Welcome to Kindergarten from the Nurse!

Starting kindergarten is a very exciting time. It is important we keep your child healthy so they can continue to learn and grow! Here is what you need to know before sending your child to school:

Kindergarten Physical: A physical must be done within six months of school starting. They physical must be done by a Physician, Physician's Assistant, or Nurse Practitioner. You may use the physical form provided or one provided by your doctor's office.

Vision Exam: A full vision screen is required within six months of school starting. If your doctor referred your child to an ophthalmologist, please send that report as well.

Hearing Exam: A complete hearing exam is strongly recommended, but it is not required by state.

Immunizations: Immunizations are important for everyone's protection. All immunizations must be up to date PRIOR to school starting in August. Parents or guardians must present one of the following documents to the school to verify immunization status:

- An immunization record showing that the child is protected by age-appropriate immunizations (see Immunization Rules sent in your packet)
- A statement signed by a Physician that the required immunizations would be harmful to the student or members of the student's family
- A signed affidavit by a legally authorized representative stating the immunization conflicts with the tenets and practices of a recognized religious denomination of which the student is a member

Medications: If your child is on a daily medication and the medication can be given before or after school, that is best. If that's not possible, please fill out a medication administration form. Prescription medications must be in the pharmacy labeled container with current instructions from the ordering provider. The medication should not be expired. All medication is stored in a locked cabinet in the nurse's office and is dispensed by trained staff. The school does not stock over the counter medications (Tylenol/acetaminophen, Motrin/ibuprofen). If you would like to keep some at school for "as needed" situations for your student, please follow the same instructions as for prescription medications.

If your child has asthma or a serious allergy, it is required to have an Asthma/Allergy Action Plan in place. This plan will need to be updated annually. Please see the nurse to initiate an Action Plan.

Health History Form: Please complete the Health History Form regarding the general health of your child. If your student has asthma, diabetes, or any other chronic illness, please make arrangements to visit with the school nurse prior to school starting.

Cortney Sorensen, RN BSN
Elmwood-Murdock School Nurse
csorensen@emknights.org

Kindergarten Registration
Health History

Students Name:_____

Parents Name:_____

Medication Allergies:_____

Food Allergies or Intolerances:_____

_____

Daily Medications:_____

Does your child have asthma? yes no

If yes, does your child use an inhaler? yes no

How often_____

Is your child diabetic? yes no

Any other health concerns?_____

_____

_____

Does your child wear glasses? yes no

Does your child have hearing concerns? yes no

Would you like to meet with the nurse prior to school starting in August concerning the health of your student? yes no

DHHS
Nebraska Department of Health and Human Services

Department of Health and Human Services

Physical Examination Report

Name of School (if desired)

The school board shall require evidence of (a) a physical examination by a physician, a physician assistant, or an advanced practice registered nurse...within six months prior to the entrance of a child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade of the local school; and (b) for school year 2006-07 and each school year thereafter, a visual evaluation by a physician, physician assistant, an advanced practice registered nurse, or an optometrist within six months prior to the entrance of a child into the beginner grade or, in the case of a transfer from out of state, to any other grade of the local school, which consists of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity, except that no such physical examination or visual evaluation shall be required of any child whose parent or guardian objects in writing. The cost of such physical examination and visual evaluation shall be borne by the parent or guardian of each child who is examined. Nebraska Revised Statutes 79-214 (excerpt).

PARENT/GUARDIAN: This form is provided as a convenience to you and your child's health care provider in meeting the requirement for physical examination in Nebraska schools. No specific form is required by the statute. The information provided here may be shared with school personnel as needed to promote your child's safety and educational success.

By signing below, the parent/guardian of _____ **consents for the**
Name of Student

release of the health and medical information contained herein to be released to _____
Name of School

Signature _____ Printed Name/Relationship to Student _____ Date _____

Student Name	School		Grade
Student Address	Zip	Age	Sex: ☐ M ☐ F
Physician Name			

PHYSICAL FINDINGS (use back for comments or recommendations)

Height	Weight
Blood Pressure	Pulse
Urinalysis	
Hemoglobin/Hct	

Audiometric Screening Report

	500	1000	2000	4000
RE				
LE				

Immunizations given during today's visit:
☐ DTP ☐ Td ☐ Polio ☐ MMR ☐ Hib ☐ Hep B ☐ Varicella
☐ Other (list)_____
(Please attach copy of immunization record on file.)

Visual Evaluation Report	PASS	FAIL	Recommend Further Evaluation
Amblyopia	☐	☐	☐
Strabismus	☐	☐	☐
Internal Eye Health	☐	☐	☐
External Eye Health	☐	☐	☐
Visual Acuity	☐	☐	☐

20 feet: Right 20/_____ Left 20/____ with/without glasses

16 inches: Right 20/____ Left 20/____ with/without glasses

Medical	Normal	Abnormal Findings
Appearance	☐	☐
Eyes/ears/nose/throat	☐	☐
Lymph Nodes	☐	☐
Heart (note murmur if present)	☐	☐
Pulses (inc. Femoral)	☐	☐
Lungs	☐	☐
Abdomen	☐	☐
Skin	☐	☐
Musculoskeletal	☐	☐
Neck	☐	☐
Spine	☐	☐
Shoulder/arm	☐	☐
Wrist/hand	☐	☐
Elbow/forearm	☐	☐
Hip/thigh	☐	☐
Knee	☐	☐
Leg/ankle	☐	☐
Foot	☐	☐
Evidence of Scoliosis	☐ No	☐ Yes
Evidence of Hernia	☐ No	☐ Yes
Stigmata of Marfan's Syndrome	☐ No	☐ Yes

Required medication on a daily or episodic routine:

Please check classification

☐ Regular: Student may participate in the regular program of physical education, recreation, intramurals, athletics or related activities without undue risk or injury.

☐ Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted program as indicated by the consulting physician. Reexamine each year.

☐ Exempt: Student has a severe handicap which might risk sustaining injury from participation in the regular or adapted programs. These students should be reexamined for possible reclassification at the end of the exemption period.

Please check certification

☐ Certified: Student has passed the physical examination successfully and is physically able to participate in interscholastic athletics. Activities student should **not** participate in:_____

Significant findings/chronic health concerns_____

Your signature below indicates completion of physical exam and review of health history.

Date_____ Signed _____
Examining Physician (Signature Required)

Clinic/Practice Name (please print)_____ Physician Phone_____

Physician Address _____
Return to School Health Office

Form #9

REQUEST FOR ADMINISTRATION OF MEDICAITON DURING SCHOOL HOURS ELMWOOD-MURDOCK PUBLIC SCHOOLS

I give permission to Elmwood-Murdock Public Schools personnel to administer the following medication to

_____
(Name of student)

_____
Name of medication and strength (example: mg.)

_____
Time medication to be given

_____
Amount of medication to be given (example: 1 capsule, 1 tsp.)

_____
Date(s) medication to be given

_____
Signature of parent/guardian Today's Date

Important Information For Parents/Guardian:

Your written consent is required prior to school personnel providing or administering medication administration. By signing this form you acknowledge the following:

* If needed, the prescribing physician may be contacted by the school nurse for clarification on medication administration.
* Your child's medication may be given by an unlicensed para-educator, or by a nurse, or by other trained school personnel deemed competent through training or supervision by the Registered School Nurse to provide medication as called for in the Elmwood-Murdock Medication Administration Guidelines.
* The school health office should be notified promptly if there are any changes in your child's medication orders.
* A physician's (or other licensed prescriber's) authorization is required for medication to be administered at school for all prescriptions. The prescriber's authorization may be on the pharmacy label attached to the medication, or in the case of over-the-counter product, by separate prescription provided to the health office.
* All medication products must be sent to the school in the original container with the label intact. **Medications in bags or any other form of "home packing" will not be accepted, due to safety considerations.**
* This information regarding diagnosis and/or medication may be shared with staff on a need-to-know basis..
* We reserve the right to refuse to give any medication that doesn't meet school policy or that doesn't follow standard of practice guidelines.

Clinics that can help your student with Physicals and Immunizations:

Immunizations:
Sarpy/Cass County Immunization Clinic:
A free clinic –donations accepted-
Need to bring complete immunization history at least 48 hours PRIOR to visit. An adult must accompany all children

Location One: Midlands One Professional Center
11109 South 84th Street, Suite 5800
Papillion Nebraska
Hours: 1st Thursdays of the month 4pm-7pm
All other Thursdays 9am-12pm

Location Two: Alegent Creighton Clinic Express Care
3308 Samson Way, (36th and Hwy 370)
Bellevue NE
Hours: 2nd Monday of each Month 5pm-7:30

Location Three: Early Childhood Center/Head Start
902 Main Street Plattsmouth
Hours: Fourth Tuesday of each month 3pm-6pm

To make an appointment at any location call 402-593-3222

Physicals:
Clinic with a Heart
1701 South 17th Street
Lincoln NE
Lower Level
To Make an Appointment: 402-421-2924

People City Mission
401 N. 2nd
Lincoln NE
402-817-0980

Summary of the School Immunization Rules and Regulations

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	4 doses of DTaP, DTP, or DT vaccine 3 doses of Polio vaccine 3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age 3 doses of pediatric Hepatitis B vaccine 1 dose of MMR or MMRV given on or after 12 months of age 1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. 4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age
Students entering school (Kindergarten or 1st Grade depending on the school district's entering grade)	3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4th birthday 3 doses of Polio vaccine 3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age 2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month 2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.
Students entering 7th grade	Must be current with the above vaccinations AND receive 1 dose of Tdap (contain Pertussis booster)
Students transferring from outside the state at any grade	Must be immunized appropriately according to the grade entered.

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services. . For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: http://dhhs.ne.gov/Pages/reg_t173.aspx (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)
Updated 01/26/2018

Illness-When to Keep your Child Home

This is a reminder of when you should keep your child home.

The following are symptoms that require your child to stay home from school:

- Misery with a cold. Including matted eyes, runny nose or other physical symptoms
- Undiagnosed rash or sores
- Deep, heavy, consistent cough or wheezing
- Any symptoms of a possible infectious, contagious illness
- ***Vomiting***
- ***Diarrhea***
- ***Fever (100 degrees)***
- Inability to cope in class because of not feeling well

If your child has been sick with a fever, vomiting, or diarrhea we require they be symptom free for **24 hours**, without any medication, before returning to school.

Occasionally, some of the above symptoms occur for reasons that are not contagious and are not illness related. If this is the case, staff and parents can have a conversation about this. We may require a doctor's note stating that your child is deemed not contagious. However, if we feel a child's condition could cause other children or staff to become ill, we will ask that your child remain at home until all symptoms have cleared.

In order for us to provide a healthy and safe environment for all children, it is important that we follow our illness policies. Please refer to this when you are making decisions about whether or not you should send your child to school.