

St. Joseph School Hessen Cassel

11521 Old U.S. 27 South • Fort Wayne, Indiana 46816 • 260-639-3580

Pre-Kg Health Forms 2022-2023

Contents:

Important Information

Required Forms

- Health Questionnaire
- Immunization records- Please obtain a copy of your child's immunization record from their pediatrician. See attached information for minimum requirements for school admission.

Please submit required forms to the school office ASAP, but no later than the first day of school.

Medication consent forms, asthma and allergy action plans, diabetic care plans, and additional health information and handouts are also available on our school website under School Tab – Student Health

Important Information for Pre-Kg Entrance

About Immunizations:

IC 20-34-4-2 requires that all students residing in Indiana be immunized following the ACIP (Advisory Committee on Immunization Practices) and Indiana Department of Health guidelines. These mandatory vaccinations for students age 3 to 5 years old include:

DTaP (4), IPV (Polio) (3), Hepatitis B (3), MMR (1), and Varicella (1) Hepatitis A (2)

These minimum doses must be met, and they must have been given at the proper minimum age and have the proper intervals between each one to be acceptable for the state school requirements. A copy of your child's immunizations from their physician must be provided to the school **BEFORE THE FIRST DAY OF SCHOOL** as proof of the vaccines having been given.

Students who do not receive immunizations for religious reasons (IC 20-34-3-2), or those who have a medical contraindication (IC 20-34-3-3) to vaccine administration, must have the appropriate exemption forms filed annually with the school office. Please contact the school office to obtain the correct form.

It is important that you review your child's immunization records now and obtain these necessary immunizations from your child's physician, the Fort Wayne Allen County Department of Health, or any Super Shot location. Remember to provide the school with documentation of all shots received from infancy through the current date. **Failure to provide appropriate documentation of immunizations may result in your child being exempt from school until records are received.**

About washing hands:

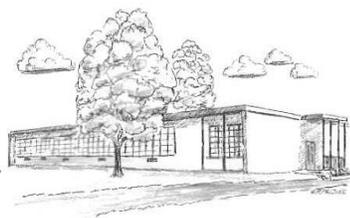
Now is the time to teach your child the importance of good hand washing. Keeping hands clean is one of the best ways to prevent the spread of infection and illness. Help your child stay healthy by encouraging good hand washing habits.

Regular sleep is very important:

Regular sleep habits are very important to the health and well-being of your child. A young child needs, on average, 10-12 hours of sleep a night. Turning off the TV at least 30 minutes before bedtime helps children unwind and is a great time to read to children!

When your child is ill: Children with fever, diarrhea, vomiting or other symptoms of illness should stay at home, and, if indicated, be evaluated by the doctor for diagnosis and appropriate treatment. Any temperature of **99.9** degrees or above means that your child **must stay home for at least 24 hours** (free of fever **and** without the use of acetaminophen or ibuprofen). This means that if your child was sent home from school the day before with a fever, they need to wait **at least 24 hours** before they will be admitted back to school.

Medications: We will only administer FDA approved over-the-counter (OTC) and prescription medications prescribed to your child. These medications need to be brought to school by an adult in their original package and accompanied by the medication consent form found on our website or in the school office. Medication brought into school will only be available during school hours. Our school policies are in accordance with IC 20-34-3-18. All medication will be kept in a locked cabinet with a trained staff member dispensing according to the package instructions. Students are not to have medication with them at any time. The only exception to this is if your child needs emergency medication (ex. insulin, an inhaler or an epinephrine injection) and the proper paperwork is filled out and on file with the school. Remember that all cough drops are considered OTC medication and need to be kept in the school office for your child's use. Please read our full medication policy on the "Medication Consent" form. If you have any questions, please contact the school office.



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HEALTH QUESTIONNAIRE

(Parent/Guardian to complete)

This is not an annual form. For any updates or changes to your student's information, please contact the school

Student Name: _____ Grade: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Student lives with: _____

Father's Name: _____ Mother's Name: _____

Health History

Disease/Condition (please circle)

Seasonal allergies Yes No

*Food allergy Yes No

*Asthma Yes No

ADD/ADHD Yes No

Chicken Pox Yes No

*Diabetes Yes No

Diphtheria Yes No

Ears/Infections Yes No

Epilepsy Yes No

*Seizures Yes No

Handicaps/Impairments Yes No

(Hearing/Physical/Vision)

Disease/Condition (please circle)

Measles/Mumps/Rubella Yes No

Pneumonia Yes No

Heart Murmur Yes No

Emotional disorder Yes No

Bowel or bladder issues Yes No

Mononucleosis Yes No

Hepatitis Yes No

Tuberculosis Yes No

Whooping Cough Yes No

Other Yes No

** Additional forms required- see school nurse*

For any 'yes' circled above, please give explanations and dates of diagnoses.

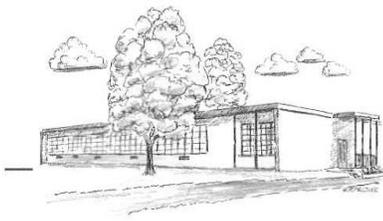
Has your child had an infectious/communicable disease other than those listed above? Yes No

If yes, please explain, giving relevant dates: _____

Has your child ever been prescribed an Epi-Pen or Auvi-Q Injector due to an allergy? Yes No

If yes, please explain, giving relevant dates: _____

Medication allergies: _____



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Please list any of the following with month/year:

Operations: _____

Severe Illnesses: _____

Severe Injuries (Head injury, fractures, etc.): _____

Hospitalizations: _____

Is there any other information about your child's health status that you think the school should know which may be relevant to your child's health and safety or the health and safety of others in the school environment?

Please list any conditions that should be considered in planning your child's school day: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Eye Doctor Name: _____ Phone: _____

To the best of my knowledge the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the school of any changes in my child's health status that are relevant to the information requested by this form.

Parent/Guardian signature

Date