

School Immunization Information

Dear Parent/Guardian:

Welcome to Denison Middle School.

In order to keep children healthy and prevent the spread of childhood communicable diseases, the state of Iowa has laws regarding immunization requirements. To be registered in an Iowa school, a middle school student will need a minimum of #3 DTP/DTap (Diphtheria, Tetanus, & Pertussis), #3 Polio, and #2 MMR's (Measles, Mumps, & Rubella). This law is based on their kindergarten enrollment date being after July 1, 1991. The last booster of both the DTP/DTap and Polio must be after their 4th birthday.

If your child has not been in school in the United States or you cannot provide a record of immunizations for at least #1 DTP, #1 Polio, & #1 MMR (within 60 days of their enrollment) he or she will not be allowed to stay in school until the proper records have been received OR the required immunizations have been given.

Please contact Crawford County Public Health at 712-263-3303 or myself at 712-263-9393 to assist you in obtaining the proper immunizations. Public Health in Denison holds regular immunizations clinics three times per month. The clinics are held on the 1st Monday, 1st Tuesday, and 3rd Thursday of each month. You may also contact a local doctor's office.

Also, as stated earlier, any student that has been out of the United States 30 days or more will be required to have a TB test.

Please do not hesitate to contact me at school if you have any questions. Thank you for your prompt attention to this matter.

Sincerely,
Linda Spiegel, R.N.
Middle School Nurse

Please fill out this form completely to better assist the nurse in caring for your child

Student Name _____ Nickname _____
Home phone _____ Grade _____ Age _____ Birthdate _____
Address _____
Street _____ City _____ State _____ Zip _____
Mailing Address _____
Street _____ City _____ State _____ Zip _____

Adults with whom the students lives

Name _____ Relationship _____
Name _____ Relationship _____

In case of an emergency or illness, list a responsible person other than parent who can be contacted.

Name _____ Daytime Phone _____
Name _____ Daytime Phone _____
Has this person agreed to assume this responsibility? Yes _____ No _____
Will you be responsible for doctor bills following emergency treatment? Yes _____ No _____

Doctor's name _____ Phone _____

Dentist's name _____ Phone _____

Hospital _____ (in case of emergency)

Does your child have asthma? Yes _____ No _____ (Please fill out the attached form on asthma)

Any known seizures? Yes _____ No _____ Allergies: _____

List any special medications (including inhalers) your student is currently using. Please include name of medication and dosage

(Prescription medicine at school must be kept in the nurse's office.)

Did your child have an injury, illness, or accident over the summer? Yes _____ No _____

Please explain _____

Is your child currently being treated for a health condition? Yes _____ No _____

Please explain _____

List operations your child has had and when _____

Has your child been out of the United States 30 days or more? Yes _____ No _____

Immunizations given this past year only (include tetanus booster). Please list doctor/clinic & date also.

Does your child wear glasses? Yes _____ No _____ and/or contacts? Yes _____ No _____

Date of last professional eye exam _____ Date of last dental visit _____

Does your child have permission to take Tylenol(Acetaminophen) at school? Yes _____ No _____

Can the above information be shared with faculty and staff? Yes _____ No _____

Parent/Guardian Signature _____ Date _____

Health Form:

Please return the Health Form to school at the time of registration. Please fill out the form completely. This information will be recorded on your child's permanent record and kept confidential in the nurse's office. This information is shared with school personnel only as needed to maintain your child's health and safety, and provide them with the best educational opportunity possible.

Medications taken at school:

If it is necessary for your child to take medicine at school, parental permission is required by sending a written note to the nurse. Students are to bring all medications to the nurse's office immediately upon their arrival at school. They are not to carry medication with them during the school day or keep it in their locker or school bag. All medication must be in the original container, NO BAGGIES OR ENVELOPES WILL BE ACCEPTED AT SCHOOL. Our policy is written for the safety and welfare of your child.

Medication will be dispensed to students at school only if the following requirements are met;

- * Over the counter medication must be in the original container and requires written parental permission.
- * Prescription medication must be in the original container from the pharmacy with the directions clearly stated and written parental permission. Labeled containers from the pharmacy are necessary because all prescription medication given at school must have permission from a physician. Your pharmacist will give you a labeled container for school. Inhalers should also have a prescription label on them.

Screenings:

A hearing screening is given to all 8th grade students and any new students to the district by AEA staff. Any 6th or 7th grade student with a known hearing loss will also be tested. Spinal screenings will be done on all 8th graders. Vision screenings will be done on all students. If you do not want your child to participate in any of these screenings, please notify the school or the nurse. Parents are informed of results only if their child fails a screening.

Immunizations:

As stated in the immunization letter, new students have ninety days to complete the state required immunizations. A student is not allowed to enroll in school without the required immunizations or a signed provisional certificate stating that immunizations have been started or records from another school are being requested.

TB Test:

Any students that has been out of the United States 30 days or more will need a TB test.