



2600 W. Mill Road, Glendale, WI 53209

*Excellence ★ Diversity ★ Success*

August 1, 2016

Dear Parent/Guardian:

This letter is to inform you about health related concerns at school. Your cooperation with these guidelines will help make sure all students will be as healthy as possible.

**Immunizations**

Wisconsin State Law requires parents to provide written evidence of immunizations to the school. This is to be done within thirty days of admission. Non-compliance can impact your child's ability to attend our schools.

Children enrolled in school will need to meet the immunization requirements listed on the back side of the last page of this letter for the 2016-17 school year.

Contact your local health department for information on immunization clinics or schedule an appointment with your child's doctor if you receive notice that your child does not have all the shots required.

North Shore Health Department	371-2980
Milwaukee Health Department	286-3521

**Physical Exam/Dental Exam**

Wisconsin State Law does not require a physical or dental exam to enter school. Parents are strongly encouraged to provide the school with records of physical and dental exams, especially if there are health-related problems that might limit the student's ability to participate in a full school program.

**Health Office**

The Health Secretary provides basic first aid for injuries and illness, which happen during the school day. The secretary will consult with the supervising district nurse when questions or problems occur which are not routine events. The health office is not a clinic and, therefore, is not a substitute for the student's own physician or health care provider. If you do not have a doctor or lack health insurance to get medical care, call your local health department to ask about resources available in your community for free or reduced-fee care.

North Shore Health Department:	371-2980
Milwaukee Health Departments:	
Keenan Health Center	286-8830
North West Health Center	286-8830
South Side Health Center	286-8620

## **Health Policies**

Keep your child(ren) home if:

- he/she has a fever
- he/she is vomiting and/or has diarrhea
- he/she has an unexplained rash
- he/she has “red eyes” with “mattering” in the morning (commonly called pinkeye)
- he/she has a cold/cough with a thick discharge of yellow or yellow-green appearance

## **Returning To School After Absence**

The student may return to school when:

- he/she has no fever, vomiting or diarrhea for 24 hours without medication
- prescribed medication has been taken for 24 hours (strep throat, pink eye)
- he/she provides evidence that treatment has been started for communicable conditions (\*head lice, ringworm)

### **\*Head Lice**

- Live lice free policy (hair must be free of all live lice)
- Secretary will check returning student for live lice and number of nits

## **Notifying School About Absences**

Call school the morning of illness or injury to report the student’s condition.

Call and notify school if your child is home with a communicable disease (chicken pox, strep throat, pertussis, head lice, etc.). The school frequently notifies parents of other children in the class when a communicable disease exposure has happened so that they can watch for symptoms in their own child. This helps control the spread of these diseases. Student confidentiality will be maintained.

## **Exclusion From School During An Illness**

The school cannot care for ill children for extended periods of time if your child has been excluded from class due to illness.

Make prior arrangements for day care or a baby sitter and transportation in the event your child becomes ill at school and you cannot take your child home.

## **Severe Injury Or Illness Outside School**

Please notify school of student’s illness, surgery, or injury, which happens away from school.

Provide specific directions from student’s doctor if any activity restrictions are necessary, including the beginning and projected ending dates of these restrictions.

## **Medications**

In order to provide the safest and best educational environment for your child, it is necessary to monitor the administration of medicine to children at school. To that end, we have attached the forms *Parent Request for Giving Prescription Medication at School/Parent Request for Giving Non-Prescription (over the counter) Medication at School, Asthma Inhalers At School*, and the Administrative Rules governing the administration of medicines to students.

I ask that you read these Rules carefully so you are aware of the District's position for administering medicine to students. If your child needs to have medicine administered at school, please complete the form, including physician’s signature, and return it to the school health secretary.

**Emergency Contact Information**

You must have emergency contact information on file that lists all people who can be reached to pick up or authorize a student's release when that student needs to be sent home from school if a parent cannot be reached. Emergency contact information should be updated or provided on the student demographic sheet.

Please note any restrictions on who is allowed to authorize a student's release or pick up a student.

The above guidelines are set to help ensure a healthy and safe environment for all students. We appreciate your assistance and cooperation in the best interests of all children.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Smalley". The signature is written in a cursive style with a large, looped initial "L".

Larry Smalley  
District Administrator

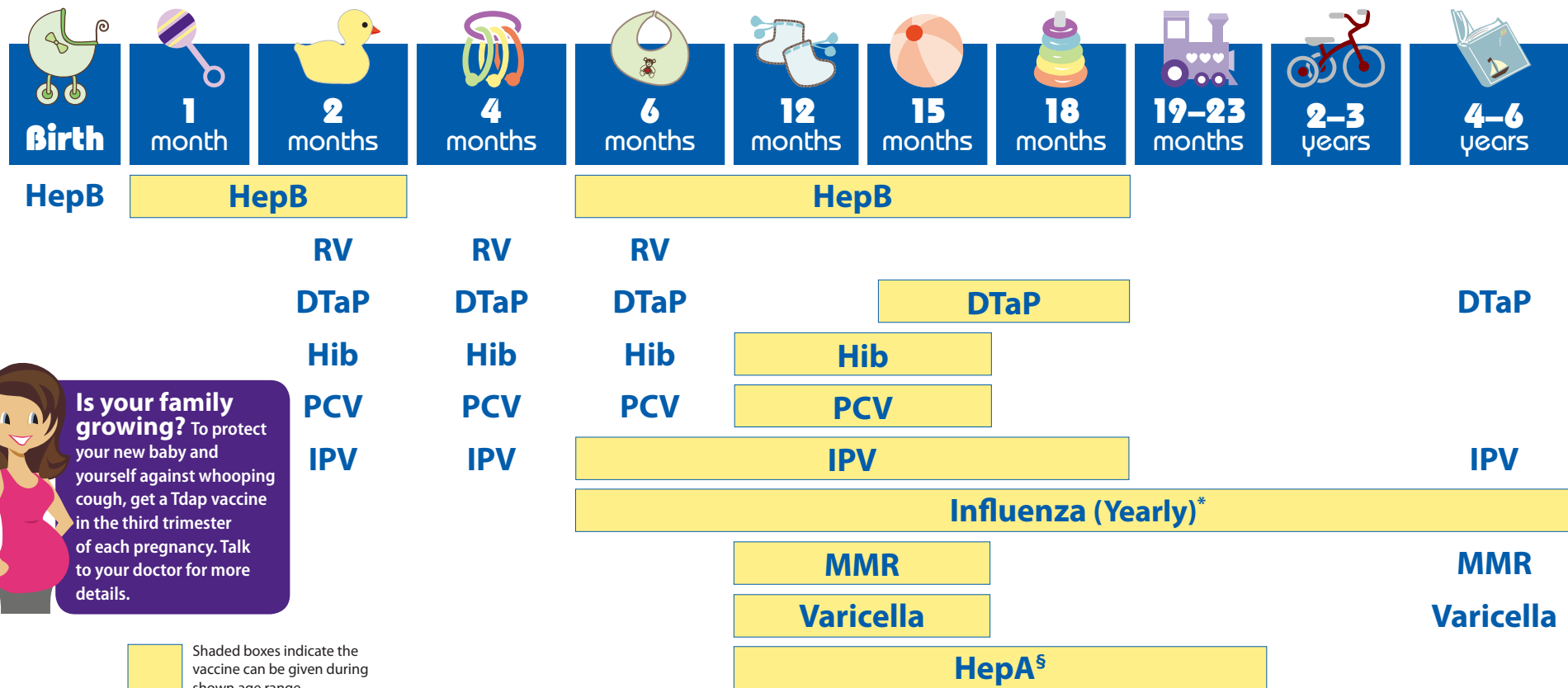
## STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS 2014 SCHOOL YEAR and Beyond

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT <sup>2</sup>	3 Polio	3 Hep B	1 MMR <sup>5</sup>	1 Var <sup>6</sup>	
Grades K through 5	4 DTP/DTaP/DT/Td <sup>1,2</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>	
Grades 6 through 12	4 DTP/DTaP/DT/Td <sup>2</sup>	1 Tdap <sup>3</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> dose) to be compliant. (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for all students Pre K through 12: Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

# 2016 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:** \* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.  
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.*

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.

# GLENDALE-RIVER HILLS SCHOOL DISTRICT

Dear Parent or Guardian:

I am writing to inform you about the dangers of meningococcal disease, commonly known as bacterial meningitis, a rare but potentially fatal infection that can occur among teenagers and college students. While meningococcal disease is rare and difficult to contract, it is very serious. There is now a vaccine that may help to prevent this infection.

Meningococcal bacteria can potentially be transmitted through close contact with an infected person through direct contact with respiratory and/or oral secretions from an infected person (for example, through sharing drinking containers or kissing). Teenagers and college students are at increased risk for meningococcal disease compared to the general population, accounting for nearly 30 percent of all U.S. cases every year. Meningococcal disease can be misdiagnosed as something less serious, because early symptoms like high fever, severe headache, nausea, vomiting and stiff neck, are similar to those of common viral illnesses. The disease can progress rapidly and can cause death or permanent disability within 48 hours of initial symptoms.

Up to 83 percent of all cases among teens and college students may potentially be prevented through immunization, the most effective way to prevent this disease. A meningococcal vaccine is available that protects against four out of five strains of bacterium that cause meningococcal disease in the U.S.

The Centers for Disease Control and Prevention (CDC) and other leading medical organizations recommend routine meningococcal immunization for adolescents during the preadolescent doctor's visit (11- to 12-year-olds), adolescents at high school entry (15-year-olds) if they have not previously been immunized, and for college freshmen living in dormitories. I suggest you contact your child's health care provider to help you decide if your child should receive this vaccination.

Please visit the following websites to learn more about meningococcal disease, vaccine information, and public health resources.

- [www.cdc.gov](http://www.cdc.gov) – This CDC website includes the CDC recommendations and information on the meningococcal vaccine.
- [http://dhfs.wisconsin.gov/communicable/Communicable/factsheets/PDFfactsheets/Meningococcal\\_42072\\_05041.pdf](http://dhfs.wisconsin.gov/communicable/Communicable/factsheets/PDFfactsheets/Meningococcal_42072_05041.pdf) - The Wisconsin Department of Health and Family Services communicable disease fact sheet.
- <http://dhfs.wisconsin.gov/communicable/Communicable/factsheets/Meningococcal.htm> - Another Wisconsin Department of Health and Family Services communicable disease fact sheet.
- <http://dhfs.wisconsin.gov/LocalHealth/index.htm> - A list of local Wisconsin public health departments and contact information.
- American Academy of Family Physicians, [www.aafp.org](http://www.aafp.org)
- American Academy of Pediatrics, [www.aap.org](http://www.aap.org)
- Meningitis Foundation of America, [www.musa.org](http://www.musa.org)
- National Meningitis Association, [www.nmaus.org](http://www.nmaus.org)

Sincerely,



Larry Smalley  
District Administrator