

Kindergarten Registration Health Packet





Dear Parent/Guardian,

This fall, your child will have a new adventure...starting school. It is a policy of the district to request physical, eye and dental examination forms to be completed and returned prior to his/her first day of school. Please take your child to the health care professionals of your choice by September 1st. The School District of New Berlin aims to give every kindergarten student a healthy start to his or her new experience.

The above mentioned forms included in this Health Packet are to be completed by a health care professional, and returned to your child's school: Attention School Nurse. Additional forms, including medication administration forms, can be found on my website: http://www.nbexcellence.org/do_health_services.cfm

If your child has a healthcare condition which the school should be aware of, feel free to contact me at pam.jesse@nbexcellence.org or 262-789-6439.

Thank you for your cooperation in improving our total school health.

Sincerely,

Pam Jesse RN

Pam Jesse RN
School District Nurse



Dear Parent/Gurardian:

Before your child enters kindergarten this Fall, please be aware that the Wisconsin Immunization Law requires two Varicella (chickenpox) vaccines or the date your child previously had the disease. Although thought by some to be a harmless disease, Varicella can result in serious complications including bacterial skin infections, Reye Syndrome (a neurologic disorder), encephalitis, and meningitis and can be fatal.

Also, one dose of DTaP vaccine is required after the 4th birthday. For children who are "up to date" with their preschool DTaP series this will be final (5th) dose that is recommended to ensure prolonged protection, primarily against pertussis also known as whooping cough. For children who are not "up to date" this dose may be the 3rd or 4th in the series and no further doses are required. Because of a 4-day grace period, DTaP vaccine received 4 days or less before the 4th birthday is also acceptable.

The date (month, day, and year) of each immunization must be entered on the Student Immunization Record that is available from your child's school and should be submitted to the school your child will attend.

Waivers are available for religious, health, and personal conviction reasons. However, in the event of an outbreak of a vaccine preventable disease, students with waivers may be excluded from school until the outbreak subsides. You are encouraged to have your child immunized well in advance of school opening to avoid the late summer rush at immunization clinics. For immunizations, contact your doctor, clinic, HM0 or nearest public health department.

You may view your child's immunization record from your computer on the Wisconsin Immunization Registry (WIR). The WIR is a secure computerized data system that tracks immunizations given to people. The internet address is <http://dhfsWIR.org>. To obtain the dates of your child's immunizations, type in your child's name, social security or Medicaid number. In order to access your child's record their social security number must be in the system. If it is not, contact your medical provider and ask that the number be put into the WIR so that you can access your child's immunization record. Address information about your child is not provided.

If you would like further information on immunization, please see the following websites: www.cdc.gov.nip , www.immunize.org , and www.immunizationinfo.org

Thank you

Pam Jesse RN

District Nurse

Pam.jesse@nbexcellence.org

School District of New Berlin

4333 S Sunny Slope Road

New Berlin WI 53151

262 789 6439 office

262 789 6261 fax

School District of New Berlin

Immunization Record

Please complete, sign and return to your child's school as soon as possible. If you have questions regarding this form, please contact the school your child attends. Age/Grade requirements and explanation on reverse side of form.

Student's Name	Date of Birth	School	Grade	School Year
Address		Parent/Guardian Name		Telephone Number

Immunization History

Please complete this form entering the dates (month, day and year) in the appropriate boxes for each immunization received to date.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTaP/DTP/DT/Td/Tdap Diphtheria-Pertusis-Tetanus (Whooping Cough-Tetanus or DT)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Adolescent Booster __ Tdap or __ Td	__/__/__				
Polio (OPV/IPV) Trivalent, Sabin Oral (by mouth)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Hepatitis B (3 dose peds 2 adolescent)	__/__/__	__/__/__	__/__/__		
MMR Measles, Mumps, Rubella	__/__/__	__/__/__	Dose of Measles, Mumps and Rubella <u>must</u> be given on or after the first birthday. A dose 4 days or less before 1st birthday is acceptable.		
Varicella (Chickenpox) Vaccine	__/__/__	__/__/__			

Varicella Vaccine is required only if your child has not had chickenpox disease.
 Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year.
 _____ Yes _____ year (vaccine not required)
 _____ if No or Unsure (then Vaccine is required)

W A I V E R S	For medical reasons, this child should not receive the following vaccines: _____ _____ _____ _____
	Physician's Signature Date
	(Note: A physician's signature is required <u>only</u> for a medical waiver.)
	_____ For personal conviction reasons, this child should not be immunized.
	_____ For religious reasons this child should not be immunized.

	Parent/Guardian Signature Date

Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs.

**School District of New Berlin
New Berlin, Wisconsin**

**INFORMATION TO PARENTS REGARDING IMMUNIZATIONS
REQUIRED FOR SCHOOL ADMISSION**

The Wisconsin law requiring minimum immunizations prior to school admission reads as follows:
"The parent, foster parent or guardian of any child shall secure for that child the immunizations required under Section 140.95, Wisconsin Statutes, from available medical sources such as private physicians and public health agencies.

The parent, foster parent or guardian of any child planning to attend a day care center, nursery school or being admitted to a Wisconsin elementary school for the first time, shall, prior to admission, present a complete and accurate immunization history for that child on forms prescribed by the Division of Health".

Note: First time admission to an elementary school refers to children who have not previously attended a Wisconsin elementary school, (ie, kindergartners, first graders, who did not attend kindergarten, transfers from out of state through the eighth grade).

A complete and accurate immunization history includes listing of the dates (day, month and year) for each immunization and signatures as indicated on the form.

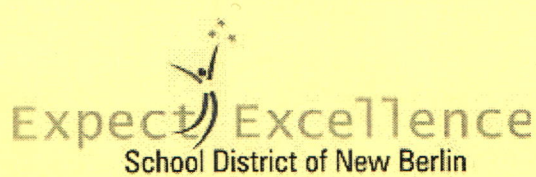
Complete the form on the reverse side. We suggest that you begin immediately to comply with these minimum requirements as stated on this form. Immunizations may be completed at a Waukesha County Health Department Clinic; please call (262) 896-8430 for more information, or arrangements may be made with your private physician.

IMPORTANT: Please complete the immunization form before August 20th. Mail to the school your child will be attending or hand deliver the form to the office.

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DtaP/DT		3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶
Grade K through 5	4 DTP/DtaP/DT/Td ¹		4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶
Grade 6 through 12	4 DTP/DtaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

Explanation of Age/Grade Requirements:

1. DTP/DtaP/DT vaccine for children entering kindergarten: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable)
2. DTP/DtaP/DT/TD vaccine for student entering grades 1 through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine.. If your child received a dose of tetanus or diphtheria containing vaccine such as Td within the past 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for student entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.



STUDENT HEALTH EXAMINATION FORM

The Board of Education policy states, "All students entering kindergarten, fifth and ninth grades are encouraged to have a health examination prior to entering school in September. The health examination includes a physical and dental examination. The examinations are to be performed by the physician and dentist of the parent's choice and the cost is to be assumed by the parent." Will you kindly return this form, after completion by the doctor, to your child's school.

PART I

(To be completed by parents before seeing physician.)

Name of Student _____ Date of Birth _____

Address _____ School _____ Grade _____

Significant family history: _____

Significant personal history of student (operations, injuries, illness):

PART II

(To be completed by examining physician.)

Height _____ Weight _____ Blood Pressure _____

Vision _____ Urinalysis _____

Scoliosis (5th and 9th grades) _____

Physical findings of significance to the school: _____

Classification for physical education activity:

_____ Unlimited Activity

_____ Modified To what extent: _____

_____ Restricted To what extent: _____

Other recommendations or comments _____

Immunization Boosters:

MMR 1 _____

Print name of Physician

MMR 2 _____

#4DPT and/or Polio _____

Physician signature

Date

Adolescent Tetanus Booster _____

Hepatitis B #1 _____ #2 _____ #3 _____

Varicella #1 _____ #2 _____



Wisconsin's Children's Vision Law Attention Parents!

80% of all learning during a child's first 12 years of life is obtained through vision.
–Vision Council of America

Vision disorders are the fourth most common disability in the United States and the most prevalent handicapping condition in childhood.
–Preschool Children's Vision Screening Study Group

8 to 12 million school age children are at risk from undetected vision impairments.
–National Eye Institute

Dear Wisconsin Parent,

Your child's ability to see clearly in school will have an enormous impact on their ability to learn. As a parent, you can ensure your child's academic performance is maximized from the beginning of their educational career by scheduling your child for a comprehensive eye health exam by an eye doctor. Please remember that vision screenings, which are offered in many communities and in many schools, are not enough. Although helpful, they DO NOT detect eye diseases or more complicated vision disorders in your children. Wisconsin optometrists believe undiagnosed and untreated vision and eye health problems represent one of the most serious, yet overlooked health issues facing our nation's children.

It is because of these potential threats to our children's vision and eye health and academic futures that the Wisconsin Optometric Association (WOA), a statewide professional association consisting of doctors of optometry, has partnered with parents, school district administrators, school nurses, and other health providers to encourage students to receive the eye health and vision care they need. This partnership, known as the "Clear Vision, Bright Future" initiative, provides the opportunity not only to enhance the academic future of your child, but also to provide a strong foundation for those who may be at-risk for learning problems as a result of vision and eye health challenges.

Wisconsin doctors of optometry remind you not to assume that your child has healthy eyes and can see clearly in school, just because they don't say anything to you. That assumption could place your child's future eye health and school achievement at risk. Don't wait for signs of struggle to emerge; be proactive and have their eyes examined today.

Tips for parents scheduling comprehensive eye exams for their children:

1. Schedule the exam early in the day, and if possible, at least 3-4 months before school starts
2. Let your child know that there won't be any shots or pain involved
3. Make a game of it; practice looking at pictures and making it fun

Wisconsin's Children's Vision Law

Current Wisconsin law (Chapter 118.135) states that all Wisconsin Public School Districts are required to request that parents of Kindergarten children have their child's eyes examined by an optometrist or evaluated by a physician. Each school board or charter school shall provide pupils with the form distributed by the Wisconsin Department of Safety and Professional Services, for that purpose.

Financial Assistance for Eye Exams

Many families in Wisconsin do not have insurance coverage for their children's eye exams and cannot afford such care. Member doctors of the WOA provide no-charge eye examinations for children who meet certain financial criteria. **Please contact VISION USA – The Wisconsin Project at (877) 435-2020 for more information or to request an application. You may also access and print applications for submission to the program by heading to the VISION USA page on the WOA website, <http://www.woa-eyes.org/vision-usa-public>.**

Thank you!

Sincerely,
Dr. Michael Tashner
President, Wisconsin Optometric Association



VISION USA – The Wisconsin Project 2014 Fact Sheet

WHAT IS VISION USA – The Wisconsin Project?

VISION USA – The Wisconsin Project offers eye care services free of charge to children age 18 and under from low-income, working families in our state. Participating eye doctors and optical labs have agreed to provide their services and products so that children may continue to live and **learn** without suffering from common vision or eye health problems. This program is coordinated through the **Wisconsin Optometric Association (WOA)** and is independent from any other like programs, including those run by the American Optometric Association (AOA). The WOA is a non-profit association consisting of doctors of optometry. Note: *The WOA does not provide services for adult patients through this benevolent program and is not affiliated with any state-governmental entity.*

WHO IS ELIGIBLE FOR VISION USA – The Wisconsin Project?

Eligible applicants must be age 18 or younger and enrolled in school, have NO medical insurance which covers vision and eye health care, and have not had eye exam by an eye doctor in the last 12 months. Additionally, the applicant's family income must fall below an established level based upon the U.S. Federal Poverty Guidelines calculated to 200%, as set by the VISION USA Board of Directors according to household size. Parents/guardians of applicants to the program should be working at least part-time.

WHEN TO APPLY FOR VISION USA

Applications are accepted year-round. WOA strongly recommends that students receive a comprehensive eye exam from a licensed eye doctor before heading back-to-school.

HOW TO SUBMIT AN APPLICATION TO THE PROGRAM

Applications in both English and Spanish can be found on the WOA website, www.woa-eyes.org, by clicking on Children's Programs and then on VISION USA. The following link will send users directly to the VISION USA page: <http://www.woa-eyes.org/vision-usa-public>. On the VISION USA page, parents/guardians will find the program requirements and can access application forms to print and submit to the WOA for consideration.

If parents do not have internet access, they can request an application by contacting the WOA office at:

VISION USA – THE WISCONSIN PROJECT
6510 Grand Teton Plaza, Suite 312
Madison, WI 53719
Phone: 1-877-435-2020

If approved for the program, the applicant will be sent information to contact a specific, local participating eye doctor in order to schedule an eye exam. Each eligible child will receive a comprehensive eye exam at no cost to the patient. Whenever possible, the Wisconsin Optometric Association will work with local eye doctors and local labs to provide basic lenses, if needed.

THE NEED FOR VISION USA – The Wisconsin Project

Many low income, working families in this country cannot afford vision and eye health care for their children. Because these families earn an income, they often fall between the cracks of government aid and private health care assistance. This is where VISION USA – The Wisconsin Project steps in and provides vision and eye care to children free of charge.

WOA believes the number of children who go without proper vision and eye health care in our country is unacceptable and will continue to encourage parents to have their children's eyes tested before they enter school. The members of the Wisconsin Optometric Association are proud to provide these benevolent services to the children of our state.



VISION USA – The Wisconsin Project Patient Application Form

VISION USA – The Wisconsin Project is an independent program run by the Wisconsin Optometric Association, a **non-profit association consisting of doctors of optometry** that practice in Wisconsin. The program offers comprehensive eye care services to children age 18 and under who are from low income, working families and have no insurance which covers vision and eye health care. Applications will be accepted year-round, and **if approved, the applicant will be sent information in order to contact a local doctor to set up an eye exam.** It is the parent/guardian's responsibility to contact the doctor and make the appointment. Each eligible child will receive a free comprehensive eye examination. Whenever possible, the Wisconsin Optometric Association (WOA) will work with local eye doctors and service organizations such as the Lions Club to provide basic lenses, if prescribed. **Note: volunteer doctors provide these services, and a participating doctor may or may not be available in your area.**

Eligibility requirements are as follows. Please read them carefully, to make sure your child qualifies:

1. Patients must be age 18 or under.
2. Patients must have NO insurance which covers eye care (this includes vision and eye health coverage through Medicaid, Blue Cross/Blue Shield, and BadgerCare). **If the patient does have insurance that covers eye care, he or she will be denied an exam through VISION USA – The Wisconsin Project.**
3. Patients must not have had an eye exam provided by an eye doctor within the last 12 months of applying for the program. **If the patient has had an eye exam by an eye doctor within the 12 months of application, he or she will be denied an exam through VISION USA – The Wisconsin Project.**
4. Family income must be within an established level according to household size; this is based upon the U.S. Federal Poverty Guidelines. ****Parents or guardians must enclose either a copy of their most recent tax return, or a verification letter from the school stating that the child qualifies for free/reduced lunch. If proper income verification is not included with the application, the application will be returned to the parent/guardian.**
5. Parent or guardian of the child must be currently working at least part-time.

The applicant must meet ALL requirements to qualify for the program.

More than one person in each family may apply for a VISION USA exam, if eligibility requirements are met. Please submit one application per child. **For more information, or to obtain an application in Spanish, visit the VISION USA page at the WOA website, www.woa-eyes.org/vision-usa-public, or call 1-877-435-2020. Please note: WOA staff does not speak Spanish.**

Send this completed form with requested information to the WOA office at the following address:

**VISION USA – The Wisconsin Project
6510 Grand Teton Plaza, Suite 312
Madison, WI 53719
Fax: 608-824-2205**



VISION USA – The Wisconsin Project Patient Application Form

VISION USA - The Wisconsin Project offers comprehensive eye care services to children age 18 and under who are from low income, working families and have no insurance which covers vision and eye health care. Services are donated by volunteer optometrists and may be limited in some areas. VISION USA – The Wisconsin Project is an independent program run by the Wisconsin Optometric Association, a non-profit association consisting of doctors of optometry that practice in Wisconsin. **Eligibility requirements must be met in order to qualify.**

You must answer ALL information and questions. Incomplete applications will be returned or discarded. Please complete one form for each child applying. **PLEASE PRINT LEGIBLY.**

Child's First Name: _____ Child's Last Name: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ Zip: _____

Daytime Phone Number: (_____) _____ Email Address: _____

Child's Date of Birth: _____ Child's Social Security Number (*required for U.S. citizens): _____

Child's Gender (circle one): Male Female Date child will/did enter kindergarten: _____

Please Answer All Questions Below (circle either "yes" or "no" for each question):

- | | | |
|---|-----|----|
| 1. Is the applicant age 18 or under? (required for approval) | YES | NO |
| 2. Is the applicant a U.S. citizen? | YES | NO |
| 3. Does applicant have eye care coverage by any type of government or private health care insurance (i.e. Medicaid, Medicare, Blue Cross/Blue Shield, BadgerCare)? (If yes, applicant will be denied an exam through VISION USA – The Wisconsin Project). | YES | NO |
| 4. Has applicant had an eye examination at an <u>eye doctor's</u> office within the last 12 months? (if yes, applicant will be denied an exam through VISION USA – The Wisconsin Project). | YES | NO |
| 5. What is the total number of people living in your household, including applicant? (response required) _____ | | |
| 6. What was your household's adjusted gross income last year? (response required) ** _____ ** | | |
| 7. Is a parent or guardian of the above child currently working at least part-time? (response required) | YES | NO |
| 8. Who referred you to this program? _____ | | |

****Please include a copy of your most recent federal tax return or school verification of the child's free/reduced lunch. This application will be returned, if income verification is not included. If it is discovered that applicant is ineligible for the program after the exam has taken place, the cost incurred will be the responsibility of the parent/guardian of that child.**

Your completed application form will be reviewed to determine your child's eligibility. If he or she qualifies for the program, you will receive a letter with information in order to contact a participating doctor in your area. If your child does not qualify, you will be notified in writing within two to four weeks of receipt of your application. **Please return the completed application to: VISION USA – The Wisconsin Project, 6510 Grand Teton Plaza, Suite 312, Madison, WI 53719.**

State of Wisconsin
Department of Regulation and Licensing
KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____
Parent or Guardian _____ Phone _____
Address _____ County _____
School/Kindergarten _____ City _____
Date entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- Brief history (general health and eye health) of the child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: Yes No

Date of examination:

Doctor/Physician Signature:

Print or stamp:

Doctor/Physician Name
Address
Phone

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

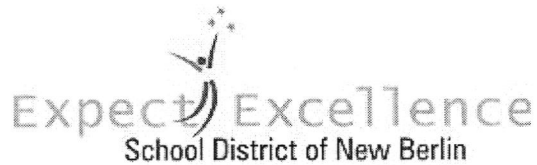
Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____



School Dental Referral Form

Name _____

Address _____

School _____

Grade _____ Date _____

TO THE PARENTS:

Our school has a health program that is designed to improve, protect and promote the health of each child. As part of this health program we strongly urge you to take your child to a dentist of your choice at least twice a year for a dental examination and whatever treatment may be necessary. When the examination and treatment are completed, this form will be returned to school.

TO THE DENTIST:

Check one of the following statements before signing this card:

- Teeth were found in satisfactory condition
- All necessary dental work has been completed.

Signature of Dentist _____ Date _____

WHEN TO KEEP YOUR CHILD HOME

WHEN A CHILD IS ILL, A DECISION MUST BE MADE AS TO WHETHER HE/SHE STAYS HOME OR GOES TO SCHOOL. THE FOLLOWING ARE GUIDELINES FROM THE SCHOOL DISTRICT OF NEW BERLIN HEALTH SERVICES DEPARTMENT AND THE WAUKESHA PUBLIC HEALTH DEPARTMENT:

1. Keep your child home at the beginning of an illness. No child with a fever over 100 degrees should be sent to school and should be fever free for 24 hours before returning to school.
2. A child with a “hacking cough” belongs home even though fever free. A sore throat is a common symptom that often accompanies a viral infection, however one of the most common bacterial infections is strep throat. Throat cultures can be done to determine strep throat. When antibiotics are prescribed children should remain home until on antibiotic therapy for at least 24 hours.
3. Do not send your child to school with a rash until your physician has said your child may return to school.
4. If vomiting occurs, keep your child home until he/she can keep food down.
5. A child with diarrhea should be kept home.
6. Conjunctivitis (pink eye) should be kept home until diagnosed by a physician. If on antibiotics, the child should remain home at least 24 hours after the prescription is started. If the child is not treated with antibiotic drops or ointment, he/she should remain home while experiencing symptoms of light sensitivity, drainage, tearing or redness.

Use your own common sense and remember that sick children belong at home. Your child will benefit, lose less time from school and it will decrease the risks of serious illness. When your child is kept home, fewer children are exposed to infection.

For the protection of your child and other children attending school, if your child presents with any of the above symptoms, he/she will be sent home.

According to the School District of New Berlin’s Policy for Non-emergency illness – When a child becomes ill at school, such illness is reported to the building principal; the parent or the emergency contact will be notified and the student will be sent home as soon as possible.



Dear Kindergarten Parent/Guardian

This letter is being provided to inform you about head lice. Fall and spring are times of the year that head lice seem to be more of a problem in schools. We are requesting that you help us by frequently inspecting your children's hair for lice and/or their eggs (nits). This is important for controlling the problem because the condition can be discovered early and treated.

Head lice are tiny insects that are light gray to brown in color. They lay their tiny white eggs (nits) on the hair shaft, close to the head. Unlike dandruff, they adhere tightly to the hair shaft and are not easily removed. They are not caused by lack of cleanliness. Head lice are easily transmitted from person to person – usually by close contact such as hugging, or sharing personal items such as scarves, hats and combs. Animals do not transmit head lice.

Head scratching and itching of the scalp may indicate that a child has head lice. Their presence can be confirmed by close visual inspection. Check your child's head from the nape of the neck to the crown (top). **IF YOU FIND HEAD LICE, NOTIFY THE SCHOOL AS SOON AS POSSIBLE!** Keep your child home until treated with a medicated shampoo that kills head lice. Some shampoos require a medical prescription; others can be obtained over-the-counter at your pharmacy. You should contact your child's physician for advice on treatment.

It is also important that you inspect other family members and treat your home environment. The district nurse or Waukesha County Department of Health can provide you with this information.

If you have any questions, please contact me at 262-789-6439 or the Waukesha County Department of Health at 262-896-8430.

Sincerely,

Pam Jesse RN

Pam Jesse R.N.
District School Nurse

Pam Jesse RN

District Nurse
Pam.jesse@nbexcellence.org

School District of New Berlin
4333 S Sunny Slope Road
New Berlin WI 53151

262 789 6439 office
262 789 6261 fax



Dear Parent,

In the School District of New Berlin we understand the challenges and risks children and adults who are allergic to peanuts and tree nuts can face. The consequences maybe life threatening in many cases and require immediate intervention with medication or hospitalization.

The School District of New Berlin makes every effort to provide a safe environment for students with known allergies. Although an allergen-free environment cannot be guaranteed, the District efforts, including practices and selection of items by our Nutrition Services Department, provide safe choices for students with known allergies. As part of our program, the District also provides our staff with the education and information on preventative measures and treatment in case of a reaction.

Please complete, as appropriate for your child, the Allergy Health Care Form, Feeding and Eating evaluation form, prescription medication forms, and nonprescription medication forms at the beginning of every school year and update them as needed throughout the year. The health care form and feeding and eating evaluation forms are shared with the school staff who have interaction with your child. This includes the district nurse, office staff, teachers and lunch room staff.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

Dave Funk

Dave Funk
Director, Student Services
School District of New Berlin

Dave Funk

Director, Student Services
Dave.funk@nbexcellence.org

School District of New Berlin
4333 S Sunny Slope Road
New Berlin WI 53151

262 789 6260 office
262 789 6261 fax

STUDENT MEDICATION

District personnel may administer medication on behalf of the parent of the student where the student's medication regime necessitates the administration of medication in order to permit the student to participate in school activities.

I. Definitions

- A. Parent - means a parent or legal guardian.
- B. School personnel - includes school administrators, teachers, school nurses, health room assistants, teaching assistants, secretaries, and designated volunteers.
- C. "Practitioner"- means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state.
- D. Prescribed medications - includes medications prescribed by a practitioner and not available without a prescription.

II. Distribution and Liability Waiver

All school employees or designated volunteers who are authorized to administer drugs to a student are immune from civil liability for any acts or omissions in administering a drug or prescription drug to a student in accordance with this policy unless the act or omission constitutes a high degree of neglect.

III. Prescribed Medications

Prescribed medications may be administered (with contents as required by Sub. III. [A]) by authorized school personnel at all elementary, middle, and high schools. Prescribed medications shall be provided by the parent/guardian and clearly labeled in accordance with Sub. III. (B).

A. Written Authorization

No medication shall be given to a student by school personnel unless the following are delivered to the Principal/designee responsible for administering the medication:

1. Signed, written instructions from the practitioner for the administration of the prescribed medication. Said instructions must specify:
 - a. name of the student.
 - b. name of the medication.
 - c. the prescribed dosage.
 - d. the frequency of administration.
 - e. the conditions and circumstances requiring the administration of the medication when applicable .

The required information shall be provided on the Prescription Medication Authorization form.

B. Medication information required

Medication to be administered at school must have the following information printed on the container in language understandable to the lay person:

1. Student's full name.
2. Name of drug and dosage.
3. Frequency of administration.
4. Practitioner's name.

C. Personnel Designated to Give Medication

Medications will be administered by the School Nurse and/or by individuals designated by the Principal or the School Nurse. In the case where a student's medication regime requires the administration of medication in order for the pupil to participate in an off-campus school activity, a teacher or designee is authorized to administer medications in accordance with the written instructions on file in the school office.

Only limited quantities of any medication are to be kept at school. Said medications are to be kept in a safe place not accessible to students, and given out only by school personnel designated to administer the medication.

Once all medications have been administered in accordance with the instructions and consent forms, the appropriate school personnel shall contact the parent and provide the opportunity for them to pick up the medication by a specific date or the medications will be destroyed. Unused medications shall not be returned to any pupil.

D. Updating/Changes in Medication

All authorization forms must be renewed each school year and/or any time a medication is changed. Any change in dosage, time of administration or continuance of administration must be in writing.

E. District Records Required

Accurate and confidential written records shall be established and maintained for each student receiving medication.

1. Copies of completed Medication authorization forms are to be maintained in the school/health office.
 2. The designated school personal shall maintain a current record of students in his/her school requiring medication during school hours. The record shall include the student's name, type of medication, dosage, time to be given, parent's name and practitioner's name .
2. A record of the administration of medications shall be maintained. The record shall include the student's name, type of medication, dosage, time administered, and the name of the individual who administered the medication.

IV. Non-Prescription Medications

Non-prescription medications may be administered (with consent as required in Sub. IV. (A)) by authorized school personnel at the elementary, middle, and high school levels so designated by parents/guardians. Non-prescription medications must be provided by the parent and clearly labeled in accordance with Sub. III. (B).

A. Written Authorization

Non-prescription medications (over the counter) can only be administered by school personnel with written parental/guardian approval on a non-prescription authorization form. Written instructions must be signed by the parent and shall include:

1. the prescribed dosage, not to exceed the manufacturer's recommendation for age and weight.
2. the frequency of administration.
3. the conditions and circumstances requiring the administration of the medication when applicable.

Once all medications have been administered in accordance with the instructions and consent forms, the appropriate school personnel shall contact the parent and provide the opportunity for them to pick up the medication by a specific date or the medications will be destroyed. Unused medications shall not be returned to any pupil.

V. Asthmatic Pupils; Possession and Use of Inhalers

While in school, at a school-sponsored activity or under the supervision of a school authority, an asthmatic pupil may possess and use a metered dose inhaler or dry powder inhaler if all of the following are true:

- A. The pupil uses the inhaler before exercise to prevent the onset of asthmatic symptoms or uses the inhaler to alleviate asthmatic symptoms.
- B. The pupil has the written approval of the pupil's physician and, if the pupil is a minor, the written approval of the pupil's parent or guardian.
- C. The pupil has provided the school principal with a copy of prescription authorization.

VI. Nutritional Supplements

The use of nutritional supplements or non-traditional alternative remedies in pill, capsule or tablet form, although not considered medication, may come under jurisdiction of this policy, depending on the intended use of the supplements. Parents shall be strongly encouraged to administer all nutritional supplements that are in any form at home.

Under rare circumstances where a parent requests that such supplements be taken at school, the parents shall be asked to consult with their physician and provide documentation that the supplement is required to be taken at school. When authorized by a physician for consumption at school the supplements shall be given in accordance with the administration of non-prescription medication. By administration of such supplements the district nursing or support staff assumes no responsibility for monitoring the quantity/dosage or effects of such supplements.

The parent may be required to provide additional documentation to the school. A parent shall provide appropriate documentation of name, type, dosage, any known or reported side effects and such other documentation as the school requests of any and all nutritional supplements authorized by a physician and parent as necessary to be given at school.

Nutritional supplements shall be supplied in the original container or packaging.

Coaches and other school employees are prohibited from recommending student use of any nutritional supplements or being involved in the dissemination of such products to students. Any

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coach or other school employee who violates this policy shall be subject to disciplinary action in accordance with established District procedures.

Legal Reference: Wis. Stats. 118.29

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