

21-22 EMERGENCY / HEALTH INFORMATION

Student Name: _____ **Grade** _____

Parent _____ **-- Cell Phone#** _____

WE MUST HAVE THE NAMES AND TELEPHONE NUMBERS OF TWO LOCAL PEOPLE WE MAY CALL DURING THE DAY IN CASE OF ILLNESS OR EMERGENCY IF PARENTS CANNOT BE REACHED:

1. Name _____ Phone: _____

2. Name _____ Phone: _____

Have these people agreed to assume this responsibility in case of an emergency? ____ YES ____ NO

Does this student wear eyeglasses or contacts? ____ Full time ____ Part Time ____ No

Does this student have any health problems of which we should be aware?

____ Hearing ____ Speech ____ Visual ____ Diabetes ____ Seizures
____ FOOD ALLERGIES ____ Allergies ____ Bee Stings ____ Asthma ____ Other

Explain: _____

Has this student had any surgery? Kind _____
Date _____

Is this student taking any medication? ____ YES ____ NO

FOR _____
MEDICATION: _____

What is the date of the last tetanus shot? _____

Are there any education background facts about this student that you would like us to be aware of that would help us serve him/her better?

If any of this information changes, please call the office immediately. 712-582-3211

Parent's Signature _____ **Date** _____



Diet Modification Request Form

Description: The United States Department of Agriculture (USDA) reimburses home day care providers, child and adult care centers, summer food service sponsors, schools, residential child care institutions, preschools, and Head Start for meals served to participants that meet USDA requirements. The Child Nutrition Program participating home provider or organization is listed below for meals served in their program. If a participant needs to avoid specific foods for a medical reason, a prescribing licensed medical professional must document the diet modifications and sign this form.

Please complete this form and return to your organization or provider: _____
(Name of home provider or organization)

Participant's Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian's Name: _____

1) Does the participant have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes (identify)	
If yes, describe the major life activity or functions affected by the disability (see link for definitions of disability http://www.eeoc.gov/laws/statutes/adaaa_info.cfm)	
If yes, explain why the disability restricts the participant's diet:	
If no, identify the medical condition that does not rise to the level of a disability:	
2) Food(s) or Formula to Omit:	Food(s) or Formula to Substitute:
3) Texture modifications:	
Infants must receive iron-fortified infant formula or breast milk unless an allergy/exception statement is on file.	
The back of this form includes additional descriptions <input type="checkbox"/> No <input type="checkbox"/> Yes	

Licensed prescribing medical professional*: _____
Name (Print or Type) Title

*In Iowa licensed prescribing medical professionals include Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician's Assistant (PA), or Advanced Registered Nurse Practitioner (ARNP).

Signature of medical professional _____ Date _____

If the participant has a disability, the provider must offer to supply the food substitutions unless doing so would be a documented financial hardship. If the participant does not have a disability, the provider is not required to supply the food substitutions.

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without medical professional direction. This site chooses to offer this nutritionally-equivalent product: _____. Check here if you would like to request the soy milk listed in place of fluid milk and list the reason for the request. ☐ _____

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods: ☐

Parent/Guardian signature: _____ Date: _____
(To document choices and for permission to release information)

USDA is an equal opportunity employer and provider.

Developed by the Iowa Department of Education, Bureau of Nutrition and Health Services

Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p>Lactose/milk – Do not serve the items checked below:</p> <p>Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>Milk based desserts such as ice cream and pudding</p> <p>Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese</p> <p>Cheese baked in products such as a casserole or on meat pizza</p> <p>Cold cheese such as string cheese or sliced cheese on a sandwich</p> <p>Milk in food products such as breads, mashed potatoes, cookies or graham crackers</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Soy - Do not serve the items checked below:</p> <p>Protein products extended with soy</p> <p>Processed items cooked in soy oil</p> <p>Food products with soy as one of the first three ingredients</p> <p>Food products with soy listed as the fourth ingredient or further down the list</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Egg - Do not serve the items checked below:</p> <p>Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold</p> <p>Eggs used in breading or coating of products</p> <p>Baked products with eggs such as breads or desserts</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Seafood – Do not serve the items checked below:</p> <p>Fish</p> <p>Shrimp</p> <p>Crab</p> <p>Oysters</p> <p>Other: _____</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Peanuts – Do not serve the items checked below:</p> <p>Peanuts, individually or as an ingredient</p> <p>Foods containing peanut oil</p> <p>Foods items identified as manufactured in a plant that also handles peanuts</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Tree nuts – Do not serve the items checked below:</p> <p>All nuts</p> <p>Food items identified as manufactured in a plant that also handles nuts</p> <p>Other: _____</p>	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Wheat – Do not serve the items checked below:</p> <p>Foods containing wheat</p> <p>Foods containing gluten</p> <p>Other: _____</p>	<p>SERVE THESE ITEMS INSTEAD:</p>



South Page Community School District

Blanchard-Braddyville-College Springs-Coin-Shambaugh

Box 98, College Springs, Iowa 51637

Phone: 1-712-582-3211



Tim Hood
Superintendent

Rhonda Sheldon
PK-12 Principal

Pat Behrhorst
Admin Assistant/Board Secretary

With all the paperwork needed to get your child registered for school, it is important to let us know what medications you want us to administer to them while at school. Please circle the medications that it **IS** ok for us to give. We will administer medicine based on the package directions unless you request otherwise.

SCHOOL YEAR 2021-2022

Tylenol Ibuprofen

Students

name: _____ Grade _____

Parents/Guardian

signature _____

Date: _____

Comments: _____

Authorization for administration of medication/health services

Student's Name (Last) (First) (Middle) Date

Birthday School

School medications and health care services are administered following these guidelines:

- Parent signed, dated authorization to administer medication and Physician's authorization for health care services.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student name, name of the medication, directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes. I understand the school may refuse to administer medication when the manufacturers recommendations differ from the order or no manufacturers recommendations exist.

Medication/Health care Dosage Route Time at School

Administration instructions

Discontinue/Re-evaluate Follow-up Date

Prescriber Date

Prescriber's Address Emergency Phone

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or nonprescription instructions and a record maintained. The student has experienced **NO** previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

Parent's Signature Date

Parent's Address Home Phone

Additional Information Business Phone

Health Requirements for South Page Students

Kindergarten

Immunization Record: State law requires that all students have a Certificate of Immunization on file before entering school. The minimum required vaccinations are:

5 doses-DTAP-Diphtheria, Tetanus and Pertussis, with one dose after the age of 4

4 doses-IPV-Polio, with one dose after the age of 4

3 doses-Hepatitis B

2 doses-Varicella-Chicken Pox, or a reliable history of the natural disease

2 doses-MMR-Measles, Mumps, and Rubella

If a certificate of immunization is not submitted, your student will not be allowed to start school. This requirement has no grace period, meaning your student will not be allowed to attend the first day of school. Students will be excluded from school until compliant with the immunization requirement per Iowa Code, Chapter 139a.8(6) and Iowa Administrative Code, 641-7.7(139).

Dental Exam: Iowa law states that all students entering Kindergarten must have a Certificate of Dental Screening on file at the school. Screenings must occur no earlier than age 3 and no later than 4 months after enrollment. Screenings can be performed by dentists, dental hygienists, physicians, registered nurses, or physician assistants.

Vision Exam: Students enrolled in Kindergarten must have a vision screening at least once before enrollment in Kindergarten and again before enrollment in third grade. To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment and no later than six months after the date of the child's enrollment. A green vision card is included in your packet. This vision card should be signed by the eye care professional and returned to school.

Lead Testing: All children entering Kindergarten must have at least one lead test. If your child has never had a blood lead test, they **MUST** have one prior to the first day of Kindergarten.

3rd grade

Vision Exam: Students must have a vision screening before enrollment in third grade. To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment and no later than six months after the date of the child's enrollment.

7th grade

Tdap-All students entering 7th grade **must** have a 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (**Tdap**) if born after September 15, 2000; regardless of the interval since the last tetanus/diphtheria-containing vaccine. This vaccine(**Tdap**) **must** be administered before the start of school.

Meningococcal (A, C, W, Y)-All students entering 7th grade **must** have 1 dose of meningococcal vaccine received on or after 10 years of age for the applicant in grades 7 and above, if born after September 15, 2004; and the 2nd doses of meningococcal vaccines will be required before 12th grade.

This vaccine(Meningococcal) **must** be administered before the start of school.

If a certificate of immunization is not submitted, your student will not be allowed to start school. This requirement has no grace period, meaning your student will not be allowed to attend the first day of school. Students will be excluded from school until compliant with the immunization requirement per Iowa Code, Chapter 139a.8(6) and Iowa Administrative Code, 641-7.7(139).

Please submit your child's immunization record to South Page CSD before the start of school on August 24, 2021.

9th grade

Dental Exam: Since 2008, the State of Iowa requires students entering 9th grade to provide proof of a dental screening to their school. The intent of the School Dental Screening law is to improve the oral health of Iowa children – finding cavities or other problems early, lowering treatment costs, and teaching children how to care for their teeth and gums through proper brushing and choosing healthy foods and drinks. Having good oral health makes children better learners in school.

A screening is acceptable if completed no earlier than one year prior to enrollment and no later than four months after enrollment. A screening must be provided by a licensed dentist or dental hygienist. The screening information must be on the official IDPH Certificate of Dental Screening. Screenings performed by out-of-state providers are acceptable. The goal is that every child has an exam or screening by a dentist. However, due to barriers in accessing care this may not be possible for all families. A child without proof of a dental screening will not be prevented from attending school. If families have difficulty meeting the requirement, the IDPH and local I-Smile™ Coordinators can provide assistance to help ensure that the dental screenings are obtained.

12th grade

Every incoming 12th grade student will need this immunization before the start of school on August 24, 2021.

Meningococcal (A, C, W, Y)-All students entering 12th grade **must** have the 2nd dose of the meningococcal vaccine. Your child received the 1st dose before the start of 7th grade. This vaccine(Meningococcal) **must** be administered before the start of school.

If a certificate of immunization is not submitted, your student will not be allowed to start school. This requirement has no grace period, meaning your student will not be allowed to attend the first day of school. Students will be excluded from school until compliant with the immunization requirement per Iowa Code, Chapter 139a.8(6) and Iowa Administrative Code, 641-7.7(139).

Please submit your child's immunization record to South Page CSD before the start of school on August 24, 2021.

If you have any questions, please contact Tamra Ruff BSN RN, School Nurse.