



ENROLLMENT PROCEDURES
NEW STUDENTS & KINDERGARTNERS

Information you should bring to enrollment:

- 1) Immunization Records
- 2) Birth Certificate
- 3) Record of physical examination (for kindergarten students: within past 12 months and students thru age 9 years who have not been in Kansas schools previously).

Immunization Requirements for the 2011 - 2012 School Year

K.A.R. 28-1-20 defines immunizations required for any individual who attends school or a childcare program operated by a school. There are changes in requirements for immunizations for the upcoming school year. Please carefully review the requirements below. The usual number of doses required are listed; however there are exceptional circumstances that could alter the number of doses a child needs. If you have questions about your child's immunization status, contact your child's primary care provider or local health department.



Proof of receiving the immunizations must be provided to the school prior to attending the first day of school.

Early Childhood Program Operated by a School Ages 4 years and Under	
Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	4 doses
IPV (polio)	3 doses
MMR (measles, mumps, rubella)	1 dose
Varicella (chickenpox)	1 dose*
Hepatitis A	2 doses
Hepatitis B	3 doses
Hib (haemophilus influenza type B)	3 doses
Prevnar (pneumococcal conjugate)	4 doses

Kindergarten - Grade 2	
Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	5 doses
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	2 doses*
Hepatitis B	3 doses

Grades 3 - 6	
Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	5 doses
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	1 dose**
Hepatitis B	3 doses

Grade 7	
Vaccine	Requirement
Tdap	1 dose***
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	2 doses*
Hepatitis B	3 doses

Grades 8 - 9	
Vaccine	Requirement
Tdap	1 dose***
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	1 dose**
Hepatitis B	3 doses

Grades 10 - 11	
Vaccine	Requirement
Tdap	1 dose****
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	1 dose**
Hepatitis B	3 doses

Grade 12	
Vaccine	Requirement
Tdap	1 dose****
IPV	4 doses
MMR (measles, mumps, rubella)	2 doses

Additional ACIP Recommended Vaccines NOT REQUIRED for School Entry
<ul style="list-style-type: none"> Influenza (flu) vaccine yearly for everyone 6 mos and older Meningitis Vaccine at age 11 yrs, and booster at age 16 yrs HPV Vaccine (a three dose series) at age 11 yrs

School Entry Physicals
Any new early childhood program or kindergarten student will need a school entry physical completed by a Kansas physician within 12 months prior to the first day of school.
New students under the age of 9 years who are attending a Kansas school for the first time, also require a physical as described above. Documentation of the physical must be provided to the school prior to attending.

- * Varicella (chickenpox) vaccine is not required if child has had chickenpox disease and disease is documented by a physician signature. Without physician signature, vaccine is required even if you believe your child has had chickenpox disease.
- ** Although 1 dose of varicella is required for school attendance, 2 doses are recommended by the ACIP (Advisory Committee on Immunization Practices).
- *** All 7th - 9th graders are required to have one dose of Tdap regardless of the interval since the last dose of Td (tetanus/diphtheria). This is to improve pertussis (whooping cough) immunity due to increasing outbreaks.
- **** All 10th - 12th graders are required to have one dose of Tdap if more than 10 years since previous DTaP (pertussis containing vaccine). This is to improve pertussis (whooping cough) immunity due to increasing outbreaks.



SCHOOL IMMUNIZATION REQUIREMENTS FOR THE 2011-2012 SCHOOL YEAR FEBRUARY 2011

Immunization requirements and recommendations for the 2011-2012 school year are based on the Advisory Committee on Immunization Practices (ACIP) recommendations and the consensus of the Governor's Child Health Advisory Committee Immunization Workgroup.

K.A.R. 28-1-20 defines immunizations required for any individual who attends school or early childhood programs operated by a school. http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf

- **Diphtheria, Tetanus, Pertussis (DTaP):** five doses required. Four doses acceptable if dose 4 given on or after the 4th birthday. A single dose of Tdap required at grades 7-9 grade if no previous history of Tdap vaccination regardless of interval since the last Td vaccine.
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_e%0d%0a
- **Poliomyelitis (IPV/OPV):** four doses required. One dose required after age 4 regardless of the number of previous doses, with a 6 month minimum interval from the previous dose.
- **Measles, Mumps, Rubella:** two doses required.
- **Hepatitis B:** three doses required through grade 11.
- **Varicella (chickenpox):** two doses required for grades K-2 and 7; one dose required for grades 3-6 and 8-11 unless history of varicella disease documented by a licensed physician. Two doses are currently *recommended* by the ACIP for all ages.
- **Haemophilus influenzae type b (Hib):** three doses required for children less than 5 yrs of age in early childhood programs. Total doses needed for series completion is dependent on the type of vaccine and the age of the child when doses given.
- **Pneumococcal conjugate (PCV):** four doses required for children less than 5 yrs of age in early childhood programs. Total doses needed dependent on the age of the child when doses given.
- **Hepatitis A:** two doses required for children less than 5 yrs of age in early childhood programs.

Detailed school immunization requirements by age group are listed on the 2-1-11 version of the Kansas Certificate of Immunization (KCI). http://www.kdheks.gov/immunize/download/KCI_Form.pdf

In addition to the immunizations required for school entry listed above, the 2010 ACIP recommendations also include the following for school children:

- **Meningococcal (MCV4):** one dose *recommended* at 11 years with a booster dose at 16 yrs of age; not required for school entry. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e%0d%0a
- **Human Papillomavirus (HPV):** three doses *recommended* for females at 11 years of age and provisionally recommended for males at 11 years of age; not required for school entry.
- **Influenza:** yearly vaccination *recommended* for all ages \geq 6 months of age; not required for school entry.

The complete ACIP recommendations can be found at: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Efforts by schools have been central to the success of public health efforts in eliminating vaccine preventable diseases and protecting their students and families. Thank you for your dedication.

**IMMUNIZATION REQUIREMENTS FOR
LICENSED CHILD CARE FACILITIES, REGISTERED FAMILY DAY CARE HOMES
AND EARLY CHILDHOOD PROGRAMS OPERATED BY SCHOOLS
FEBRUARY 2011**

Immunization requirements and recommendations for the 2011-2012 school year are based on the Advisory Committee on Immunization Practices (ACIP) recommendations. The current immunization schedules, including catch up schedules, may be found at <http://www.kdheks.gov/immunize/schedule.htm>.

K.A.R. 28-1-20 defines immunizations required for children attending child care programs licensed or registered by KDHE or early childhood programs operated by schools. The complete regulation is available at http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf.

- **Diphtheria, Tetanus, Pertussis (DTaP):** five doses required. Doses given at 2 months, 4 months, 6 months, 12-15 months (6 months after dose 3) and 5 years of age. Four doses acceptable if dose 4 given on or after the 4th birthday. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_e%0d%0a
- **Poliomyelitis (IPV/OPV):** four doses required. Doses given at 2 months, 4 months, 6-18 months and 4-5 years of age. One dose is required after age 4, with a 6 month minimum interval from previous dose.
- **Measles, Mumps, Rubella:** two doses required. Doses given between 12-15 months and 4-5 years of age.
- **Hepatitis B:** three doses required. Doses given at birth, 2 months, and 6-18 months of age.
- **Varicella (chickenpox):** two doses required unless history of varicella disease documented by a licensed physician. Doses given at 12-15 months and 4-6 years of age.
- **Haemophilus influenzae type b (Hib):** three doses required for children less than 5 years of age. Doses given at 2 months, 4 months, 6 months and 12-15 months of age. Total doses needed for series completion is dependent on the type of vaccine and the age of the child when doses given.
- **Pneumococcal conjugate (PCV):** four doses required for children less than 5 years of age. Doses given at 2 months, 4 months, 6 months, and 12-15 months of age. Total doses needed dependent on the age of the child when doses given.
- **Hepatitis A:** two doses required for children less than 5 years of age. The first dose is given at 12 to 18 months of age, with a 6 month interval between the first and second doses.

In addition to the immunizations required for children attending child care programs licensed or registered by KDHE and early childhood programs operated by schools, the 2010 ACIP recommendations include the following additional immunizations:

- **Rotavirus:** three doses *recommended* for < 8 months of age; not required.
- **Influenza:** yearly vaccination *recommended* for all ages \geq 6 months of age; not required.

The complete ACIP recommendations can be found at: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Efforts by child care providers and schools have been central to the success of public health efforts in eliminating vaccine preventable diseases. Thank you for this success.

KANSAS CERTIFICATE OF IMMUNIZATIONS (KCI)

This record is part of the student's permanent record and shall be transferred from one school to another as defined in Section 72-5209 (d) of the Kansas School Immunization Law (amended 1994.)

Student Name: _____ Address: _____

Parent or Guardian Name: _____

Phone: _____

Birthdate (MM/DD/YYYY): _____ SEX: MALE FEMALE Race: _____ Ethnicity: _____ County: _____

VACCINE	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	1st	2nd	3rd	4th	5th	6th	7th
DTap/DT/dTdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-9. State Type _____							
Polio Required for school entry.							
HEP B (Hepatitis B) Required for school entry through Grade 11 for 2011-2012 school year. Recommended for all children.							
Varicella (Chickenpox) Required for school entry. 2 doses grades K-2 & 7. One dose grades 3-6 and 8-11 for 2011-2012 school year.							
MMR (Measles, Mumps, and Rubella combined) Required for school entry.							
Influenza (Flu) Recommended annually for ages 6mo and older. Not required for school entry.							
HIB (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
PCV (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
HEP A (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
MCV4 (Meningococcal) Recommended at 11 years of age. Not required for school entry.							
HPV (Human Papillomavirus) Recommended for females and provisionally recommended for males at 11 years of age. Not required for school entry.							
Rotavirus Recommended < 8 mo. Not required for school entry.							

If additional doses are added please initial the dose and sign below:

Hx of Disease: _____ Date of Illness: _____
 Physician Signature: _____

LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"

1. "Annual written statement signed by a licensed physician (Medical Doctor/M.D. or Doctor of Osteopathy/D.O.) stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child." Medical exemption shall be validated annually by physician completion of KCI Form B and attachment to the KCI.
2. "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations."

DOCUMENTATION

KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT, OR SCHOOL.

I certify I reviewed this student's vaccination record and transcribed it accurately

Agency Name: _____
 Authorized Representative: _____
 Address: _____

The record presented was _____ Date _____

Kansas Immunization Record
 Other Immunization Record (Specify) _____

I give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.

KANSAS IMMUNIZATION PROGRAM
 1000 SW Jackson, Suite 075, Topeka, KS 66612-1274
 PHONE 785-296-5591 FAX 785-296-6510
 WEB SITE www.kdheks.gov/immunize

Parent/Legal Guardian's Signature _____ Date _____

KANSAS IMMUNIZATION REQUIREMENTS: Based on age of child as of September 1 of current school year. In each column below, vaccines are required for all ages listed in that column.

Ages 0-4		Ages 5-6		Ages 7 and Older	
Recommended Schedule	DTaP: 5 Doses	Tdap/Td: 3 doses if DTaP series not completed previously			
Birth	<p>HEP B</p> <p>a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4.</p>	<p>a) 4 week minimum interval between dose 1 and dose 2.</p> <p>b) One of the 3 doses should be Tdap.</p>			
2 Months	<p>DTaP/DT</p> <p>POLIO</p> <p>HEP B</p> <p>HIB</p> <p>PCV</p> <p>ROTAVIRUS</p>	<p>b) 4 doses acceptable if dose 4 given on or after the 4th birthday.</p> <p>c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age.</p> <p>d) 6 dose limit regardless of schedule.</p>	<p>c) 6 month interval between dose 2 and dose 3.</p> <p>d) Single dose of Tdap required for grades 7-9.</p> <p>e) Tdap required for grades 10-12 if more than 10 years since previous DTaP.</p>		
4 Months	<p>DTaP/DT</p> <p>POLIO</p> <p>HIB</p> <p>PCV</p> <p>ROTAVIRUS</p>	<p>POLIO: 4 Doses</p> <p>a) 4 week minimum interval between first 3 doses; 6 month interval required between dose 3 and dose 4.</p> <p>b) One dose required after 4th birthday regardless of the number of previous doses.</p>	<p>POLIO - All IPV or OPV Schedule</p> <p>4 Doses</p> <p>a) 4 week minimum interval between doses, regardless of age given.</p>		
6 Months	<p>DTaP/DT</p> <p>POLIO</p> <p>HEP B</p> <p>HIB</p> <p>PCV</p> <p>ROTAVIRUS</p>	<p>MMR: 2 Doses</p> <p>a) First dose on or after the 1st birthday.</p> <p>b) 4 week minimum interval between doses.</p>	<p>POLIO - IPV/OPV Combination Schedule</p> <p>4 Doses</p> <p>a) 4 week minimum interval between doses, regardless of age given.</p>		
12-15 Months	<p>DTaP/DT</p> <p>MMR</p> <p>VAR</p> <p>HIB</p> <p>PCV</p> <p>HEP A</p>	<p>VARICELLA: 2 Doses Grade K-2 for 2011-2012 school year</p> <p>a) First dose on or after the 1st birthday.</p> <p>b) 4 week minimum interval between doses.</p> <p>c) None required if prior varicella disease verified by physician.</p> <p>d) Two doses are recommended for all children.</p>	<p>MMR: 2 Doses</p> <p>a) First dose on or after the 1st birthday.</p> <p>b) 4 week minimum interval between doses.</p>		
Recommendations are based on the ACIP recommended schedule.†					

† - The ACIP Schedules may be accessed at: <http://www.cdc.gov/vaccines/recs/schedules>

Vaccine doses given up to 4 days before the minimum interval or age may be considered valid. With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid. Half doses or reduced doses of vaccine are not considered valid.

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.

KCI FORM B - MEDICAL EXEMPTION is located at http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_FormB.pdf
 BLANK VERSION OF KCI FORM is available at http://www.kdheks.gov/immunize/download/KCI_Form.pdf

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.

PHYSICAL EXAMINATION: To be completed by health care provider approved to perform health assessments.

Height: _____ Weight: _____ Hgb or Hct: _____
 Pulse: _____ Blood Pressure: _____ Lead _____
 Urinalysis: _____ Sickle Cell: _____ Other _____
 Tuberculosis: _____ Head Circumference: _____

Code each item as follows: 0 = No significant findings 1 = significant findings	Code	Description of Findings
General appearance		
Integument		
Head - neck		
EENT		
Oral - dental		
Thorax		
Breasts		
Cardiovascular		
Abdomen		
Musculoskeletal		
Genitourinary		
Neurological		

SCREENING

1. Nutritional evaluation (all ages - each screen) (* if applicable). Nutrition/WIC questionnaires available from 785-296-0092.
 • Enrolled in WIC • Receiving vitamin supplement with iron • Without iron • Fluoride supplement

Food intake review. Results:

milk/milk products (breast fed/type of formula) _____
 fruit/vegetables _____
 Meat, beans, eggs _____
 breads, cereals _____

2. Development: Type of screen _____ Results: _____
 3. Speech: Type of screen _____ Results: _____
 4. Hearing: Type of screen _____ Results: _____ Date last screen: _____
 5. Vision: Type of screen _____ Results: _____ Date last screen: _____

Significant assessment findings:

Recommendations (include referrals):

Follow Up:

Additional information may be attached

Anticipatory Guidance (circle those discussed)

- | | |
|--------------------|----------------|
| 1. Safety/poisons | 8. Lifestyle |
| 2. Nutrition | 9. Development |
| 3. Parenting | 10. Behavior |
| 4. Family planning | 11. Sexuality |
| 5. Discipline | 12. Dental |
| 6. Immunizations | 13. Other |
| 7. Hygiene | |

Comments:

_____ Date

_____ Signature of physician or nurse approved to perform health assessments

KANSAS STATUTES RELATED TO SCHOOL IMMUNIZATIONS

K.S.A. 72-5208. Health tests and inoculations; definitions.

As used in this act:

- (a) "School Board" means the board of education of a school district and the governing authority of any nonpublic school;
- (b) "school" means all elementary, junior high, or high schools within the state.
- (c) "local health department" means any county or joint board of health established under the laws of Kansas and having jurisdiction over the place where any pupil affected by this act may reside;
- (d) "secretary" means the secretary of the state department of health and environment;
- (e) "physician" means a person licensed to practice medicine and surgery

History: L. 1961, ch. 354, 1; L. 1978, ch. 291, 1; July 1. K.S.A.

72-5209. Health tests and inoculations; certification of completion required, alternatives; duties of school boards.

(a) In each school year, every pupil enrolling or enrolled in any school for the first time in this state, and each child enrolled for the first time in a preschool or day care program operated by a school, and such other pupils as may be designated by the secretary, prior to admission to and attendance at school, shall present to the appropriate school board certification from a physician or local health department that the pupil has received such tests and inoculations as are deemed necessary by the secretary by such means as are approved by the secretary. Pupils who have not completed the required inoculations may enroll or remain enrolled while completing the required inoculations if a physician or local health department certifies that the pupil has received the most recent appropriate inoculations in all required series. Failure to timely complete all required series shall be deemed non-compliance.

(b) As an alternative to the certification required under subsection (a), a pupil shall present:

- (1) An annual written statement signed by a licensed physician stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child, or
- (2) A written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations

(c) On or before May 15th of each school year, the school board of every school affected by this act shall notify the parents or guardians of all known pupils who are enrolled or who will be enrolling in the school of the provisions of this act and of any policy regarding the implementation of the provisions of this act adopted by the school board.

(d) If a pupil transfers from one school to another, the school from which the pupil transfers shall forward with the pupil's transcript the certification or statement showing evidence of compliance with the requirements of this act to the school to which the pupil transfers.

History: L. 1961, ch. 354, 2; L. 1965, ch. 412, 1; L. 1970, ch. 283, 1; L. 1975, ch. 462, 107; L. 1978, ch. 291, 2; L., 1981, ch. 285, 1; L. 1993, ch. 89, 1; L. 1994, ch. 206, 1; July 1.

K.S.A. 72-5210. Same; duties of public health departments and officers; fees, exception to payment.

The county, city-county, or multi-county health department shall provide without delay, and to the extent that funds are available, the tests and inoculations required by this act to such pupils as are not provided therewith by their parents or guardians and who have not been exempted on religious or medical grounds. Such tests and inoculations may be provided on a sliding fee scale for administrative charges, with the exception that no child may be denied inoculations for inability to pay an administrative fee. The local health officer shall counsel and advise school boards concerning the administration of this act.

History: L. 1961, ch. 354, 3; L. 1965, ch. 412, 2; 1978, ch. 291, 3; L. 1980, ch. 182, 30; L. 1994, ch. 206, 2; July 1.

K.S.A. 72-5211. Same; duties of secretary; forms and certificates; regulations.

The secretary shall prescribe the content of forms and certificates to be used by school boards in carrying out this act and shall provide, without cost to the school boards, sufficient copies of this act for distribution to pupils. Schools shall utilize the reporting form adopted by the secretary for documentation of all immunizations. Audit information shall be obtained from this adopted form. The secretary may adopt such regulations as are necessary to carry out the provisions of this act.

History: L. 1961, ch. 354, 4; L. 1975, ch. 462, 108; L. 1978, ch. 291, 4; L. 1994, ch. 206, 3; July 1.

K.S.A. 72-5211a. Exclusion of pupils from school attendance; adoption of policy; notice; hearing; compulsory attendance law not applicable.

(a) The school board of every school affected by this act may exclude from school attendance, or by policy adopted by any such board, authorize any certificated employee or committee of certificated employees to exclude from school attendance, any pupil who has not complied with the requirements of K.S.A. 72-5209. A pupil shall be subjected to exclusion from school attendance under this section until such time as the pupil shall have complied with the requirements of K.S.A. 72-5209. The policy shall include provisions for written notice to be given to the parent or guardian of the involved pupil. The notice shall:

- (1) Indicate the reason for the exclusion from school attendance,
 - (2) State the pupil shall continue to be excluded until the pupil has complied with the requirements of K.S.A. 72-5209, and
 - (3) Inform the parent or guardian that a hearing hereon shall be afforded the parent or guardian upon request therefore.
- (b) The provisions of K.S.A. 72-1111 do not apply to any pupil while subject to exclusion from school attendance under the provisions of this section.

History: L. 1978, ch. 291, 5; L. 1981, ch. 285, 2; July 1.

REV. 02-07-2011

HIAWATHA USD # 415 DISTRICT MEDICATION POLICY

Medication is given at school only upon written request from both the lawful custodian and a person who is licensed to practice medicine and surgery or dentistry. Implementation of the requests must follow the Elementary and Secondary Schools Accreditation Regulations (KAR 91-31-3) and other applicable Kansas laws.

Administrative Implemental Procedures:

1. This policy covers both prescribed and over-the-counter medications. Prescriptions are those written by a person licensed to practice medicine or dentistry in the State of Kansas or other competent jurisdiction.
2. Unnecessary medication administered at school is strongly discouraged. The dosage intervals of many medications can be adjusted so the times for taking the prescription come outside school hours. When possible, interval adjustment should be considered before administering medication at school.
3. Unlicensed school personnel will not give medications in the school setting unless the administration has been delegated by a licensed registered professional nurse. The licensed registered school nurse is responsible for:
 - a. Reviewing medication requests
 - b. Assessing the pupil's health status and nursing care needs
 - c. Formulating a medication administration plan
 - d. Determining the appropriateness of the delegation of the task to be assigned.
4. When necessary to administer medication during school hours, written requests will be submitted to the pupil's school, signed and dated by both the lawful custodian and licensed physician containing the following:
 - a. Name and birth date of pupil to receive medication
 - b. Diagnosis/reason for medication
 - c. Name of medication to be given.
5. It is the lawful Custodian's responsibility to assure that the medication and dosage in the container is the same as is described by the affixed label.

6. It is the responsibility of the lawful custodian to provide and maintain an appropriate supply of medication at school. Appropriate amount of medication means:
 - a. Scheduled Medication: A month's supply, i.e. 20-21 school days supply.
 - b. PRN medication: Supply as determined by the pupil's frequency of need, physician's directions, and pharmacy dispensing guidelines.
7. Any change in medication dosages or administration schedules will require new written physician and lawful custodian requests and new or newly labeled medication containers.
8. Controlled Drugs and or Medication to be administered by School Personnel will be kept locked up.
9. Self-Administration
 - a. In certain circumstances, the lawful custodian, physician, and the school nurse may agree to allow the pupil to take his/her own medication. Initial requests must be processed and kept on file in building where the student is in attendance.
 - b. When the administration plan designates that the pupil is responsible for his/her own medication administration, the lawful custodian will send to school only a single day's supply of medicine at a time, with the exception of inhalers. The medication shall be packaged in its original container which identifies the name of the pupil to receive the medication and name and dosage of medication.
 - c. Any abuse of a self-administration plan will result in the loss of the privilege.
10. Termination of Long-term medications/PRN (as needed) - During the school year the termination of a medication plan by the lawful custodian, prescribing physician, or school must be by written notice. Otherwise, the medication plan will be automatically terminated at the end of the school year.



USD #415

PERMISSION FOR SELF CARRY-SELF ADMINISTER MEDICATIONS

Name of Student _____

School _____ Grade _____

Teacher (s) _____

Medication _____ Dosage _____ Date Started _____

Conditions under which the medication can be taken:

Any additional circumstances under which the medication is to be taken

Length of time medication is to be administered:

I hereby give my permission for _____ to administer above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

****My child has been instructed on self-administration of the medication and is authorized to do so in school.****

Signature of Parent/Guardian: _____ Date _____

Signature of Health Care Provider: _____ Date _____

Approved: _____

The lawful custodian will send the medication in an original container, which identifies the name of the pupil to receive the medication and the name of and proper dosage of medication.

ANY ABUSE OF A SELF-ADMINISTRATION PLAN WILL RESULT IN THE LOSS OF PRIVILEGE.

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of School Nurse: _____ Date: _____

IMPORTANT NOTE: In order for a student to have access to an inhaler at all times, it is recommended that one inhaler be kept by the school nurse as a back up to the one carried by the student.

GUIDELINES FOR MEDICATION ADMINISTRATION

The following guidelines have been drafted in the effort to comply with state and federal laws. The guidelines are based on recommendations from both the Kansas State Board of Nursing and the Attorney General's Office.

If at any time during the school year, your child must be given, or self-administer medication in order to attend school, the PERMISSION FOR MEDICATION form must be completed and on file at the respective attendance center, before any medication can be given, or taken by student. A form is printed on the reverse side of this page for your convenience. Additional forms are available at each attendance center, and in local physician's offices.

If you have any questions, please feel free to phone.

The guidelines were developed with the safety of school children being the primary consideration. They are also aimed at minimizing the administration of medications to children during the school day or during school-sponsored activities.

Nancy Ramer, RN School Nurse

Kathy Ryser, RN School Nurse

John Severin, Superintendent of Schools.

1. This policy addresses non-prescription and prescription medications.
2. The dosage intervals of many medications can be adjusted so that times for taking the dosages come outside school hours. If at all possible, medications should be taken prior to coming to school or after leaving school under parental supervision.
3. The school nurse must review all medication requests prior to initialing their administration. The school nurse may designate and train a non-nurse school employee to administer them.
4. When necessary to administer medication during school hours, written request must be submitted to the school signed and dated by both parent and physician and contain the following:
 - name of pupil to receive medication and his/her birthdate
 - school and room/teacher (during which time the medication is to be given)
 - name of medication
 - specific directions for administering including time and dosage amounts
 - reason for medication (signs and symptoms/diagnosis)
 - expected duration of medication, and certification by the parent that
 - at least one dose of the medication has previously been given and no adverse reactions were experienced,
 - Appropriate USD 415 personnel may exchange information regarding the medication request with the physician and dispensing pharmacy.

(Note: any change in dosage or schedule will require a new written request with physician signature and new or newly labeled medication containers. Requests must be renewed yearly.)

5. All medications that fall under the category of "controlled substances" will not be carried on the student in the school setting. Such medications will be housed in the health room or office in a locked container.
6. Medications must be provided:
 - By the parent or legal custodial in amounts such as 20-21 day supply in the original medication container.
 - In appropriate packaging labeled with the following
 - Name of pupil
 - Prescription number
 - Name of medication and strength
 - Dosage and directions for administration
 - Date prescription was filled
 - Prescribing physician's name
 - When applicable—expiration date, storage instructions.
7. It is the responsibility of the parent to assure that the medication and dosage in the container is the same as identified on the affixed label. (Suggestion: Two containers, one for school use and one for home, can be requested from the pharmacy when the prescription is filled.)
8. School employees who administer medication in accordance with authorized physician instructions and BOE policy shall not be liable for damages resulting from adverse reactions suffered because of the medication or because of mislabeled or altered product. In the event of adverse reaction, the pupil will be treated according to standard emergency care guidelines.
9. The school is not responsible if a student misses a dosage of medication.
10. Only oral medications will be administered except in emergency situations.

These guidelines have been endorsed by the Kansas State Department of Health and Environment. They were developed by representatives of the Kansas Dept. of Health and Environment, Kansas Association for School Health, Kansas School Nurse Organization, and Kansas Pharmacists' Association. Representatives from the Kansas State Board of Nursing have reviewed and endorsed the guidelines and the Kansas State Department of Education has provided input.

If you would like your child to use cough drops while attending Hiawatha Elementary School, a note from the parent must accompany the cough drops. This is to avoid a child bringing cough drops without parent's knowledge. A doctor's note is not required. Cough drops should be labeled with the child's name and will be kept at the teacher's desk. If cough drops come to school without a note, NO cough drops will be given.



USD 415 SCHOOL DISTRICT

PERMISSION FOR MEDICATION

(REQUESTING AUTHORIZED STAFF TO ADMINISTER MEDICATION TO STUDENT)

Name of Student _____ DOB _____

School _____ Grade _____

Teacher (s) _____

Medication _____ Dosage _____

Date Medication to Start at School _____ Diagnosis/Reason for Rx _____

_____ (please check if yes) Initial dose was given at home with no adverse reactions.

Time of day medication is to be given at school _____

Expected duration of Rx _____

DATE

PHYSICIAN SIGNATURE

(Please print) Name of Physician _____

I hereby give my permission for _____ to take the above prescription at school as ordered. I verify that my student has previously had at least one dose of the above prescribed medication and did not have an adverse reaction from it. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student as a result of administering such drug or because of mislabeled or altered products. I hereby authorize USD # 415 personnel to exchange information regarding this request with the above-named attending physician and with the pharmacy as identified on the affixed pharmacy label.

Date: _____ Signature of Parent or Guardian _____

NOTE: The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage, and times to be administered.

GUIDELINES FOR MEDICATION ADMINISTRATION

The following guidelines have been drafted in the effort to comply with state and federal laws. The guidelines are based on recommendations from both the Kansas State Board of Nursing and the Attorney General's Office.

If at any time during the school year, your child must be given, or self-administer medication in order to attend school, the PERMISSION FOR MEDICATION form must be completed and on file at the respective attendance center, before any medication can be given, or taken by student. A form is printed on the reverse side of this page for your convenience. Additional forms are available at each attendance center, and in local physician's offices.

If you have any questions, please feel free to phone.

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