Please be sure to fill out these forms and bring them to orientation. Included in this packet are the following forms:

1. School Exclusion Guidelines (referential)
2. Permission to Administer Prescription Medication (fill out if applicable)
3. Authorization for Pick-Up Form (fill out if applicable)

Also, if you haven’t already turned in a new or updated immunization form, please bring it with you to orientation.
Open letter to parents:
“Dear parent or guardian,
It is our policy to alert parents when potential health concerns arise in our schools...”

During any given school year, you may be sent a letter, written with the support of the local health department, notifying you of possible communicable disease exposures in our schools. These letters are intended to keep you informed of situations that may require medical attention for your child(ren) or they may be informational on disease trends in our schools and community. It is our intent to keep you and your family informed and healthy during our school year.

Parents of students attending in the School District have the responsibility to notify the school any information regarding communicable diseases, as soon as the parent or guardian becomes aware of the condition.

It is our expectation that children with communicable diseases will not be sent to school.

Exemptions to Oregon Immunization Requirements
Oregon recognizes parent-signed exemptions from vaccine requirements for religious reasons. In case of an outbreak of vaccine-preventable disease in a community, the county health department has the legal authority to exclude from school or child care attendance any child who has not been appropriately immunized, including children with a religious or medical exemption. This is a reminder that vaccinations are the best prevention for many children’s illnesses.

OAR 581-022-0705

http://www.ode.state.or.us/groups/supportstaff/hklb/schoollnurses/commndisease.pdf

School Exclusion Guidelines

If you think that your child has an illness that can be spread to others, PLEASE keep him/her home.

Diseases such as Chickenpox/shingles, Measles, Mumps, Rubella and Hepatitis may cause dangerous illnesses in others, so please call the office if your child has any of these diagnoses.

What about minor illnesses?
Minor illnesses such as common colds, runny nose and or ear infections (otitis) do not need to be excluded if they feel well enough to participate. If you have questions or concerns, please contact your doctor, clinic, or school nursing staff.
Quick Reference Guide for Parents:

Children should not attend school if they have any illness that prevents them from fully participating in routine classroom activities. If your child feels too sick to attend school, please keep them home. Below is a simplified guideline of symptoms and diseases which a child will be excluded for and when they can return to school. Contact your school health administrator for a full exclusionary list.

**Abscesses, Boils, Draining lesions:**
May return when drainage can be fully contained within a bandage.

**Chickenpox:**
May return to school 5 days after the rash began AND all scabs/pox are crusted and dry.

**Cough with fever OR deep congested, barking sound**
May return when symptom free for 24 hours.

**Diarrhea and/or Vomiting:**
May return after symptoms have resolved for 24 hours. No food handling and/or sharing activities until 72 hours after symptoms have resolved. In situations where illness is occurring in greater numbers than expected (outbreak) the duration of exclusion from school will be based on identified disease organism. In some situations, may require local health department clearance.

**Fever:**
May return after fever is below 100.5 degrees orally for 24 hours without use of fever-reducing medication (for example, Tylenol, acetaminophen, Advil, Motrin, or ibuprofen).

**Hepatitis A / Yellowing of skin or eyes:**
May return after clearance given by local health department.

**Head Lice: Refer to School Lice Policy.**

**Measles, Mumps, Rubella**
May return after clearance given by local health department.

**Pink eye**
Refer to school policy; see health care provider if eye is painful or if symptoms last more than a week.

**Meningitis**
May return after clearance given by local health department.

**Whooping Cough (Pertussis)**
May return after completing 5 days of appropriate antibiotic medication.

**Rash illnesses (Measles, Rubella)**
All rash illnesses with fever should be seen by a healthcare provider. May return after symptoms/rash has resolved, or diagnosis is made and consent from health care provider or local health department clearance is given.

**Scabies**
May return after treatment.

**Staph Skin Infection (includes MRSA)**
May return when drainage subsides or can be contained within a bandage, or when lesions are dry and crusted without drainage.

**Sports activities and minor skin infections:**
Ringworm, dimple warts, herpes and staph skin infection including impetigo (skin blisters) and cellulitis (spreading redness)
There may be special restrictions noted in athletic department policies. Please consult with athletics prior to activities.

**Strep Infection (strep throat)**
May return when treated with antibiotics for 24 hours, have no fever and have written consent to return.
Permission to Administer Prescription Medication

Child’s name ______________________________________________________

Date _____________________________________________________________

Name of medication ______________________________________________

Dosage __________________________________________________________

Time(s) of dosage_________________________________________________

Any special instructions (i.e., take with food, on an “as needed” basis, etc.)
__________________________________________________________________

Start date of prescription __________________________________________

End date of prescription ___________________________________________

Possible side effects ______________________________________________

__________________________________________________________________

_________________________________  ____________________________
Parent signature              Date

*All prescription medication must be in the original container clearly labeled with the child’s name and dispensing instructions.
Student: ________________________________

Grade (circle one): Preschool Kindergarten

AUTHORIZATION FOR PICK-UP – 2014-2015 school year

Who is authorized, besides you and your emergency contacts, to pick up your child at the school?

1. Name ________________________________ Phone (__) __________________
   Relationship to child ________________________________

2. Name ________________________________ Phone (__) __________________
   Relationship to child ________________________________

3. Name ________________________________ Phone (__) __________________
   Relationship to child ________________________________

4. Name ________________________________ Phone (__) __________________
   Relationship to child ________________________________

5. Name ________________________________ Phone (__) __________________
   Relationship to child ________________________________

Your signature _________________________________________________________

Your name ______________________________________________________________