

A Note from the School Nurse

As you begin preparing for 2014-2015 Marion Elementary School enrollment, please start getting these items together. The following forms need to be on file prior to the first day of school.

1. State Certified birth certificate (not a hospital record).
2. Completed medical exam: medical assessments are required for all students under the age of eight who enter Kansas's schools for the first time. The health assessment must be completed after Aug. 15th, 2013 and before school starts.
3. Kansas certificate of immunization or pink immunization record with any immunization updates included. All incoming kindergarten students must have 2 varicella vaccines (chicken pox) and the hepatitis series. Please ensure that your child has received the vaccinations required under the laws of Kansas.
4. Copy of the child's social security card (this is not required but helpful).

If your child takes any routine medication, has food allergies or has any chronic conditions such as asthma, seizures, diabetes, etc. please let me know before your child begins school.

You can bring this documentation for your child to the school any time before the end of school or to fall enrollment. If you have any questions please call Marion Elementary School at 620-382-3771.

Jane King RN, BSN

USD 408 District Nurse



SCHOOL IMMUNIZATION REQUIREMENTS FOR THE 2014-2015 SCHOOL YEAR

Immunization requirements and recommendations for the 2014-2015 school year are based on the Advisory Committee on Immunization Practices (ACIP) recommendations and the consensus of the Governor's Child Health Advisory Committee Immunization Workgroup.

K.A.R. 28-1-20 defines immunizations required for any individual who attends school or early childhood programs operated by a school. http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf

- **Diphtheria, Tetanus, Pertussis (DTaP):** Five doses required. Four doses are acceptable if dose 4 is given on or after the 4th birthday. A single dose of Tdap is required at Grades 7-12 if no previous history of Tdap vaccination regardless of interval since the last Td.
- **Polio (IPV/OPV):** Four doses required. Three are acceptable. One dose required after age 4 regardless of the number of previous doses, with a 6 month minimum interval from the previous dose.
- **Measles, Mumps, Rubella:** two doses required.
- **Hepatitis B:** three doses required through grade 12.
- **Varicella (chickenpox):** two doses required for grades K-10; one dose required for grades 11-12 unless history of varicella disease documented by a licensed physician. Two doses are *recommended* for all ages.
- **Haemophilus influenzae type b (Hib):** four doses required for children less than 5 yrs of age in early childhood programs. Total doses needed for series completion is dependent on the type of vaccine and the age of the child when doses given.
- **Pneumococcal conjugate (PCV):** four doses required for children less than 5 yrs of age in early childhood programs. Total doses needed dependent on the age of the child when doses given.
- **Hepatitis A:** two doses required for children less than 5 years of age. The first dose is given at 12 to 18 months of age, with a 6 month interval between the first and second dose.

Detailed school immunization requirements by age group are listed on the 02/2014 version of the Kansas Certificate of Immunization (KCI). http://www.kdheks.gov/immunize/download/KCI_Form.pdf

In addition to the immunizations required for school entry listed above, the 2014 ACIP recommendations also include the following for school children:

- **Meningococcal (MCV4):** one dose *recommended* at 11 years with a booster dose at 16 yrs of age; not required for school entry.
- **Human Papillomavirus (HPV):** three doses *recommended* at 11 years of age; not required for school entry.
- **Influenza:** yearly vaccination *recommended* for all ages \geq 6 months of age; not required for school entry.

The Recommended ACIP with minimum intervals can be found at: <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>. The minimum age and interval must be met for any vaccine dose to be considered valid.

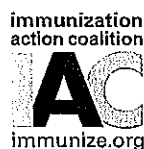
Efforts by schools have been central to the success of public health efforts in eliminating vaccine preventable diseases and protecting their students and families. Thank you for your dedication.

Vaccinations for Infants and Children, Age 0–10 Years

Getting your child vaccinated on time will help protect him or her against 15 vaccine-preventable diseases. Ask your child's healthcare provider if your child is up to date with all recommended vaccines.

Vaccine	Is your child up to date?
Chickenpox (varicella; Var)	Your child needs 2 doses of chickenpox vaccine. The first dose is given at 12–15 months and the second at 4–6 years.
Diphtheria, tetanus, and whooping cough (pertussis; DTaP)	Your child needs 5 doses of DTaP vaccine. The first dose is given at 2 months, the second at 4 months, the third at 6 months, the fourth at 15–18 months, and the fifth at 4–6 years.
<i>Haemophilus influenzae</i> type b (Hib)	Your child needs 3–4 doses of Hib vaccine, depending on the brand of vaccine. The first dose is given at 2 months, the second at 4 months, the third at 6 months (if needed), and the last at 12–15 months.
Hepatitis A (HepA)	Your child needs 2 doses of hepatitis A vaccine. The first dose is given at age 1 year and the second 6–18 months later.
Hepatitis B (HepB)	Your child needs 3–4 doses of hepatitis B vaccine, depending on the brand of vaccine. The first dose is given at birth, the second at 1–2 months, the third at 4 months (if needed), and the last at 6–18 months.
Influenza (Flu)	Everyone age 6 months and older needs influenza vaccination every fall or winter and for the rest of their lives. Some children younger than age 9 years may need 2 doses. Ask your child's healthcare provider if your child needs more than 1 dose.
Measles, mumps, rubella (MMR)	Your child needs 2 doses of MMR vaccine. The first dose is given at 12–15 months and the second at 4–6 years.
Meningococcal (MCV)	Meningococcal conjugate vaccine (MCV) is recommended for infants and children with certain health conditions. Talk with your healthcare provider to find out if your child needs MCV. Two doses are recommended for all children starting at age 11 years.
Pneumococcal (PCV13, PPSV23)	Your child needs 4 doses of pneumococcal conjugate vaccine (PCV). The first dose is given at 2 months, the second at 4 months, the third at 6 months, and the fourth at 12–15 months. Some children need a dose of PPSV pneumococcal vaccine. Ask your child's healthcare provider if your child needs this extra protection against pneumococcal disease.
Polio (IPV)	Your child needs 4 doses of polio vaccine (IPV). The first dose is given at 2 months, the second at 4 months, the third at 6–18 months, and the fourth at 4–6 years.
Rotavirus (RV)	Your child needs 2–3 doses of rotavirus vaccine (RV), depending on the brand of vaccine. The first dose is given at 2 months, the second at 4 months, and the third (if needed) at 6 months.

If your child will be traveling outside the United States, additional vaccines may be needed. For information, consult your healthcare provider, a travel clinic, or the Centers for Disease Control and Prevention at www.cdc.gov/travel.



Technical content reviewed by the Centers for Disease Control and Prevention
 1573 Selby Avenue • Saint Paul, Minnesota 55104 • 651-647-9009
www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p4019.pdf • Item #P4019 (1/13)

Vaccinations for Preteens and Teens, Age 11–19 Years

Getting immunized is a lifelong, life-protecting job. Make sure you and your healthcare provider keep your immunizations up to date. Check to be sure you've had all the vaccinations you need.

Vaccine	Do you need it?
Chickenpox (varicella; Var)	If you haven't been vaccinated and haven't had chickenpox, you need 2 doses of this vaccine. Anybody who was vaccinated with only 1 dose should get a second dose.
Hepatitis A (HepA)	You need 2 doses of hepatitis A vaccine if you would like to be protected from this disease or if you have a risk factor for hepatitis A. Check with your healthcare provider to find out if you need this vaccine.
Hepatitis B (HepB)	This vaccine is recommended for all people age 0–18 years. You need a series of doses of hepatitis B vaccine if you have not already received them.
Human papillomavirus (HPV)	All preteens and teens age 11 and older need 3 doses of HPV vaccine. The vaccine protects against HPV, the most common cause of cervical cancer. It also protects against some other types of cancers, such as cancer of the anus and penis.
Influenza (Flu)	Everyone age 6 months and older needs influenza vaccination every fall or winter and for the rest of their lives.
Measles, mumps, rubella (MMR)	You need 2 doses of MMR vaccine if you have not already received them. MMR vaccine is usually given in childhood.
Meningococcal (MCV4)	All preteens and teens age 11–18 years need 2 doses of MCV4. If you are a first-year college student living in a residence hall, you need a dose of MCV4 if you have never received it or received it when you were younger than 16. Check with your healthcare provider.
Pneumococcal (PCV13, PPSV23)	Do you have a chronic health problem? If so, check with your healthcare provider to find out if you need the pneumococcal vaccine.
Polio (IPV)	You need a series of at least 3 doses of polio vaccine if you have not already received them. Polio vaccine is usually given in childhood.
Tetanus, diphtheria, and whooping cough (pertussis; Tdap)	All preteens and teens (and adults!) need a dose of Tdap vaccine, a vaccine that protects you from tetanus, diphtheria, and whooping cough (pertussis). After getting a dose of Tdap, you will need a tetanus-diphtheria (Td) shot every ten years. If you become pregnant, however, you will need another dose of Tdap during the pregnancy, preferably during the third trimester.

If you will be traveling outside the United States, additional vaccines may be needed. For information, consult your healthcare provider, a travel clinic, or the Centers for Disease Control and Prevention at www.cdc.gov/travel.



Technical content reviewed by the Centers for Disease Control and Prevention
 1573 Selby Avenue • Saint Paul, Minnesota 55104 • 651-647-9009
www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p4020.pdf • Item #P4020 (10/13)



KANSAS STATUTES RELATED TO SCHOOL IMMUNIZATIONS

K.S.A. 72-5208. Health tests and inoculations; definitions.

As used in this act:

- (a) "School Board" means the board of education of a school district and the governing authority of any nonpublic school;
- (b) "school" means all elementary, junior high, or high schools within the state.
- (c) "local health department" means any county or joint board of health established under the laws of Kansas and having jurisdiction over the place where any pupil affected by this act may reside;
- (d) "secretary" means the secretary of the state department of health and environment;
- (e) "physician" means a person licensed to practice medicine and surgery

History: L. 1961, ch. 354, 1; L. 1978, ch. 291, 1; July 1. K.S.A.

72-5209. Health tests and inoculations; certification of completion required, alternatives; duties of school boards.

(a) In each school year, every pupil enrolling or enrolled in any school for the first time in this state, and each child enrolled for the first time in a preschool or day care program operated by a school, and such other pupils as may be designated by the secretary, prior to admission to and attendance at school, shall present to the appropriate school board certification from a physician or local health department that the pupil has received such tests and inoculations as are deemed necessary by the secretary by such means as are approved by the secretary. Pupils who have not completed the required inoculations may enroll or remain enrolled while completing the required inoculations if a physician or local health department certifies that the pupil has received the most recent appropriate inoculations in all required series. Failure to timely complete all required series shall be deemed non-compliance.

(b) As an alternative to the certification required under subsection (a), a pupil shall present:

(1) An annual written statement signed by a licensed physician stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child, or

(2) A written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations

(c) On or before May 15th of each school year, the school board of every school affected by this act shall notify the parents or guardians of all known pupils who are enrolled or who will be enrolling in the school of the provisions of this act and of any policy regarding the implementation of the provisions of this act adopted by the school board.

(d) If a pupil transfers from one school to another, the school from which the pupil transfers shall forward with the pupil's transcript the certification or statement showing evidence of compliance with the requirements of this act to the school to which the pupil transfers.

History: L. 1961, ch. 354, 2; L. 1965, ch. 412, 1; L. 1970, ch. 283, 1; L. 1975, ch. 462, 107; L. 1978, ch. 291, 2; L., 1981, ch. 285, 1; L. 1993, ch. 89, 1; L. 1994, ch. 206, 1; July 1.

K.S.A. 72-5210. Same; duties of public health departments and officers; fees, exception to payment.

The county, city-county, or multi-county health department shall provide without delay, and to the extent that funds are available, the tests and inoculations required by this act to such pupils as are not provided therewith by their parents or guardians and who have not been exempted on religious or medical grounds. Such tests and inoculations may be provided on a sliding fee scale for administrative charges, with the exception that no child may be denied inoculations for inability to pay an administrative fee. The local health officer shall counsel and advise school boards concerning the administration of this act.

History: L. 1961, ch. 354, 3; L. 1965, ch. 412, 2; 1978, ch. 291, 3; L. 1980, ch. 182, 30; L. 1994, ch. 206, 2; July 1.

K.S.A. 72-5211. Same; duties of secretary; forms and certificates; regulations.

The secretary shall prescribe the content of forms and certificates to be used by school boards in carrying out this act and shall provide, without cost to the school boards, sufficient copies of this act for distribution to pupils. Schools shall utilize the reporting form adopted by the secretary for documentation of all immunizations. Audit information shall be obtained from this adopted form. The secretary may adopt such regulations as are necessary to carry out the provisions of this act.

History: L. 1961, ch. 354, 4; L. 1975, ch. 462, 108; L. 1978, ch. 291, 4; L. 1994, ch. 206, 3; July 1.

K.S.A. 72-5211a. Exclusion of pupils from school attendance; adoption of policy; notice; hearing; compulsory attendance law not applicable.

(a) The school board of every school affected by this act may exclude from school attendance, or by policy adopted by any such board, authorize any certificated employee or committee of certificated employees to exclude from school attendance, any pupil who has not complied with the requirements of K.S.A. 72-5209. A pupil shall be subjected to exclusion from school attendance under this section until such time as the pupil shall have complied with the requirements of K.S.A. 72-5209. The policy shall include provisions for written notice to be given to the parent or guardian of the involved pupil. The notice shall:

(1) Indicate the reason for the exclusion from school attendance,

(2) State the pupil shall continue to be excluded until the pupil has complied with the requirements of K.S.A. 72-5209, and

(3) Inform the parent or guardian that a hearing hereon shall be afforded the parent or guardian upon request therefore.

(b) The provisions of K.S.A. 72-1111 do not apply to any pupil while subject to exclusion from school attendance under the provisions of this section.

History: L. 1978, ch. 291, 5; L. 1981, ch. 285, 2; July 1.

REV. 02-07-2011

Decision to Not Vaccinate My Child

I am the parent/guardian of the child named at the bottom of this form. My healthcare provider has recommended that my child be vaccinated against the diseases indicated below. I have been given a copy of the Vaccine Information Statement (VIS) that explains the benefits and risks of receiving each of the vaccines recommended for my child. I have carefully reviewed and considered all of the information given to me. However, I have decided not to have my child vaccinated at this time. I have read and acknowledge the following:

- I understand that some vaccine-preventable diseases (e.g., measles, mumps, pertussis [whooping cough]) are infecting unvaccinated U.S. children, resulting in many hospitalizations and even deaths.
- I understand that though vaccination has led to a dramatic decline in the number of U.S. cases of the diseases listed below, some of these diseases are quite common in other countries and can be brought to the U.S. by international travelers. My child, if unvaccinated, could easily get one of these diseases while traveling or from a traveler.
- I understand that my unvaccinated child could spread disease to another child who is too young to be vaccinated or whose medical condition (e.g., leukemia, other forms of cancer, immune system problems) prevents them from being vaccinated. This could result in long-term complications and even death for the other child.
- I understand that if *every* parent exempted their child from vaccination, these diseases would return to our community in full force.
- I understand that my child may not be protected by “herd” or “community” immunity (i.e., the degree of protection that is the result of having most people in a population vaccinated against a disease).
- I understand that some vaccine-preventable diseases such as measles and pertussis are extremely infectious and have been known to infect even the very few unvaccinated people living in highly vaccinated populations.
- I understand that if my child is not vaccinated and consequently becomes infected, he or she could experience serious consequences, such as amputation, pneumonia, hospitalization, brain damage, paralysis, meningitis, seizures, deafness, and death. Many children left intentionally unvaccinated have suffered severe health consequences from their parents’ decision not to vaccinate them.
- I understand that my child may be excluded from his or her child care facility, school, sports events, or other organized activities during disease outbreaks. This means that I could miss many days of work to stay home with my child.
- I understand that the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all clearly support preventing diseases through vaccination.

Vaccine / Disease	VIS given (✓)	Vaccine recommended by doctor or nurse (Dr./Nurse initials)	I decline this vaccine (Initials of parent/guardian)
Diphtheria-tetanus-pertussis (DTaP)			
<i>Haemophilus influenzae</i> type b (Hib)			
Hepatitis A (HepA)			
Hepatitis B (HepB)			
Human papillomavirus (HPV)			
Influenza			
Measles-mumps-rubella (MMR)			

Vaccine / Disease	VIS given (✓)	Vaccine recommended by doctor or nurse (Dr./Nurse initials)	I decline this vaccine (Initials of parent/guardian)
Meningococcal (MCV)			
Varicella (Var)			
Pneumococcal conjugate (PCV)			
Polio, inactivated (IPV)			
Rotavirus (RV)			
Tetanus-diphtheria (Td)			
Tetanus-diphtheria-pertussis (Tdap)			

In signing this form, I acknowledge I am refusing to have my child vaccinated against one or more diseases listed above; I have placed my initials in the column titled “I decline this vaccine” to indicate the vaccine(s) I am declining. I understand that at any time in the future, I can change my mind and vaccinate my child.

Child’s name: _____ Date of birth: _____
 Parent/guardian signature: _____ Date: _____
 Doctor/nurse signature: _____ Date: _____

CCL.007
Rev. 9/2003

Kansas Department of Health and Environment
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone (785) 296-1270 Fax (785) 296-0803
Foster Care: (785)368-7015 Fax (785) 296-7025
Website: www.kdhe.state.ks.us/kidsnet/



EXEMPTION FROM IMMUNIZATION

Good beginnings last a lifetime. Kansas Child Care Laws and Regulations are designed to reduce the predictable risk of harm to children. Immunizations have been effective in reducing preventable diseases for children and the public. K.S.A. 65-508(d) requires that all children in a Licensed Child Care Facility and K.S.A. 65-519(c) requires that children in a Registered Family Day Care Home have current immunizations.

By completing and signing this exemption form you are stating that your child is exempted from the law requiring immunizations. The following two sections are the ONLY exemptions allowed by law.

Name of Child Care Facility as it appears on the License or Certificate of Registration License or Certificate #

Address of Facility Street City County

PLEASE COMPLETE ONE OF THE TWO FOLLOWING SECTIONS (A) OR (B):

(A) My child is exempt under the law requiring immunizations as indicated by my child's licensed physician. Certification from a licensed physician stating that the physical condition of my child is such that immunization would endanger my child's life or health is noted below.

Child's Full Name First Middle Last Date of Birth MM/DD/YYYY

Exempt from the following immunizations:

____ DTP _____ Pertussis Only _____ MMR _____ Hep B
____ Tetanus _____ IPV _____ Rubella Only _____ Other

Signature of LICENSED PHYSICIAN is required Date MM/DD/YYYY

Printed name of the Licensed Physician Phone Number

Street Address City County

Signature of Parent or Guardian Date MM/DD/YYYY

(B) My child is exempt under the law from immunizations. As parent or guardian of the below named child, I state that I am adherent of a religious denomination whose teachings are opposed to immunizations.

Child's Full Name First Middle Last Date of Birth MM/DD/YYYY

Signature of Parent or Guardian Date MM/DD/YYYY

A separate form must be completed for each child. A copy of the COMPLETED and signed form must be kept in the child's file at the facility and available for review by KDHE or designated agent. A statement that is similar or essentially the same as the above, and which contains the required information and signature(s) is acceptable.