To: Parent / Guardian
From: Principal and School Nurse

### **EMERGENCY AND HEALTH INFORMATION**

In order that we may serve your child, we need to have certain information available to school personnel.

Please complete your child's STUDENT REGISTRATION FORM.

In case of an emergency situation, this procedure will be followed:

- 1. Contact a parent or guardian at home or at work.
- 2. Contact a relative or neighbor whose name appears on the STUDENT DIRECTORY.
- 3. Call 911. In instances where medical attention is needed without delay, the parent/guardian will be called at the same time as the emergency personnel, or immediately after. The child's family is financially responsible for the care given.

# IF YOU DO NOT WISH TO HAVE THE PROCEDURE FOLLOWED, A DIFFERENT WRITTEN PLAN MUST BE GIVEN TO THE SCHOOL.

Schools will give your child only those medications that need to be given <u>before lunch</u> or at noon. Medication given at school must be in a bottle showing the name of the medication, pharmacy, student's name, physician's name and the dosage of the medication to be given.

WE WILL NOT ACCEPT NOTES WRITTEN ON SCRAPS OF PAPER. YOU MUST COME TO THE SCHOOL AND FILL OUT THE OFFICIAL PARENT CONSENT FORM. If there is a change in medication, you must come to school and fill out a second or third form. Cough drops and syrup will be given only for a maximum of a week. We discourage over-the-counter medications, which include cough drops, cough syrup and Tylenol. All medication must be picked up by a parent/guardian at the end of the school year.

**HEAD LICE** – Bennett County Schools have a **NIT FREE POLICY**. All students will have their head checked for lice the first of the school year and then periodically throughout the school year. The student **MUST BE BROUGHT BACK TO SCHOOL BY AN ADULT** and checked by the School Nurse before returning to class. If nits or lice are still present the student will be sent home.

If your child's participation in physical education is to be limited, please notify the school, **IN WRITING**. If limitation is longer than three days, a physician's note is required. If your child does go to the doctor, please have a doctor write a note for school.

Any questions may be referred to the School Nurse at your child's school.

## **Immunization Requirement for School Attendance**

South Dakota State Law (SDSL 13-28-7) requires any pupil entering school in this state, shall prior to admission, be required to present to school authorities certification from a licensed physical that he or she has received or is in the process of receiving adequate immunization against poliomyelitis, diphtheria, pertussis, rubeola (measles), rubeola, mumps, and tetanus, according to the recommendations of the State Department of Health. This law applies to all children entering a South Dakota school system for the first time in grade kindergarten through the twelfth. As of July 9, 2000, children entering kindergarten will, prior to school entry, need to show either documentation or receipt of the varicella vaccine or a reliable history of chickenpox disease.

### Minimum immunization requirements are defined as having at least:

- 1. Four or more doses of DTP vaccine (diphtheria, tetanus, pertussis). At least one dose must have been given after age 4. Children who are 7 or older should receive adult-type Td instead of DTP.
- 2. Three or more doses or trivalent oral polio vaccine (TOPV). Or enhance inactivated poliomyelitis vaccine (IPV) administered after 1968. At least one dose must have been given after age 4 **OR** 4 doses before age 4. TOPV can be given until the 18<sup>th</sup> birthday.
- 3. Two doses of measles virus administered after the age of 12 months.
- 4. Two doses of rubella virus vaccine administered after the age of 12 months.
- 5. Two doses of mumps virus vaccine administered after the age of 12 months.
- 6. Two doses of varicella vaccine, administered after the age of 12 months, or history of chickenpox, for children entering kindergarten for the school year 2007–2008 and thereafter.
- 7. **New 6<sup>th</sup> Grade Vaccination Requirements**: South Dakota requires all 6<sup>th</sup> grade students to get: one dose of Tetanus, Diphtheria, Pertussis (Tdap) vaccine on or after the 11<sup>th</sup> birthday and one dose of Meningococcal (MCV4) vaccine on or after the 11<sup>th</sup> birthday

Legal alternatives to minimum immunization requirements are defined and the means for appropriate certification is provided for on the SDIC. There are no other exemptions.

\* Taken from South Dakota Department of Health Certificate of Immunization Document-HCI-0560-7-92.

# **Bennett County Schools Student Health History**

To meet any health concerns of your child, please help us by filling out this form and returning it to school. If you wish to visit with your school nurse, call Cindy Allard-Hines at 685-6717.

Student:	D/O/B:	Teach	ner/Grade:	_
First & Last Name				
Parent/Guardian Name:				
Home Phone #:	Work Phone #		Cell Phone #	
Any medical or physical concerns?: _				_
Medications Student Takes:				
Any past history the nurse should kno	ow? (Operations, inju	ries, etc.)		
Does your child have Asthma?		Yes	No No	
Does your child use an inhaler?		Yes	No	
**PERMISSION FOR SCHOOL NURSE STUDENT:	OFFICE TO GIVE THE	FOLLOWIN	G MEDS/TREATME	:NTS AS NEEDED FOR
TYLENOL YESNO IBUPROF	EN YESNO PE	PTO BISMO	OL YESNO	_TUMS YES NO
If the student is on any kind of medic the office in their original bottle. If you will be put on the meds and they will IN THE STUDENT'S POSSESSION OR IN	ou bring Tylenol, Mido be kept locked up for	ol, etc – brii their moni	ng them to the offi tored use. NO ME	ice and student's name EDS OF ANY KIND CAN BE
Does your child have allergies? (food, If yes, what is your child allergic to?	. meds, bees, etc) Yes_	No		
I give permission for Benadryl to be g **Documentation from your physicia			· · · · · · · · · · · · · · · · · · ·	Food Service Personal
In case of an emergency and <b>parents</b> to be taken to the clinic. Our regular doctor is			y permission for	
I consent to medical care as needed.				
	Parent/Guardi	an	Date	
I give permission for the School Nurse with their care.	e to notify MGS staff o	of student's	medical concerns	so they can better assist
	Parent / Guard	dian	Date	<del></del>