

Boyd County Public School

Child's Name _____ Grade _____

Dear Parent: Please answer the following questions and return this form to the office. This information will be recorded on the student permanent health record card.

Immunizations

- All Kindergarten and Seventh grade students are required to have immunizations and physicals. A sports physical will suffice for this requirement for 7th grade. A student that is not participating in sports will still need to have a physical exam if entering 7th grade.
- All Students entering Kindergarten are required to have a complete Eye Exam. The eye exam must include testing for amblyopia, strabismus, internal and external eye health, with testing sufficient to determine visual acuity.
- Immunization laws require all students in K-12 to have 2 doses of Varicella Vaccine (Chicken Pox) or have documentation of disease. This is to be completed prior to school starting in August. All students entering 7th grade will need a booster of Tdap(Tetanus, Diphtheria, Pertussis). Children who have had a dose of Tdap vaccine between 10 yrs. of age and 7th grade should not repeat the Tdap dose. It should be counted as fulfilling the 7th grade requirement for Tdap.
- All other vaccine requirements remain the same; minimum of 3 doses of Polio (IPV) and 3 doses of Diphtheria, Tetanus, and Pertussis (DTap, DTP) with one of those doses given on or after age 4, 3 doses of Hepatitis B and doses of MMR (Measles, Mumps, Rubella).
- Transfer students from Out-of State are required to have a Physical Exam and an Eye Exam regardless of participation in sports or regardless of grade level

1. Has your child had any health problems, medical diagnosis, illness, or injury in the past year that would limit his/her activity? (Ex: allergies, seizures, diabetes, asthma, hay fever, epilepsy, and/or orthopedic or heart problems?)

Has your child had any vaccinations or immunizations during the summer?

Type of Vaccine: _____

Date: (must include) _____

2. Any corrections this summer?

Teeth: Dentist _____ Type of work _____

Ears: Doctor _____ Reason: _____

Eyes: Optometrist _____ Glasses fitted _____

3. Please list regular medications:

4. Does your child need a Rescue Inhaler (Albuterol) at school? Yes _____ No _____.

5. Any student needing to take a prescription medication must notify the office or the school nurse. All medications must be in the original container with label. No medications will be distributed from envelopes, bottles, or baggies without appropriate labels. The proper form must also be filled out by parent or guardian before the medication can be administered. The schools will no longer be supplying students with Tylenol, Ibuprofen, or cough drops. If you wish to keep any over-the-counter medicine at school for your child, the parent must bring the medicine to the school office in it's original container and fill out the proper forms. The medicine will be locked up and the student's name will be on it. Forms are found in the school office.

6. In case of accident, illness or other emergency, and we are unable to reach you at home or at work, please list persons we can contact to release your child to their care.

_____ phone # _____

_____ phone # _____

I understand that my child's health records will remain confidential and will be shared with staff on a "need to know" basis only.

Parent/Guardian Signature _____ Date _____