

# WELCOME TO VIROQUA AREA SCHOOLS



## Health Information Packet





# Viroqua Area Schools

## HEALTH SERVICES



100 Blackhawk Drive Viroqua, WI 54665

Phone: (608) 637-1509 MS/HS, (608) 637-1103 Elementary

Fax: (608) 637-8034 MS/HS or (608) 637-1211 Elementary

## HEALTH FORMS

If you have any questions regarding the enclosed forms, or if you would like to share any health concerns with the School Nurse, please call 637-1509 or 637-1103. The enclosed forms should be returned to the school no later than the first day of school. Thank you!

### Immunizations:

Every parent or guardian is required to provide immunization dates (or a signed waiver) for their child for the following according to age/grade:

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTap/DT	3 Polio	3 Hep B	1 MMR	1 Var	
Grades K through 5	4 DTP/DTap/DT/Td	4 Polio	3 Hep B	2 MMR	2 Var	
Grades 6 through 12	4 DTP/DTaP/DT/Td	1 Tdap	4 Polio	3 Hep B	2 MMR	2 Var

### Medications:

There are medication consent forms upon request if your child will be taking any medications at school. The School District has a policy on medication in line with the Wisconsin Act 334 concerning the administration of medication to pupils. Forms can also be found on the school website. **PLEASE MAKE EVERY EFFORT TO AVOID HAVING YOUR CHILD TAKE MEDICATIONS AT SCHOOL, ESPECIALLY MORNING MEDICATIONS THAT CAN BE TAKEN AT HOME.**

#### Prescription Medication may be given in school only if the following guidelines are met:

1. A medication form with medication information and instructions, along with the prescribing physician's signature & parent signature must be completed and returned to the school.
2. Medications are to be brought to school in the appropriate pharmacy labeled bottle.
3. Medication must be dropped off at school by a parent or guardian for student safety, not sent in with students or in their book bags.

#### Over the counter medication will be given only if the following guidelines are met:

1. A medication form with medication information and instructions, along with parent signature must be completed and returned to the school.
2. Any parent-provided medication needs to be sent to school in the original, properly labeled container and dropped off in the office by a parent or guardian.
3. Stock medication permission may be given if the Standing Order for Stock Medication form is filled out during online registration.

### Action Plans:

If your child has a health concern such as an allergy, asthma, diabetes, or seizures, please fill out an Action Plan. If the concern also requires medication at school, a medication consent form will also need to be filled out. Forms can be requested or found on the school website.

# Viroqua School Nurse

Elementary School Office 608-637-1103

Middle & High School Office 608-637-1509

## **WHEN TO KEEP YOUR CHILD HOME FROM SCHOOL DUE TO ILLNESS**

Students should be kept home from school when they are not feeling well. They need the rest to recover from whatever illness they are suffering from, and this will help prevent the spread of germs/virus to other students.

Please notify the school if your child will be staying home sick and provide the reasoning for it so we can monitor other students for related illnesses.

**Attendance Lines - Elementary: 637-1101, Middle School: 637-3171, High School: 637-1600**

### **Please keep your child home if they meet any of the following criteria:**

**FEVER:** Do not send your child to school if they are running an oral temperature of 100.0° F or higher. Your child should be fever free for 24 hours without the use of fever reducing medications before returning to school. Any child with a temperature over 100.0° F will be sent home per school policy.

**NAUSEA, VOMITING & DIARRHEA:** Do not send your child to school if they threw up or had diarrhea during the night. Keep them home and let them rest for 24 hours before returning to school. Students who have episodes of vomiting or diarrhea at school will be sent home.

**COUGH:** A cough may be a sign of many different illnesses. If the cough lasts for more than several days, please contact your healthcare provider to determine if treatment or follow-up care is needed. If you send cough drops or any other medications for a cough, a Medication Sheet must be filled out and signed before they can be administered at school. Medications need to be given to the School Nurse, and cannot be left in lockers, book bags, or classrooms.

**CONJUNCTIVITIS:** (PINK EYE) Your child MUST remain home for 24 hours after medical treatment has been started.

**RASH/SKIN PROBLEMS:** Many rashes like Fifth disease, Impetigo, Hand Foot and Mouth, Scabies, Staph or Strep skin infections are very contagious. Please keep your child home for 24 hours after treatment has been started or until your physician states it is safe for them to return to school.

**RINGWORM:** Students should be kept home until treatment is started or infected areas MUST be covered while at school – if a child is unable to keep them covered, they will be asked to go home if no treatment has been initiated.

**STREP THROAT:** Your child MUST remain home for 24 hours after medical treatment has been started.

**CHICKENPOX:** Your child will be excluded from school until all vesicles have crusted over which will be about 5-7 days.

**LICE:** If live lice or nits are found, students will be sent home. They need to be treated prior to returning to school and they must be checked by staff in the Health Office to verify that they have been treated in order for them to return to school.

## STUDENT IMMUNIZATION RECORD

**INSTRUCTIONS TO PARENT:** COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

### PERSONAL DATA

### PLEASE PRINT

Step 1	Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number	

### IMMUNIZATION HISTORY

Step 2	List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.					
	TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
	Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
	Polio					
	Hepatitis B					
	MMR (Measles, Mumps, Rubella)					
	Varicella (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
	Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)		Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)			

### REQUIREMENTS

Step 3	Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.
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### COMPLIANCE DATA

Step 4	<b>STUDENT MEETS ALL REQUIREMENTS</b> Sign at Step 5 and return this form to school. _____ Or _____
	<b>STUDENT DOES NOT MEET ALL REQUIREMENTS</b> Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS. <input type="checkbox"/> Although my child has NOT received ALL the required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.
	<b>NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.</b>
	<b>WAIVERS</b> (List in Step 2 above, the date(s) of any immunizations your child has already received) <input type="checkbox"/> For health reasons this student should not receive the following immunizations _____
	_____ <b>SIGNATURE</b> - Physician
	_____ <b>Date Signed</b>

<input type="checkbox"/> For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply) <input type="checkbox"/> DTaP/DTP/DT/Td <input type="checkbox"/> Tdap, <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Varicella
<input type="checkbox"/> For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply) <input type="checkbox"/> DTaP/DTP/DT/Td <input type="checkbox"/> Tdap <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Varicella

### SIGNATURE

Step 5	This form is complete and accurate to the best of my knowledge. Check one: ( I do <input type="checkbox"/> I do not <input type="checkbox"/> ) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.	
	_____ <b>SIGNATURE</b> - Parent/Guardian/Legal Custodian or Adult Student	_____ <b>Date Signed</b>

## STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 yrs) <sup>1</sup>	4 DTaP/DTP/DT <sup>2</sup>	3 Polio	3 Hepatitis B <sup>6</sup>	1 MMR <sup>7</sup>	1 Varicella <sup>8</sup>	
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td <sup>2,3</sup>	4 Polio <sup>5</sup>	3 Hepatitis B <sup>6</sup>	2 MMR <sup>7</sup>	2 Varicella <sup>8</sup>	
Grades 6 through 12	4 DTaP/DTP/DT/Td <sup>2</sup>	1 Tdap <sup>4</sup>	4 Polio <sup>5</sup>	3 Hepatitis B <sup>6</sup>	2 MMR <sup>7</sup>	2 Varicella <sup>8</sup>

- Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
- D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12; Four doses are required. However, if a student received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. **Note:** A dose four days or less before the 4<sup>th</sup> birthday is also acceptable.
- DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> dose) to be compliant. **Note:** a dose four days or less before the 4<sup>th</sup> birthday is also acceptable.
- Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
- Polio vaccine for students entering grades Kindergarten through 12; Four doses are required. However, if a student received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. **Note:** a dose four days or less before the 4<sup>th</sup> birthday is also acceptable.
- Laboratory evidence of immunity to hepatitis B is also acceptable.
- MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1<sup>st</sup> birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note:** A dose four days or less before the 1<sup>st</sup> birthday is also acceptable.
- Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.



# Wisconsin Immunization Registry: Information for Parents

## Did you know that you have access to your or your child's vaccine records online?

Vaccines, also called shots or immunizations, are given over a person's lifetime to keep everyone healthy. The Wisconsin Immunization Registry, also called WIR, allows patients, parents, and guardians of children to view their vaccine record and keep track of their vaccines.

## Why is tracking our vaccine record in WIR important?

Today we move, travel, and change doctors more often than we did in the past. Tracking an updated vaccination record using WIR will save you money, time, and the hassle of making additional vaccine appointments.

## Are our vaccine records available to others?

The public does not have access to your records. The records are secure and follow laws that protect patient data.

## Can WIR tell me what vaccines are missing?

Yes, WIR uses advances in science and technology to calculate a vaccination schedule. It can tell you what vaccines you need and when you should plan your next vaccine visit at your doctor's office.

## I need to have my child's vaccine records for school enrollment. Can WIR help me with this?

Yes, you can view and print the vaccine records for school enrollment by following the steps on the back of this page.

## Does my doctor's office use WIR?

Maybe. Not all doctor's offices in Wisconsin use WIR. If you see a doctor who does not use WIR, you can call your doctor's office and request the vaccine record.

## I had vaccines that are missing from WIR. How do I correct it?

Provide the proof that you had the vaccine to your doctor's office or local health department and they can enter your vaccine information for you.

## If I got a vaccine in another state, will it be in WIR?

Maybe. WIR shares information with Minnesota and Michigan. If you had a Wisconsin address when you got the vaccine in one of those states, WIR may have a record of the vaccine.



# Looking for your or your child's vaccine record?

**Step 1.** Go to <https://www.dhfs.wir.org>.

**Step 2.** Near the bottom of the page, in the Public Immunization Record Access section, click on the **Public Immunization Record Access** link.

**Step 3.** On the next screen, enter your or your child's first name in the **First Name** field and last name in the **Last Name** field.

**Step 4.** In the **Birth Date** field, enter the person's birth date using the MM/DD/YYYY format, or use the pop-up calendar by clicking the calendar icon to the right of the field.

**Step 5.** Enter one of three choices in the next section: social security number, Medicaid ID or health care member ID, or chart number in the appropriate field.

**Step 6.** Click **Search**. You will see your or your child's vaccine record and a list of due or upcoming vaccines. Note, if the person cannot be found in WIR, you will get the following message: "No match was found. Please contact your health care provider."

**Step 7.** Click **Print** to print out the immunization record, if needed. You can use this as proof of vaccination for child care or school entry, summer camps, or for your place of work.

## My record is not coming up in WIR, what should I do?

- ▶ If you tried to do a search but the record did not come up, check that all of the information that you entered is spelled correctly.
- ▶ If the search still does not work, call your doctor or local health department to troubleshoot the issue. You can also contact the WIR helpdesk at [dhswirhelp@dhs.wisconsin.gov](mailto:dhswirhelp@dhs.wisconsin.gov) for assistance.

## Why can't I find the record I am looking for in WIR?

This may have happened for a number of reasons:

- ▶ The vaccine record may not have been recorded in WIR by a doctor's office.
- ▶ The vaccine record is in WIR, but the searchable information (for example, the Social Security Number, date of birth, or chart number) may be missing or wrong.
- ▶ Multiple records may exist for the same person and WIR does not know which one you need.

