Dear Parent/Guardian of Incoming Preschooler:

The state of Iowa requires that we have the documents listed in the packet on file for each student.

- ❑ **Physical** – **Required.** A physical exam must be completed by a healthcare care provider and a copy provided to the school.

- ❑ **Immunization record - Required by state law; all immunizations are completed for age by the first day of school, if not complete a child may not be permitted to attend school.** I recommend you obtain a copy of this from your child's physician at the time of their physical.

- ❑ **Medication Forms**- There are *two* medication forms included. Please fill out the Over the Counter (OTC) Medication form if your student is allowed OTC medications at school. If your child needs to take a prescription medication, please fill out a prescription medication form. This does require a primary care provider's signature.

- ❑ **Diet Restriction Form-** IF your child has a diet restriction, it is required by the USDA that we have a form on file. This form does require primary care providers signature. If you need this form, please call or email.

- ❑ **Vision Form:** In accordance with Senate File 2251- the Student Eye Care Act- it is required that this Student Vision Card be placed in ALL preschool and kindergarten round up packets. As the card states- it is *recommended* that you take your child and this form to your family eye doctor.

Please feel free to contact me with any questions or concerns. Records can be dropped off, mailed, or faxed.

Quinn Baudlers, RN : AC Elementary & AC/GC School Nurse :
3384 Indigo Ave., Adair, IA 50002
Phone: 641-742-3310/641-746-2242 : Fax: 641-746-2243

Adair-Casey Elementary Community School District: Physical Assessment Form

Student Name:_____DOB:_____

Height:	Weight:	BP/Vitals:	Lead:	Hgb:	Vision: L: R:	

	Normal	Abnormal	Not Examined	Description
General Appearance Posture and Gait				
Behavior				
Skin				
Eyes				
Ears				
Nose, Throat, Mouth, Pharynx, Tonsil				
Teeth				
Heart:				
Lungs				
Abdomen				
Genitalia				
Extremities & Feet				
Neurological				
Other				

Disability (diagnosis):	Treatment:

Summary of findings and/or recommendations: _____

_____

Signature of Provider_____ Date:_____

Adair-Casey Schools Parental OTC Medication Form

Students Name:_____Grade: _____

Parental Order From for Over-the Counter Medications

The school nurse/certified medication aide will have the following over-the-counter (OTC) available to students according to written protocol by the school and with written parental authorization to administer OTC medication. Please check medications your child may receive for minor health complaints such as cold, menstrual cramps, headache, sore throat, sore muscles, backache, eye irritation, burns, sprains, upper respiratory infections, nasal congestion, upset stomach, diarrhea, and rashes. A record of administration will be maintained by administering staff.

Check one:

- ❑ May give all medications list
- ❑ DO NOT give any medications
- ❑ Give ONLY medications checked:
- ❑ Acetaminophen (Tylenol) 325mg/500mg, 1-2 tablets every 4 hours
- ❑ Children's Acetaminophen (Tylenol) chewables and liquid suspension as directed per age/weight
- ❑ Benadryl as directed for allergic reactions (after parent notified)
- ❑ Tums 1-2 tablets, upset stomach, heartburn
- ❑ Antibiotic Ointment, cuts, abrasions, wounds, burns, etc.
- ❑ Hydrogen Peroxide
- ❑ Cough Drops: 1-2 cough drop for sore throat, irritation, cough
- ❑ Other _____

I verify that the student has experienced no previous side effects from these medications. Parent/guardian will be notified if frequent requests for any of the above medication occur: If a student is requiring or has been ordered frequent dosing of any of the above medication, a doctor's note may be requested as well as the parent will be required to supply such medication.

I give permission for the school nurse/trained personnel to perform routine health screenings that may include: hearing, vision, dental, height, and weight. Parent/Guardian will be contacted with abnormal results. The school has permission to provide first aid treatment for medical/dental issues.

_____

Parent/Guardian Signature Date

Please return this form to the school nurse by the first day of school! *No OTC medication will be administered to your child unless this form is completed and signed. ** Per the IA Board of Nursing, no essential oils/natural remedies/supplements are allowed to be administered to school children.

Adair-Casey Community School District Medication Request

Prescription Drugs- must be sent in the original bottle with prescription intact, with name of student, name and strength of drug, amount and time to be given, date ordered (must be current), and name of doctor. Prescription medication also requires written and dated authorization from a parent/guardian and a prescribing doctor. Please see the form below.

Request for Medication Administration at School

Student Name_____DOB_____

Medication Name_____Strength_____

Dose to be Given_____

Time to be Given_____

Dates to be Given_____

Why does this student need this medication_____

_____

Physician Name and Signature Date

I absolve the Adair-Casey Community Schools, and the person administering the medication, of all liability in giving this medication, providing directions are carefully followed. By signing this you are giving the Health Staff permission to discuss this medication with student's teachers, staff, and doctor.

_____

Parent Signature Date

Adair-Casey CSD Illness Policy and Exclusion of Sick Kids

For the health and safety of all the children, it is mandatory that sick children not be brought to school. If your child has any of the following symptoms during the night, he or she will not be admitted the following morning for the safety of the other children.

- Fever greater than 100 degrees F
- Vomiting
- Diarrhea
- Pink eyes with drainage
- Cough with congestion and excessive nasal discharge

The center's established policy for an ill child's return:

- Fever free for 24 hours without use of fever reducing medication.
- Chicken pox: one week after onset (or when lesions are crusted)
- Strep Throat: 24 hours after **initial** medication dose
- Vomiting/Diarrhea: 24 hours after last episode
- Conjunctivitis (Pink Eye): 24 hours after initial medication dose or when without drainage