





Scotland Schools

March 2019



Sun	Mon	Tue	Wed	Thu	Fri	Sat
		Happy Birthday Dr. Seuss March 2nd			1 BBall 6B Region Finals @Wagner	2 FFA Barn Dance @City Hall 7-11PM
3	4 Variety Show 7:30PM; Scotland/Menno MS Quiz Bowl	5 BBall Round of 16	6 Band Competi- tion @Lennox	7	8 NO SCHOOL	9
					GBBall State Tournament @Huron 	
10 	11 Smarter Bal- ance Testing Begins; HS Quiz Bowl 3:30PM; School Brd mtg. 7PM	12 District IV CDE @Platte; Coyote Jazz Fest @Vermillion	13 CDE @Howard	14	15 NO SCHOOL	16
					BBall Tournament @Aberdeen 	
17 Band Pancake Feed @City Hall 9AM-1PM	18 Tri-Valley CDE; 12:30PM COOP in Grades 4&5	19	20	21 Flandreau CDE; School Play 7:30PM	22	23
					USD Dental Clinic 	
24  School Play 2PM	25 TR Early Bird @Centerville	26  Spring Individual & Sport Pics; Scotland HS Piz- za Quiz Bowl;	27	28 Lennox CDE;	29 FFA Little I @Brookings; 3rd Gr. To GSC 2-3PM	30
31						



The Elementary Bagpipe



NO SCHOOL.. Fri.Mar.8; Fri.Mar.15...

EASTER BREAK... 1:30pm Dismissal Th.April.18

NO SCHOOL Fri.April.19 and Mon.April.22...

KINDERREADY DAY!!

Fri.April.5 ... 8:30am-12:05pm

Letters will be sent via the US Post Office to those in the District that we know of for Fall Enrollment. If you should know of anyone with a child turning 5 prior to September 1, 2019, and they do not receive a letter, please pass on this information and ask them to call the school at 605.583.2717, x268 and ask for Patty.

USD Dental Clinic will be at SHS March 19.20.21

Permission Form on page 3.

If additional forms are needed please go to our website at www.scotland.k12.sd.us and run one off.



2019-20 PRE.SCHOOL: If you have a child who will be 4 yrs old before September 1, 2019, please call the elementary office (583.2717 x268) regarding Pre.School enrollment. Classes run 8:30-11:45am (at this time). We would love to have your child be a part of our SHS Family. :)...

National READ ACROSS AMERICA DAY ... We observe Read Across America on Fri.Mar.1

FFA Barn Dance & Meal ... Sat.Mar.2

SPRING AHEAD ... Sun.March.10

MON.MAR.11 ... School Board Meeting ... 7:00pm

BAND PanCake Feed ... Sun.March.17

First Day of Spring ... Wed.March.20

Th.March 21 and Sun.March.24 ... School Play

Spring Pictures ... Tu.March.26



**University of South Dakota
Department of Dental Hygiene
School-based Preventive Dental Program Permission Slip**

The University of South Dakota Dental Hygiene Department has a School-based Preventive Dental Program and we're coming to your child's school. USD Dental Hygiene students and faculty will provide **FREE** dental screenings, fluoride varnish treatments and sealants to children with their parent(s)' permission. In addition, we are able to take x-rays for a fee of \$25 and clean your child's teeth for \$35. **The program is intended to provide care for children who have not seen a dentist in the past 2 years. If you routinely see a dentist, please consult with him/her prior to scheduling with us. This appointment does not replace your routine visit with a dentist as we do not have a dentist on site.** With your permission, your child will be seen during school hours at the school in our portable dental office. We would be happy to have your child participate. You will receive information and a phone call from us after your child is seen to let you know if we have any concerns about your child's teeth and to let you know what we did. You'll also be able to give us feedback in a survey. Thank you for providing the following information and permission.

School _____ Date _____ Child's name _____ Grade _____
DOB _____ Age _____ Sex _____ Ethnicity _____ Parent/Guardian's name _____
Phone number _____ Email address _____
Address _____ City _____ State _____ Zip Code _____

Has your child been hospitalized in the last 3 years? [] Yes [] No Comments: _____
Are you seeing a physician at this time? [] Yes [] No If yes, give reason: _____
Is your child currently ill with a communicable disease? [] Yes [] No Comments: _____
Does your child have any allergies? [] Yes [] No List: _____
Does your child take any medications [] Yes [] No List: _____
Do you have any concerns about your child's teeth? [] Yes [] No Comments: _____
When was your child's last dental appointment? _____ Dentist Name: _____

*Does your child have private dental insurance? [] Yes or [] No If yes, please identify cardholder's DOB _____ and place of employment _____. Policy number if wanting procedures billed to insurance _____. In addition, please provide a **copy of your dental insurance card**. We will be happy to bill the insurance for you.

*If your child would like a dental cleaning and/or x-rays in addition to the free services, **please make checks payable to, USD DH, and staple it to this permission slip. Checks must be attached to the permission slip or additional services will not be provided.**

*Is your child enrolled in the state Title XIX/ Medicaid or SCHIP program? [] Yes [] No If yes, ID#: _____. **We will bill Medicaid/SCHIP or private insurance for all preventative services.**

I give the University of South Dakota Dental Hygiene Department permission to see my child for the following procedures:

- _____ **Free** Dental Screening: A visual review of the mouth to determine the health/disease status in order to refer to a dentist. **This does not include or replace a complete dental exam done by a dentist.**
- _____ **Free** Fluoride treatment: A protective coating painted on teeth to prevent/slow the formation of cavities.
- _____ **Free** Dental Sealants: A protective coating placed on molars to prevent/slow the formation of cavities.
- _____ **\$35 (Free for Medicaid eligible students)** Dental Cleaning: Teeth cleaning and polishing.
- _____ **\$25 (Free for Medicaid eligible students)** Dental x-rays: Can be sent to a dentist for evaluation _____

In consideration of allowing treatment, I agree to hold harmless, release, and indemnify agents, servants, and students of the University of South Dakota and its employees including, but not limited to dentists, and dental hygiene faculty, as well as agents and servants from my child's school district including, but not limited to teachers, staff, administration, and school boards, from any and all causes of action, claims, demands, or liability which may arise out of such treatment on behalf of myself, my heirs, my executors, administrators or assigns or on behalf of my minor child or children or his/her (their) heirs, executors, administrators or assigns. I also give permission for the school to be made aware of dental referral needs for the student.

Parent/Guardian Signature: _____ Date: _____