code.

### School Responsibilities:

- ✓ Hooks Schools will solicit parent and community input (through meetings, interviews, questionnaires, surveys, etc.) regarding the education of the students it serves.
- ✓ Hooks Schools will offer flexible scheduling of parent meetings, training sessions, assemblies, and school functions to maximize parent participation.
- ✓ Hooks Schools will provide translations of written notifications and interpreters at parent conferences, meetings, and training sessions as needed.
- ✓ Hooks Schools will give assignments at least once per week. Assignments will be an extension of what is learned in the classroom and not merely "busy work" or untaught concepts that may cause parent's and student's undue stress at home.
- ✓ Parents will be notified of school events in a timely, efficient manner.
- ✓ The school buildings will be used to foster the growth and advancement of the community by providing a place for night college classes.
- ✓ Hooks Schools will convey instructional initiatives to parents at school-wide meetings and parent conferences.
- ✓ Hooks Schools will inform parents of the individual achievement levels of students.

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Student Signature

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Date

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Parent Signature

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Date



# Hooks ISD Student Enrollment

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## **Acknowledgment of Electronic Distribution of Student Handbook**

My child and I have been offered the option to receive a paper copy or to electronically access the Hooks Independent School District Student Handbook and the Student Code of Conduct.

**I have chosen to:**

\_\_\_\_\_ Access the Student Handbook and the Student Code of Conduct by visiting the school's website.

**or**

\_\_\_\_\_ Receive a paper copy of the Student Handbook and the Student Code of Conduct.

I understand that the Student Handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Student Code of Conduct. If I have any questions regarding this Handbook or the Code, I should direct those questions to my child's campus principal.

\_\_\_\_\_  
Printed name of student

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date



## CORPORAL PUNISHMENT

Corporal punishment may be used as a discipline management technique in accordance with the Student Code of Conduct.

\_\_\_ **YES, you may** administer corporal punishment to my child.

\_\_\_ **NO, you may not** administer corporal punishment to my child.

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Student Name:

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Parent/Guardian Signature



HOOKS ISD PARENT/STUDENT ACCEPTABLE USE POLICY  
AGREEMENT FORM AND HOOKS TECHNOLOGY AGREEMENT

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

Grade \_\_\_\_\_

RULES FOR APPROPRIATE USE

- You will be assigned an individual account, and you are responsible for not sharing the password for that account with others.
- The account is to be used only for identified educational purposes.
- You will be help responsible at all times for the proper use of your account, and the District may suspend or revoke your access if you violate the rules.
- You will not access the Internet without the permission of the classroom teacher.

INAPPROPRIATE USES include but are not limited to:

- Using the system for any illegal purpose.
- Disabling or attempting to disable any Internet filtering device.
- Encrypting communications to avoid security review.
- Borrowing someone’s account without permission.
- Posting personal information about yourself or others (such as addresses and phone numbers).
- Downloading or using copyrighted information without permission from the copyright holder.
- Intentionally introducing a virus to the computer system.
- Posting messages or accessing materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another’s reputation, or illegal.
- Gaining unauthorized access to restricted information or resources.

CONSEQUENCES FOR INAPPROPRIATE USE

- Suspension of access to the system;
- Revocation of the computer system account; or
- Other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable laws.

I understand that my computer is not private and that the District will monitor my activity on the computer system.

I have read Hooks Independent School District’s electronic communication Acceptable Use Policy and regulations. I understand that violation of these provisions may result in limitation, suspension, or revocation of the District’s system access.

In consideration for the privilege of using Hooks Independent School District’s electronic communications systems, and in consideration for having access to the public networks. I hereby release the Hooks Independent School District, it’s operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child’s use of or inability to use, the system, including, without limitation, the type of damages identified in the District’s policy and regulations.

\_\_\_\_\_ I give permission for my child to participate in the District’s system access to the Internet.

\_\_\_\_\_ I do not give permission for my child to participate in the District’s system access to the Internet.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_



# Hooks ISD Student Medical Information

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Student's Name \_\_\_\_\_ ID# \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Please list the names/phone # of at least 2 other people who may be called in the event of an illness/emergency.

\_\_\_\_\_  
\_\_\_\_\_

Medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

**(If your child has a serious medical condition, please contact the school nurse. An emergency action plan will need to be completed. There is a separate form for severe allergies. If your child requires medication or other health care treatments at school, please call the school nurse.)**

Student's doctor/clinic \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

**Medication Policy:** According to Texas state policy, no medication can be given at school unless it is sent from home in the original, labeled container with a signed note from a parent/guardian. Students are allowed to carry and self-administer certain emergency medications if a doctor's note is provided to the school. Please contact the school nurse for specific information on emergency medications.

### **Authorization to Administer Non-Prescription Medication**

I hereby authorize Hooks ISD nurses or persons designated to administer medication to administer the following non-prescription items as needed by my child. (Please initial in blanks for authorized medications)

\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Antacid

School personnel may utilize topical and/or first aid items unless there is a specific objection by the parent/guardian. Please list any topical or first aid items that are not to be used:

\_\_\_\_\_

**Privacy Notice:** Medical information about your child may be shared with the contacts listed on this form and with health care providers in the event of an illness/emergency. Pertinent information will be shared with staff members on a need-to-know basis in order to provide adequate care for your child.

**Refusal of Care:** If you do NOT wish for any screenings, first aid, treatments, or other care to be provided to your child at school, you must provide a written request to the school nurse.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Hooks ISD Student Medical Information cont.

This form allows you to disclose whether your child has a food or environmental allergy that you believe should be disclosed to Hooks ISD in order to enable district personnel to take necessary precautions for your child's safety.

**“Severe allergy”** means a dangerous or life-threatening reaction of the human body to a food-borne allergen or environmental allergen introduced by inhalation, ingestion, injection, or skin contact that requires immediate medical attention.

Please list any foods or other allergens that cause a serious reaction with your child. Also, note the nature of the reaction.

Food or other allergens:	Nature of allergic reaction to the food:

The District will maintain the confidentiality of the information provided above and may dis-close the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. For serious allergic reactions, you will be required to provide a care plan signed by your child's doctor and emergency medication. The school nurse will contact you upon receipt of this form.

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Parent/Guardian name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

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

\*\*\*\*\*

### To be completed by school personnel

Date form was received by the nurse: \_\_\_\_\_

Parent contacted: \_\_\_\_\_

Care plan form provided to parent: \_\_\_\_\_

Care plan form returned to nurse: \_\_\_\_\_

IHP completed: \_\_\_\_\_



## Notification of Posted Documents

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The following documents are posted on the Hooks ISD website at <http://www.hooksisd.net>.

**I have chosen to:**

Access the documents electronically

Contact my child's campus if I would like a paper copy.

- District Gifted and Talented Manual
- Parent and Family Engagement Policies
- Parent and School Compacts
- District Improvement Plans
- Federal district and campus report cards (also available to view on campuses and administration office)
- TEA district and campus report cards (also available to view on campuses and administration office)

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date



## HOOKS ISD

### STUDENT MILITARY AND FOSTER CARE QUESTIONNAIRE

Due to recent House Bill 525 and Senate Bill 833, it has become necessary for Hooks ISD to collect the status of students in regards to military and foster care. This information must be reported to TEA in our District PEIMS submissions.

**Please mark one box in each section and return this form to your campus as soon as possible.**

**Military - Is your student a dependent of an active military member?  
Please check one box below.**

- 0- My student **is not** a military connected student.
- 1 - US Military - Army, Navy, Air Force, Marine Corps or Coast Guard on active duty
- 2 - Texas National Guard
- 3 - Reserve Force of the US Military
- 4 - PK Student is a dependent of an of the above

\*\*\*\*\*

**Foster Care - is your student receiving Foster Care Services?  
Please check one box below.**

- 0 - My student **does not** receive Foster Care Services.
- 1- Student is currently receiving Foster Care Services.
- 2 -PK Student is currently or has ever received Foster Care Services.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Grade Level

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

\_\_\_\_\_  
Date



## HOOKS ISD

### FORMULARIO DE INFORMACIÓN DEL CUESTIONARIO DE RESIDENCIA DEL ESTUDIANTE

Esta información ayudará a determinar si el estudiante cumple con los requisitos de elegibilidad para los servicios bajo la Ley McKinney-Vento.

Estudiante \_\_\_\_\_ Grado Padre/Escuela \_\_\_\_\_

guardián \_\_\_\_\_ Teléfono \_\_\_\_\_

Última escuela a la que asistió \_\_\_\_\_

Dirección actual \_\_\_\_\_

Dirección anterior \_\_\_\_\_

Número de niños inscritos en *Hooks ISD* \_\_\_\_\_

¿Su dirección actual es un arreglo de vivienda temporal?

Sí  No

¿Es este un arreglo de vivienda temporal debido a la pérdida de vivienda, dificultades económicas o dificultades financieras?

Sí  No

¿Fue desplazado de su hogar debido a un desastre natural? (huracán, incendio, inundación, tornado, etc)

Sí  No

**Tipo de desastre natural :**

Huracán : \_\_\_\_\_ (nombre)

Otra: \_\_\_\_\_ (describa)

**En cuál de las siguientes situaciones reside actualmente el estudiante (elijá todas las que correspondan):**

Casa o apartamento con padre o guardián

Compartiendo vivienda con amigos o miembros de la familia (que no sean o además de los

padres/guardian) Moteles/Hoteles

Refugio u otra vivienda de transición

Desprotegido: en un automóvil, en un parque, vivienda deficiente, etc .

**Si vive en una vivienda compartida, marque todas las razones siguientes que correspondan:**

Pérdida de vivienda Dificultades económicas

Pérdida de empleo

El padre / guardian está actualmente en servicio activo en las

Fuerzas Armadas de EE. UU.

Otro (Por favor, explique) \_\_\_\_\_

¿Es usted un estudiante que vive separado de sus padres o guardián?  Sí  No

\_\_\_\_\_  
Firma del padre /guardian/ joven no acompañado / representante de la escuela Fecha



**HOOKS ISD**  
**STUDENT RESIDENCY QUESTIONNAIRE INFORMATION FORM**

This information will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Last School Attended \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Number of Children Enrolled in (\_\_\_\_\_ ISD) \_\_\_\_\_

Is your current address a temporary living arrangement?

Yes or  No

Is this a temporary living arrangement due to loss of housing, economic hardship, or financial difficulties?

Yes or  No

Were you displaced from your home due to a Natural Disaster? (hurricane, fire, flood, tornado, etc.)

Yes or  No

**Type of Natural Disaster:**

Hurricane: \_\_\_\_\_ (Please name)

Other: \_\_\_\_\_ (Please describe)

**Please choose which of the following situations the student currently resides in (choose all that apply):**

House or apartment with parent or guardian

Sharing housing with friends or family members (other than or in addition to parent/guardian)

Motels/Hotels

Shelter or other transitional housing

Unsheltered – in a car, park, substandard housing, etc.

**If you are living in shared housing, please check all the following reasons that apply:**

Loss of housing

Economic hardship

Loss of employment

Parent/Guardian is currently on active duty in the U.S. Military

Other (Please explain; i.e. substandard housing) \_\_\_\_\_

Are you a student living apart from your parents or guardians?  Yes  No

\_\_\_\_\_  
Signature of Parent/Guardian/Unaccompanied Youth/School Representative

\_\_\_\_\_  
Date

# FAMILY SURVEY

Date: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

School District: \_\_\_\_\_  
 Telephone#: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_

Dear Parents,

To better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services. Please complete the information below and return this form to your child's school. *The information provided below will be kept confidential.*

Best time to contact you:			
8:00AM-12:00PM	12:00PM – 1:00PM	1:00PM – 5:00PM	Other _____ AM or PM
Name of Child	Date of Birth	Grade Level	Campus

**Within the past 3 years, have you, or someone in your household, looked for work or worked in agriculture or fishing?**

**NO** (STOP here and return the survey to your child's school.)

**If YES, check all the boxes that apply.**

 <p>working with fruits, vegetables, sunflowers, cotton, wheat, grain, on farms or ranches, fields or vineyards</p>	 <p>working in a plant nursery, orchard, tree growing or harvesting</p>	 <p>working on a dairy farm or ranch</p>	 <p>working in a fishery</p>
 <p>working on a poultry farm</p>	 <p>working in a cannery</p>	 <p>working in a slaughter house</p>	 <p>other similar work; please explain: _____</p>

**FOR SCHOOL USE ONLY: Contact Region 8 ESC once all surveys have been collected.**

# ENCUESTA DE FAMILIA

Fecha: \_\_\_\_\_  
 Padre/Guardián: \_\_\_\_\_  
 Dirección: \_\_\_\_\_  
 Correo Electrónico: \_\_\_\_\_

Distrito Escolar: \_\_\_\_\_  
 Número De Teléfono: \_\_\_\_\_  
 Ciudad/Código Postal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimados Padres,  
 Para mejorar los servicios que reciben sus hijos, el distrito escolar está colaborando con el estado de Texas para identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales a los que ya reciben. Favor de responder a lo siguiente y regresar este formulario a la escuela de su hijo/hija.  
*Toda la información coleccionada se mantendrá confidencial.*

¿Cuál es el mejor horario para comunicarnos con usted?:			
8:00AM -12:00PM	12:00PM – 1:00PM	1:00PM – 4:00PM	Otro _____ AM o PM
Nombre del Estudiantes	Fecha de Nacimiento	Grado	Escuela

**¿En los últimos 3 años, usted o alguien de su familia, trabajó en las áreas de agricultura o pesca?**

**NO** (ALTO y regrese la encuesta a la escuela de su hijo/hija.)

**SÍ, marque las cajitas de los trabajos que apliquen.**

 <p>Trabajo en granjas o campos de fruta, verduras, trigo, semilla o algodón o viñeros de uva.</p>	 <p>Trabajando en un vivero de plantas, plantando o cosechando arboles</p>	 <p>Trabajando en una lechería o rancho</p>	 <p>Trabajando en la pesca</p>
 <p>Trabajando en granjas de aves</p>	 <p>Trabajando enlatando frutas o verduras</p>	 <p>Trabajando en una casa de matanza</p>	 <p>Otro trabajo similar, favor de explicar:</p>



**Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student’s or staff member’s ethnicity and race. United States Federal Register (71 FR 44866)

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person’s race? (Choose one or more)**

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number

\_\_\_\_\_  
Date

This space is reserved for Local school observers – upon completion and entering data in the student software system, file this form in student’s permanent folder.	
Ethnicity – choose only one: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino	Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Observer signature:	Campus and Date:





Texas Immunization Registry (ImmTrac2)
Minor Consent Form



A parent, legal guardian or managing conservator must sign this form if the client is younger than 18 years of age.

Child's First Name, Middle Name, Last Name, Date of Birth, Gender, Telephone, Email address

Child's Address, Apartment # / Building #, City, State, Zip Code, County

Mother's First Name, Mother's Maiden Name

Race (select all that apply), Ethnicity (select only one)

The Texas Immunization Registry (ImmTrac2) is a free service of the Texas Department of State Health Services (DSHS). The Texas Immunization Registry is a secure and confidential service that consolidates and stores your child's (younger than 18 years of age) immunization records.

Consent for Registration of Child and Release of Immunization Records to Authorized Persons/Entities
I understand that, by granting the consent below, I am authorizing release of the child's immunization information to DSHS and I further understand that DSHS will include this information in the Texas Immunization Registry.

State law permits the inclusion of immunization records for First Responders and their immediate family members in the Texas Immunization Registry. A "First Responder" is defined as a public safety employee or volunteer whose duties include responding rapidly to an emergency.

Please mark the box below to indicate whether your child is an Immediate Family Member of a First Responder.
I am an IMMEDIATE FAMILY MEMBER of a First Responder.

By my signature below, I GRANT consent for registration. I wish to INCLUDE my child's information in the Texas Immunization Registry.
Parent, legal guardian, or managing conservator:
Printed Name, Signature, Date

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request.

PROVIDERS REGISTERED WITH the Texas Immunization Registry: Please enter client information in the Texas Immunization Registry and affirm that consent has been granted. DO NOT fax to the Texas Immunization Registry. Retain this form in your client's record.

Questions? Tel: (800) 252-9152 • Fax: (512) 776-7790 • https://www.dshs.texas.gov/immunize/immtrac/
Texas Department of State Health Services • Immunizations • Texas Immunization Registry – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347



Texas Department of State Health Services

# REGISTRO DE INMUNIZACIÓN DE TEXAS (ImmTrac2)

## Consentimiento para menores de edad



Si el cliente es menor de 18 años, uno de los padres, el tutor legal o el titular de la custodia debe firmar este formulario.

Primer nombre del menor \_\_\_\_\_ Segundo nombre del menor \_\_\_\_\_ Apellido del menor \_\_\_\_\_

Sexo del menor:  Femenino  Masculino  
 Fecha de nac. del menor (mm/dd/aaaa) \_\_\_\_\_ Teléfono \_\_\_\_\_ Correo electrónico \_\_\_\_\_

Dirección del menor \_\_\_\_\_ Núm. de apartamento o edificio \_\_\_\_\_

Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_ Condado \_\_\_\_\_

Nombre de la madre \_\_\_\_\_ Apellido de soltera \_\_\_\_\_

<b>Raza (seleccione todos los que correspondan):</b>			<b>Grupo étnico (seleccione solo una):</b>	
<input type="checkbox"/> Indio americano o nativo de Alaska	<input type="checkbox"/> Asiático	<input type="checkbox"/> Negro o afroamericano	<input type="checkbox"/> Hispánico o latino	
<input type="checkbox"/> Nativo de Hawái o de otra isla del Pacífico	<input type="checkbox"/> Blanco	<input type="checkbox"/> Otro	<input type="checkbox"/> No hispano o latino	
<input type="checkbox"/> Se negó a contestar			<input type="checkbox"/> Otro	

El Registro de Inmunización de Texas (ImmTrac2), es un servicio gratuito del Departamento Estatal de Servicios de Salud (DSHS) de Texas. Se trata de un servicio seguro y confidencial que consolida y guarda los registros de vacunación de su hijo (hasta los 18 años de edad). Con su debida autorización, la información de las vacunas que recibe su hijo se incluirá en el Registro de Inmunización de Texas. Médicos, departamentos de salud pública, escuelas y otros profesionales autorizados pueden tener acceso a esta información para verificar que no falten vacunas importantes. Para más información consulte la sección 161.007 (d) del Código de Salud y Seguridad de Texas en <https://statutes.capitol.texas.gov/Docs/HS/btm/HS.161.htm#161.007>.

**Consentimiento para incluir en el registro a un menor y para divulgar sus datos a las entidades autorizadas**  
 Entiendo que, al dar aquí mi consentimiento, autorizo la divulgación de mis datos de vacunación al DSHS, y entiendo además que el DSHS incluirá esta información en el Registro de Inmunización de Texas. Una vez que los datos de las vacunas de mi hijo estén en el Registro de Inmunización de Texas, las siguientes entidades tendrán, por ley, acceso a ella: un distrito de salud pública o departamento de salud local, por razones de salud pública, dentro de sus zonas de jurisdicción; un médico u otro proveedor de salud legalmente autorizado para aplicar vacunas, como parte del tratamiento al menor como su paciente; una dependencia estatal que tenga la custodia legal del niño; una escuela o guardería en la que el niño esté inscrito; un pagador autorizado por el Departamento de Seguros de Texas para operar en Texas lo relacionado con la cobertura del menor. Entiendo que puedo retirar este consentimiento en cualquier momento, llenando y enviando el formulario Withdrawal of Consent al Texas Immunization Registry del Texas Department of State Health Services.

La ley estatal permite la inclusión de los registros de vacunación de los socorristas y sus familiares directos en el Registro de Inmunización de Texas. Se define como "socorrista" al empleado de la seguridad pública o voluntario cuyas funciones incluyen el responder rápidamente a una emergencia médica. Se define como "familiar directo" a los padres, cónyuges, hijos o hermanos que viven en el mismo hogar que el socorrista. Para más información, consulte la sección 161.00705 del Código de Salud y Seguridad de Texas. <https://statutes.capitol.texas.gov/Docs/HS/btm/HS.161.htm#161.00705>.

**Marque la casilla de abajo para indicar si su hijo es familiar directo de un socorrista.**  
 Soy FAMILIAR DIRECTO de un socorrista.

Con mi firma a continuación, DOY mi consentimiento para el registro. Deseo INCLUIR los datos de mi hijo en el Registro de Inmunización de Texas.

**El padre o madre, tutor legal o titular de la custodia:**

Nombre escrito a mano \_\_\_\_\_ Firma \_\_\_\_\_ Fecha \_\_\_\_\_

**Aviso de confidencialidad:** Con ciertas excepciones, usted tiene derecho a solicitar y recibir información sobre los datos que el estado de Texas recabe sobre usted. Usted tiene derecho a recibir y revisar la información si así lo solicita. También tiene derecho a pedir que la dependencia estatal corrija cualquier información que se determine que es incorrecta. Consulte el sitio <http://www.dshs.texas.gov> para más información sobre el aviso de confidencialidad. (Fuente: Código gubernamental, secciones 552.021, 552.023, 559.003 y 559.004)

**PROVIDERS REGISTERED WITH the Texas Immunization Registry:** Please enter client information in the Texas Immunization Registry and affirm that consent has been granted. **DO NOT** fax to the Texas Immunization Registry. **Retain this form in your client's record.**

Questions? Tel: (800) 252-9152 • Fax: (512) 776-7790 • <https://www.dshs.texas.gov/immunize/immtrac/>  
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