KINDERGARTEN

Health Information

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

KINDERGRTEN HEALTH INFORMATION

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!

School Physical/Dental/Eye Exam:
Kindergarten students are encouraged to provide the school with proof of a physical, dental and eye examination from a licensed practitioner before they start school in the fall. Please have the practitioners fill out the attached forms and return them to the health office at the beginning of school.

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					
PreK (2 yrs-4 yrs)	4 DTP/DTaP/DT		3 Polio	3 Hep B	1 MMR	1 Varicella
Grades K-6	4 DTP/DTaP/DT/Td		4 Polio	3 Hep B	2 MMR	2 Varicella
Grades 7-12	4 DTP/DTaP/DT/Td	1 Tdap	4 Polio	3 Hep B	2 MMR	2 Varicella

Medications:
There are medication consent forms upon request if your child will be taking any medications at school. The School District has a policy (po5330) on medication in line with Wisconsin law 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, ESPECIALY 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 practitioner'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.

Stock Medication can be given only if the following guidelines are met:

1. The Standing Order for Stock Medication permission is completed during Online Registration or parent signed paper copy is turned in to the health office.
2. Package dosage will be followed. Any medication to be given beyond that dosage would need a prescription medication form with practitioner's signature.

Health Concerns:
If your child has any health conditions the school should be made aware of, please indicate this during Online Registration, contact the school Health Office, or inform your child's teacher. Your child may need a school Action Plan (asthma, allergies, seizures, diabetes) filled out and signed by a practitioner. These forms can be requested from the Health Office 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.

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

Elementary: 608-637-7071 --- Middle School: 608-637-3171 --- High School: 608-637-3191
Press 2 for the Attendance Line, then press 2 for Elementary or 3 for Middle/High School

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 at 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 Form 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 should remain home only if they are unable to stop touching eyes.

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.

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (Rev. 6/2020)

STATE OF WISCONSIN
Wis. Stat. §§ 252.04 and 120.12 (16)

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.

Step 1 **PERSONAL DATA** **PLEASE PRINT**

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

Step 2 **IMMUNIZATION HISTORY**

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) ☐ Tdap ☐ Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine *Vaccine is required only if your child has not had chickenpox disease. See below:*					

Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known:
☐ YES _____ Year (Vaccine not required)
☐ 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)
☐ Varicella ☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B
If YES, provide laboratory report(s)

Step 3 **REQUIREMENTS**

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 **COMPLIANCE DATA**

STUDENT MEETS ALL REQUIREMENTS
Sign at Step 5 and return this form to school.

Or

STUDENT DOES NOT MEET ALL REQUIREMENTS

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.

☐ 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.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

☐ **For health reasons** this student should not receive the following immunizations _____

_____ _____
SIGNATURE - Physician Date Signed

☐ **For religious reasons,** I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

☐ **For personal conviction reasons,** I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

Step 5 **SIGNATURE**

This form is complete and accurate to the best of my knowledge. Check one: (**I do** ☐ **I do not** ☐) 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.

_____ _____
SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

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.

Table 144.03-A
Required Immunizations for the 2023-2024 School Year

Age/Grade	Required Immunizations (Number of Doses)							
5 months through 15 months	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B		
Grade 7 through grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B		

1. 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 6, which would normally correspond to the individual's age.
2. 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 3rd dose after the 4th birthday, further doses are not required. **Note**: A dose four days or less before the 4th birthday is also acceptable.
3. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note**: a dose four days or less before the 4th birthday is also acceptable.
4. 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.
5. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: a dose four days or less before the 4th birthday is also acceptable.
6. Laboratory evidence of immunity to hepatitis B is also acceptable.
7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st 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 1st birthday is also acceptable.
8. Varicella vaccine is chickenpox vaccine. Students with a reliable history of varicella disease are not required to receive the Varicella vaccine. A parent or guardian may indicate that their student has had chickenpox on the Student Immunization Record form (F-04020L).

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SCHOOL DENTAL HEALTH CARD

PUPIL'S NAME _____GRADE _____ AGE _____

PARENT'S NAME _____

ADDRESS_____ PHONE _____

To Parent or Guardian:

Your child's health, comfort and personal appearance may be seriously affected by neglecting his/her teeth. Please call your family dentist to make an appointment for an examination of your child's teeth and whatever dental care is necessary. This form should be signed by the dentist and returned to the school nurse at the time of Kindergarten entrance.

Thank you.

( ) A. I have examined the teeth of the above child and find no filling, extractions, cleaning or correction for malocclusion needed.

( ) B. I have completed the necessary work for this child.

Comments/Recommendations:

_____

_____

_____

_____ _____

Date DDS

SCHOOL DISTRICT OF VIROQUA
Physical Examination Form

PARENT COMPLETE

Please Print Clearly – See other side for more required information

Child's Name _____ _____ _____
(Last) (First) (Middle)

Birth Date: _____ / _____ / 20___ (mm/dd/yyyy)

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____Phone: _____

Yes	No	
☐	☐	Are you concerned about your child's health, weight, development or behavior?
☐	☐	Has your child been seen by a provider for any health, weight, development or behavior concern?
☐	☐	Has your child had a dental exam by a dentist in the last 12 months?
☐	☐	Has your child had a well-child visit or check-up in the last 12 months?

Comments:_____

_____

Parental Consent: I agree to allow my child's health care provider and school personnel to discuss information on this form.

Signature:_____ Date: _____

HEALTH CARE PROVI DER COMPLETE

Pertinent Illnesses, Risks or Developmental Problems: (Please check all that apply)

☐ Allergy	☐ Emotional/Behavioral	☐ Orthopedic Problems
☐ Anemia ☐At-Risk for Anemia	☐ Encopresis	☐ Prematurity (<32 wks. EGA)
☐ Asthma	☐ Enuresis (Daytime)	☐ Seizures/Convulsions
☐ Attention/Learning	☐ Genetic Disorders	☐ Sickle Cell Anemia ☐ Trait
☐ Bleeding Problems	☐ Heart Problems	☐ Speech/Language
☐ Cancer/Leukemia	☐ Hearing Problems	☐ Tuberculosis ☐ At-Risk for TB
☐ Cerebral Palsy	☐ Kidney Problems	☐ Vision Problems
☐ Cystic Fibrosis	☐ Lead (Hx of >10 mcg/dL)	☐ Other: _____
☐ Dental Problems	☐ At-Risk ☐ Test done	☐ None
☐ Diabetes	☐ Obesity	

Screening Results

Developmental

Developmental Domains:	Within Normal	Concern Identified	Referred to Specialist	
Emotional/Social	☐	☐	☐	Comments: _____
Problem Solving	☐	☐	☐	
Language/Communication	☐	☐	☐	_____
Fine Motor Skills	☐	☐	☐	
Gross Motor Skills	☐	☐	☐	_____

Hearing

☐ Pass
☐ Scheduled for re-screen due to middle ear fluid.
☐ Re-screen appt. in _____ weeks.
☐ Referral to audiologist/ENT (check if yes)
☐ Child has previously diagnosed hearing loss. Screening is not necessary.

Vision

☐ Pass
☐ Referral to eye doctor (check if YES) Refer if more than 20/40 in either or both eyes, a two line difference between eyes, unable to test, failed stereopsis, or signs of disease.
☐ Child has a diagnosed vision condition and has had an eye exam in the last 12 months. Screening is not necessary.

HEALTH CARE PROVIDER COMPLETE

Physical Examination

Weight: _____ lbs. Height: _____ ft. _____ in.

	Normal	Abnormal
HEENT	□	□
Dental/Oral	□	□
Lungs	□	□
Cardiac	□	□
Abdomen	□	□
Neurological	□	□
Back/Extremities	□	□
Genital	□	□
Skin	□	□
Blood Pressure	□	□

Comments: _____

Recommendations to School Personnel Based on Health Assessment

□ **No Recommendations, Concerns or Needs** □**Requesting School Follow Up**

□ **Medication**

□ Child takes medicine for specific health conditions:

List medication(s): 1. _____ 3. _____

2. _____ 4. _____

□ Medication must be given and/or available at school

□ **Allergy**

□ Food: _____ □ Insect: _____ □ Medicine: _____ □ Other: _____

Type of allergic reaction: □ Anaphylaxis □ Local reaction

Response required: □ Epinephrine Auto-injector □ Other: _____ □ None

□ **Developmental Concerns Identified** (See comments below)

Child needs referral to school support team for further evaluation.

□ **Special Diet**

Guidance: _____

□ **Health-Related Recommendations to Enhance School Performance**

For example: sitting near the front of classroom, special equipment needs.

Please specify: _____

□ **School Health Forms Attached**

□ School Medication Authorization Form □ Diabetes Care Plan □ Asthma Action Plan

□ Seizure Action Plan

□ Health Care Plan(s) List Condition _____

Comments:_____

_____

_____

_____

Provider's Name: _____

Provider's Signature: _____ Date: _____

Clinic Name: _____

Clinic Address: _____

Phone: _____ Fax: _____

State of Wisconsin
Department of Regulation and Licensing

KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____

Parent or Guardian _____ Phone _____

Address _____ County_____

School/Kindergarten _____ City _____

Date entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- ❒ Brief history (general health and eye health) of the child, including family history
- ❒ General external observation of the child's eyes and surrounding structures
- ❒ Ophthalmoscopic examination through an undilated pupil
- ❒ Gross measurement of peripheral vision
- ❒ Evaluation of eye coordination and function (alignment and motility)
- ❒ Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: ❒ Yes ❒ No

Date of examination:

_____

Doctor/Physician Signature:

_____

Print or stamp:
Doctor/Physician Name
Address
Phone

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____

#2540 (2/02)
s. 118.135, Stats.

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 and parents/guardians of children to view their vaccine record and keep track of their vaccines.

Why is tracking my or my child's 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 my or my child's vaccine records available to others?
The public does not have access to your or your child's 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 have 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 at the time that you got the vaccine in one of those states, WIR may have a record of the vaccine.

BUREAU OF COMMUNICABLE DISEASES
dhs.wi.gov/dph/bcd.htm | DHSDPHBCD@dhs.wi.gov
Wisconsin Department of Health Services | Division of Public Health

Looking for your or your child's vaccine record?

Step 1. Go to https://www.dhfswir.org

Step 2. Near the bottom of the page, within the Public Immunization Record Access, Click 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 client'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 number, 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, then call your doctor or local health department to troubleshoot the issue. You can also contact the WIR helpdesk at DHSWIRHelp@dhs.wisconsin.gov for assistance.

Why is my record not coming up in WIR?

This may have happened for a number of reasons:

- The person's vaccine record may not have been recorded in WIR by a doctor's office.
- The person's 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.