



# Oglala Sioux Tribe

## Oyate Bli Helya Diabetes Program

*"Empowering the Lakota Oyate through Diabetes Prevention, Education, & Wellness."*

Tuki Red Cloud-LSC Supervisor

P.O. Box 5046  
 101 Oglala St  
 Pine Ridge, SD 57770  
 Fax: (605) 867-2344  
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\*\*\*\*\*Consent Form\*\*\*\*\*

Greetings! Your Child is invited and encouraged to participate in the OST Oyate Bli Helya Diabetes Program. This program was developed to help the Oyate learn about diabetes and prevention to combat the diabetic epidemic within the Native American population. The data compiled through screenings will assist the staff in strategic planning to maintain the best end results in the prevention of diabetes.

Your Child will be screened once in the Fall semester and once in the Spring semester. This screening will take place in the school, on scheduled days, where their height and weight will be taken. This will determine your child's body mass index (*BMI*) for their gender and age from the Center for Disease control website (*CDC.gov*).

From here this will determine if your child is referred to our CNA, who will do a finger stick, which will determine your child's glucose level for the past 3 months (*A1C test*). This program will screen all participating students in grades Kindergarten through 8<sup>th</sup> grade in the participating schools on the Pine Ridge Indian Reservation.

If you wish to seek further testing on your child, we recommend seeking the assistance of a physician who can perform a fasting plasma insulin or fasting plasma glucose test to confirm a valid measurement for each of these tests done to your child.

CONFIDENTIALITY is maintained and enforced by the Oglala Sioux Tribe, the State of South Dakota and The Federal Privacy Act of 1974.

*I hereby give my permission to the OST Oyate Bli Helya Diabetes Program to screen my child and provide services and referrals for my child regarding their screening results. I understand that my child and/or other family members who are volunteering to utilize our services will not hold the OST Oyate Bli Helya Diabetes Program responsible for any accidents that may occur during the screening process.*

*I understand that as the parent/legal guardian my signature & date signed will be valid for up to five (5) years & may be withdrawn at any time by signing a refusal letter from our program.*

Refusal letters can be obtained at the Oyate Bli Helya Diabetes Program offices by calling (605) 867-1706.

\*\*\*\*\* PLEASE PRINT \*\*\*\*\*

Today's date: \_\_\_\_\_

Child's Legal First Name: \_\_\_\_\_

Child's Middle Name: \_\_\_\_\_

Child's Legal Last Name: \_\_\_\_\_ (Jr., II, or III)

Child's Birthdate: \_\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

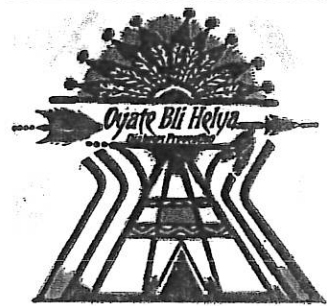
Does your child have any Medical Conditions / Disabilities (Mental/Physical)?  
 (This information is confidential and will help us better serve your child)

Print Name of Parent / Legal Guardian: \_\_\_\_\_

Signature of Parent / Legal Guardian: \_\_\_\_\_

School: \_\_\_\_\_ Grade / Homeroom: \_\_\_\_\_

\*\*\*\*\* STAFF USE ONLY / PLEASE DO NOT WRITE IN BOXES \*\*\*\*\*



School Year:	School Year:	School Year:	School Year:	School Year:	School Year:
Date Screened:	Date Screened:	Date Screened:	Date Screened:	Date Screened:	Date Screened:
Height:	Height:	Height:	Height:	Height:	Height:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:
BMI:	BMI:	BMI:	BMI:	BMI:	BMI:
BMI %:	BMI %:	BMI %:	BMI %:	BMI %:	BMI %:
Classification:	Classification:	Classification:	Classification:	Classification:	Classification:
Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:
HbA1c Level:	HbA1c Level:	HbA1c Level:	HbA1c Level:	HbA1c Level:	HbA1c Level:
Classification:	Classification:	Classification:	Classification:	Classification:	Classification:
Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials: