

Community Unit School District #4

2021-2022 School Year

Health Requirements

PHYSICAL EXAMINATION

Children must receive a physical examination: 1) Prior to entering Illinois schools for the first time, 2) Prior to entering Kindergarten, 3) Prior to entering 6th grade, and 4) Prior to entering 9th grade. The examinations must be completed by a MD, DO, Nurse Practitioner, or Physician's Assistant and must be recorded on an Illinois School Physical Form. The health history portion of the physical must be completed and signed by the parent/guardian. Physicals of transfer students may be accepted on another form if the information is comparable to that required on the Illinois form. Physicals completed after August 27th, 2019 are acceptable for the 2019-2020 school year. The IHSA pre-participation examination (sports physical) form is not acceptable as the school physical. **Unit 4 District policy requires all students who are required to have a physical examination and immunizations to be completed and turned into school prior to day one of school. Students that are new to the district will have 30 days after entering school to complete the requirements. If health requirements are not met, students will be excluded from school until proof of all health requirements are turned into the school.** (77 Ill. Adm. Code 665)

IMMUNIZATION REQUIREMENTS

All students must present proof of having received immunizations in accordance with the law and the rules and regulations of the Illinois Department of Public Health. Proof of immunization must be presented to school authorities by the child's parent or legal guardian prior to entrance to the school. Please see the attached form for the state of Illinois immunization requirements. **THE LAW REQUIRES SCHOOLS TO EXCLUDE STUDENTS WHO DO NOT MEET THE IMMUNIZATION REQUIREMENTS.** (77 Ill. Adm. Code 665)

DIABETES RISK ASSESSMENT

Public act 93-0530 requires that diabetes screening shall be completed as a required part of each health examination. Rules developed by the Illinois Department of Public Health require each student, at the time of their physical, be assessed for risk of having or developing type 2 diabetes.

SCREENING FOR LEAD POISONING

Screening for lead poisoning is required to have been done at least once between the ages of six months and six years of age. Children who have attended state approved licensed day care centers or preschools, including school district programs, have already been screened as a requirement to attend. Screening for lead poisoning for children six years of age and older will be at the discretion of the child's health care provider. Lead poisoning screening is available from your doctor and can be done at the time of the physical examination. THIS IS A

REQUIREMENT OF THE LEAD POISONING PREVENTION ACT (410 ILCS 450) AND PUBLIC ACT 093-0104.

DENTAL EXAMINATIONS

Children must receive a dental examination: before May 15th, 2021 for children in 1) Kindergarten, 2) 2nd grade, 3) 6th grade, and 9th grade. The examination must be completed by a licensed dentist and recorded on the state dental form. Dental examinations that have been completed after November 15, 2019 will be accepted for the 2020-2021 school year. If your student needs a dental exam, please make an appointment with your family dentist. The Adams County Dental Clinic is available to families who meet eligibility requirements. (77 Ill. Adm. Code 665-410)

VISION EXAMINATIONS

Children enrolling in Kindergarten and children enrolling in a public, private, or parochial schools in Illinois for the first time must receive an eye examination prior to October 15th of the 2020-2021 school year. The examination must be completed by a physician licensed to practice medicine in all of its branches or a licensed optometrist and recorded on the state vision form. If your student has already had a vision exam within the past year, please submit a copy to the school. This is a requirement of Public Act 095-0671.

ADMINISTRATION OF MEDICATIONS AT SCHOOL

Whenever possible, medication should be given at home to students. However, if students must take medication at school, the following district policy must be followed:

1. Prior to prescription or non-prescription medication being administered to any student in the district, an authorization for administration of medication form must be completed in detail by the prescribing doctor. This is necessary to comply with the guidelines of the Illinois State Board of Education and the Illinois Department of Public Health.
2. Medication must be brought to school in a container appropriately labeled by the pharmacy or physician including the name of the medication, dosage, and instructions for the medication. If there are any changes for a student's medication, a new authorization form will be required. Parents must notify the school when medication is discontinued.
3. Non-prescription medication must be brought to the school in the original container along with a completed medication authorization form. The physician and parent must sign the authorization form. Tylenol and other non-prescription medications will not be administered at school without the proper written authorization and medication brought to school.
4. Medication will be dispensed only by the school health nurse or authorized school personnel. Students are not allowed to carry medication on their persons or keep in lockers for themselves or other students.
5. Except in extreme situations, it is the student's responsibility to go to the nurse's office to take medication. The nurse may take the medication to the student when she deems necessary due to the student's age or condition.
6. All medications must be stored in a locked cabinet at school.
7. In order to promote optimal safety, an adult must deliver medication to the school health nurse or principal/secretary. **MEDICATIONS SHOULD NOT BE SENT TO SCHOOL WITH A STUDENT.**



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois, Fall-2017
Footnotes for Further Guidance

| Vaccine Requirement ¹ | Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs | Kindergarten through 12th Grade | | Minimum Intervals Allowed Between Doses and Other Options for Proof of Immunity ² |
|--|---|--|---|--|
| | | First Entry into School (Kindergarten or First Grade) | Other Grades | |
| DTP/DTaP/ or Tdap, Td (Diphtheria, Tetanus, Pertussis) | Three doses of DTP or DTaP by 1 year of age. One additional booster dose by 2nd birthday | Four or more doses of DTP/DTaP with the last dose qualifying as a booster and received on or after the 4th birthday | Three or more doses of DTP/DTaP or Td; with the last dose qualifying as a booster if received on or after the 4th birthday For Students entering 6th thru 12th grades: One dose of Tdap | Minimum interval between series doses: 4 weeks (28 days) Between series and booster: 6 months No proof of immunity allowed |
| Polio | Two doses by 1 year of age. One additional dose by 2nd birthday | Four or more doses of the same type of Polio vaccine with the last dose qualifying as a booster and received on or after the 4th birthday. (progressive requirement) | Three or more doses of Polio with the last dose qualifying as a booster and received on or after the 4th birthday. If the series is given in any combination of polio vaccine types, four or more doses are required with the last being a booster on or after the 4th birthday. | Minimum interval between series doses: 4 weeks (28 days) For Grade K: 6 month interval between three dose series and booster; booster must be on or after 4th birthday No proof of immunity allowed |
| Measles | One dose on or after the 1st birthday | Two doses of Measles Vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later. | Two doses of Measles Vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later. | Laboratory evidence of measles immunity or Certified physician verification * of measles disease by date of illness *Cases diagnosed after 7/1/2002 must include lab evidence of infection. |
| Rubella | One dose on or after the 1st birthday | Two doses of Rubella Vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later. | Two doses of Rubella Vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later. | Laboratory evidence of rubella immunity. History of disease is not acceptable proof of immunity to rubella. |
| Mumps | One dose on or after the 1st birthday | Two doses of Mumps Vaccine, the 1st dose must have been received on or after the first birthday and the second dose no less than 4 weeks (28 days) later. | Two doses of Mumps Vaccine, the 1st dose must have been received on or after the first birthday and the second dose no less than 4 weeks (28 days) later. | Laboratory evidence of mumps immunity or Certified physician verification of mumps disease by date of illness. |
| Haemophilus influenzae type b | Refer to ACIP Hib series schedule for Children 24-59 mos. Children without series must have one dose after 15 mos. of age | Not required after the 5th birthday (60 months of age) | Not required after the 5th birthday (60 months of age) | Refer to ACIP Hib series schedule No proof of immunity allowed |

1. Students attending ungraded school programs must comply in accordance with grade equivalent.
2. Within ACIP recommendations, vaccine doses given up to four days before minimum interval or age can be counted as valid. However, this does not apply to intervals between live vaccines. Live vaccines shall not be given fewer than 28 days after receipt of a prior live vaccine.



Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois, Fall-2017
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|--|--|---|--|--|
| | | First Entry into School (Kindergarten or 1st Grade) | Other Grades | |
| Pneumococcal Conjugate Vaccine (PCV 13) | Refer to ACIP PCV series schedule for Children 24-59 mos. Children without series must have one dose after 24 months of age. | Not required after the 5th birthday (60 months of age) | | Refer to ACIP PCV series schedule No proof of immunity allowed |
| Hepatitis B | Three doses for all children Third dose must have been administered on or after 6 months of age (168 days) | No Requirements | For Students entering grades 6 thru 12: Three doses hepatitis B vaccine administered at recommended intervals. Two doses Adult Recombivax-HB vaccine for ages 11 to 15. | Minimum intervals between doses: First & Second - at least 4 weeks (28 days) Second & Third - at least 2 months (56 days) First & Third - at least 4 months (112 days) Adult Recombivax-HB two doses separated by 4 months (112 days) |
| Varicella (progressive requirement) | One dose on or after 1st birthday | Two doses of Varicella: The first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later. | One dose of Varicella on or after the 1st birthday for Students entering grades 4 & 5 Two doses of Varicella for Students entering grades 2, 3, 6, 7, 8, 9, 10, 11 & 12. | Minimum intervals for administration: The first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later. Statement from physician or health care provider verifying disease history OR Laboratory evidence of varicella immunity |
| Meningococcal Conjugate Vaccine (progressive requirement) | No Requirements | No Requirements | Applies to Students entering grades 6, 7, 8, & 12 beginning 2017-2018 school year One dose of Meningococcal Conjugate vaccine for entry to grade 6, 7, & 8 Two doses of Meningococcal Conjugate vaccine at entry to 12th grade | Minimum intervals for administration: The first dose received on or after the 11th birthday; second dose on or after the 16th birthday. An interval of least eight weeks after the first dose. Only one dose is required if the first dose was received at 16 years of age or older. No proof of immunity allowed. |

Source: Child and Student Health Examination and Immunization Code/Part 665
Prepared by Illinois Department of Public Health, Immunization Section April, 2017

COMMUNITY UNIT SCHOOL DISTRICT #4

STUDENT WELFARE (ADMINISTERING MEDICATION TO STUDENTS)

Medication required by a student shall generally not be administered at school by a district employee. This policy includes both common and widely used over-the-counter medications such as Tylenol, cough syrup, Advil, etc. as well as prescription drugs.

However, students recovering from temporary illness or students on permanent medication who require medication during the school day may have medication at school following these guidelines.

1. The parent/guardian shall personally deliver the medication to be administered to the building principal.
2. A medication authorization form signed by a doctor and parent will be delivered to school with the medication.
3. Medication shall be brought to school in the original, secured and properly labeled containers. The name of student, physician, and pharmacy with phone numbers will be on the container.
4. Medication shall be administered by an Administrator or their Designee.

Should a student require a continuing program of medication, and it can be demonstrated that the student is of responsible age, arrangements may be made for self-administration of the medicine. This procedure shall be allowed after the following conditions have been met:

- A written release of liability from the parent/guardian (**forms available at all Principal's Offices**).
- Written permission from an administrator.
- Medication authorization form **signed by parent and doctor**.

All medicines will be stored in locked cabinets – all controlled drugs will be double locked. In all cases, the school retains the discretion to reject a request for administering medicine. Except as permitted, in accordance with this policy, no medication shall be used or possessed by students on school grounds.

| Authorization for the Administration of Medication C.U.S.D. #4, Mendon, Illinois | |
|---|--------------------------|
| Student Name: _____ | Date of Birth: _____ |
| Address: _____ | City: _____ Phone: _____ |
| School: _____ | Teacher and Grade: _____ |
| <i>PHYSICIAN'S STATEMENT (to be completed by Doctor)</i> | |
| 1. Name/Type of Medication: _____ | |
| 2. Dosage/Amount to be Given: _____ | |
| 3. Frequency/Times to be Administered: _____ | |
| Student Self Administration: (Circle One) YES NO | |
| 4. Durations (Weeks, Month, Indefinite, Etc.): _____ | |
| 5. Anticipated Reaction to Medication: (Symptoms, side effects, etc.) _____ | |
| 6. Diagnosis: _____ | |
| 7. Other Medication Student is Taking: _____ | |
| PHYSICIAN'S SIGNATURE: _____ | DATE: _____ |
| PHYSICIAN'S ADDRESS: _____ | |
| PHYSICIAN'S PHONE: _____ | |
| PARENT'S REQUEST/APPROVAL: I hereby request and give my permission for the above named school to administer the medication prescribed on this form to my child, and thereby release the school from any liability | |
| PARENT'S SIGNATURE: _____ | DATE: _____ |

