

**St. Joseph School** Hessen Cassel

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

# New Family Packet Health Forms 2024-2025

## **Contents:**

Important Health Information

## Required Health Forms

- ☐ CHIRP Consent Form
- ☐ Copy of Immunization Records- See attached for specific requirements
- ☐ Health Questionnaire
- ☐ Physician Certificate of Examination Form

**All forms should be returned to the school office NO LATER than  
the first day of school**

## Important Information

### Packet

This packet includes several important forms that you will need to complete and return to the school office before your student begins their first day of school.

### Required Immunizations:

IC 20-34-4-2 requires that all students be fully immunized following the ACIP (Advisory Committee on Immunization Practices) and Indiana Department of Health guidelines. These mandatory vaccinations include:

#### **Kindergarten – 5th Grade**

DTaP (5) IPV(Polio) (4) Hepatitis B (3) MMR (2) Varicella (2) Hepatitis A (2)

#### **6th – 8th Grade**

Previous listed plus additional Tdap (Tetanus, Diphtheria & Pertussis) (1) and MCV (Meningococcal) (1)

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 your their physician must be provided to the school **BEFORE THE FIRST DAY OF SCHOOL** as proof of the vaccines having been given.

Students who will not be receiving 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 (contact the school office for the correct forms).

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.

**Physicals/Health Questionnaire:** All students new to our school are required to have a recent physical signed by their physician along with the "Health Questionnaire" form. Please inform the school if any changes to your child's health status change throughout the year.

**CHIRP:** As required by IC 20-34-4-6, we report immunizations to the State Department of Health each year on all students in grades K, 1 and 6. This report is currently done online by our school nurse through CHIRP (Children and Hoosier Immunization Registry Program). Attached you will find a consent to sign which allows our school to report this immunization information. Once signed, this consent applies to all years your student(s) attend Saint Joseph Hessen Cassel School.

**PLEASE RETURN ALL PAPERWORK TO THE SCHOOL OFFICE AS SOON AS IT IS COMPLETED BUT NO LATER THAN THE FIRST DAY OF SCHOOL.**

# General Health Information

## 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. Establish a regular bedtime. Turn off the TV and videos and read a book before bed!

**Immunizations:** IC 20-34-4-2 requires that **ALL** students have the required immunizations **PRIOR** to, and on file with, the school before the first day of school. **Unfortunately, if this is not done, you will receive a letter excluding your child from school until the immunizations have been obtained and proper paperwork has been filed.**

The only exception to this rule is a signed "Medical Exemption" form filled out by your child's physician (IC 20-34-3-3), or a "Religious Objection" form signed by the parents/legal guardians (IC 20-34-3-2). Please contact the school office if you need either of these forms.

## When your child is ill:

Children with a 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 has a fever and must stay home for at least 24 hours (free of fever 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 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 the 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. (Forms may be found in the school office). These policies are in place to keep your child and others in the building as safe as they can be during the school day. A reminder 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.

★ 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

## **Health Screening Information**

During the school year, the following health screenings will take place as part of the health services to your child, and fulfillment of the health screening laws of the State of Indiana. Some students will receive referral letters from the school nurse as the result of these screenings.

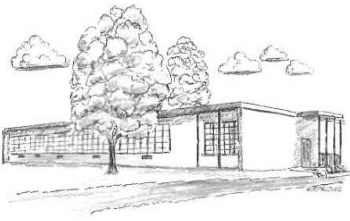
### **HEARING SCREENING**

Hearing screenings will be conducted according to IC 20-34-3-14, on all students in grades **1-4-7, and 10** as mandated by the state. We will also check all students new to the school, and any others by special request. The school nurse, or trained volunteers, will conduct this screening. Re-checks will be done at least 2 weeks later on students who have questionable results and referral letters will be sent to those who do not meet the required thresholds on these rechecks. The school nurse will also notify the teachers of those students that referral letters are sent to.

### **VISION SCREENING**

Both far and near vision screening will be conducted according to IC 20-31-3-12 for all students in grades **3-5-8**. We will also check all students by special request. The school nurse, or trained volunteers, will conduct this screening. This Indiana Law also requires that **either K or grade 1** be examined by an eye professional, so we have decided to send all of our kindergarten students for the FREE exam that local eye Dr's have offered to us. Re-checks will be done on students who have questionable results and referral letters will be sent to those who do not meet the minimum requirements on these rechecks. The school nurse will also notify the teachers of those students that referral letters are sent to.

**PLEASE COMPLETE AND RETURN ALL REFERRAL FORMS TO THE ATTENTION OF THE SCHOOL NURSE.**



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### CHIRP Consent Form

(Required form for all students' health files – Please return ASAP)

The Indiana State Department of Health maintains an electronic immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter and view immunization data with this method of electronic documentation. CHIRP ensures that the most up-to-date record of immunizations is available to all health care providers. The Indiana Department of Education mandates that all schools within the state of Indiana utilize CHIRP to document annual immunization reports. We are required to submit these immunization reports to maintain our accreditation. Parents/guardians within our school are being notified of this law and your permission is required to submit the immunization status of your child in this format. The Indiana Department of Education's attorney Dana Long, collaborating with the Indiana State Department of Health, has helped prepare the wording of the below consent.

I, as a parent/legal guardian to the below stated child(ren):

☐

Give permission to Saint Joseph Hessen Cassel School to release such information

☐

I DO NOT give permission to Saint Joseph Hessen Cassel School to release of such information

to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

STUDENTS NAME, IMMUNIZATION DATA, AND OTHER INFORMATION SUCH AS DATE OF BIRTH OR OTHER IDENTIFYING INFORMATION AS APPLICABLE.

(FOR FILING PURPOSES, PLEASE LIST ALL STUDENTS REGARDLESS OF CONSENT STATUS)

_____	Grade: _____	Birthdate: ____/____/____
_____	Grade: _____	Birthdate: ____/____/____
_____	Grade: _____	Birthdate: ____/____/____
_____	Grade: _____	Birthdate: ____/____/____
_____	Grade: _____	Birthdate: ____/____/____

I understand that the information in the registry may be used to verify that my child has received proper immunization and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization date registry of another state, a healthcare provider or a providers designees, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Address

Once signed, this form will apply to all years your student is attending Saint Joseph Hessen Cassel School



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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.

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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: \_\_\_\_\_

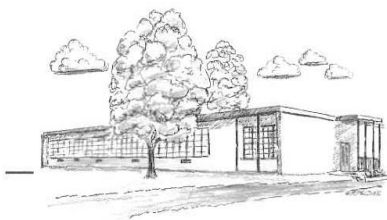
Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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



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### Physician Certificate of Examination Form

(To be completed by the child's physician)

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication Allergies \_\_\_\_\_

#### Current Medications: (list name, dosage, and time)

1. \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

2. \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

3. \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_

Eyes: \_\_\_\_\_

Ears: \_\_\_\_\_

Nose: \_\_\_\_\_

Throat \_\_\_\_\_

Chest: \_\_\_\_\_

Heart: \_\_\_\_\_

Hernia: \_\_\_\_\_

Extremities: \_\_\_\_\_

Posture/Scoliosis: \_\_\_\_\_

Lead level (if indicated) \_\_\_\_\_

Sickle Cell (if indicated) \_\_\_\_\_

Hemoglobin (if indicated) \_\_\_\_\_

Hematocrit (if indicated) \_\_\_\_\_

Urinalysis (if indicated) \_\_\_\_\_

Tuberculin test: (if indicated)

Results: \_\_\_\_\_ Date: \_\_\_\_\_

Check only if applies:  
(If checked additional forms with  
MD signatures required)

- ☐ Asthma
- ☐ Food Allergies
- ☐ Need for Epi-Pen
- ☐ Heart Condition
- ☐ Diabetes

List Abnormal Results: \_\_\_\_\_

Is this student physically fit to participate in all physical education programs?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

Please list any condition that should be considered in planning this child's school day:

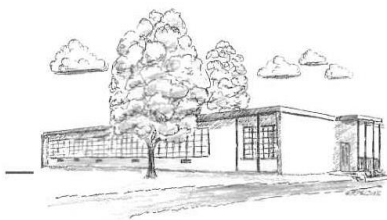
Physicians Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_

(Exams in the last 6 months - 1 year are considered valid for this screen)





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## IMMUNIZATION HISTORY

**Students Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

All students must have an immunization record in the school office before the first day of school. This student MAY NOT attend school without a record of having received the required immunizations listed below. The only exception is to have a medical or religious exemption form filed with the school office.

The following immunizations are the minimum requirement by the State of Indiana for:

### **Pre-Kg**

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

### **Kindergarten -5<sup>th</sup> Grade**

DTaP (5) IPV(Polio) (4) Hepatitis B (3) MMR (2) Varicella (2) Hepatitis A (2)

### **6<sup>th</sup> - 8<sup>th</sup> Grade**

Previous listed plus additional Tdap (Tetanus, Diphtheria & Pertussis) (1) and MCV (Meningococcal) (1)

**All minimum ages and intervals for each vaccination as specified in the CDC guidelines must be followed to be considered valid.**

*Students will be asked to return to doctor's office if intervals and minimum ages are not met.*

**Parent Signature acknowledging immunization record has been obtained and submitted to school:** \_\_\_\_\_

☐

**Please check here if your child has a religious or medical objection to immunizations. Additional forms will need completed and on file with school.**

**\*\*\*PLEASE ATTACH A COPY OF THE CHILD'S FULL  
IMMUNIZATION RECORD**

