



2010/2011

# HEALTH FORMS

Dear Parents,

- **A completed and signed medication authorization form is required in order for school personnel to administer medicine of any kind to any child.** Enclosed with this are two forms: one for prescription medicine (to be filled out by a physician) and one for nonprescription medicine. Additional copies are available in the school office.
- All drugs, whether obtained by prescription or over the counter, must be sent to the school **in the original container** marked clearly with the child's name. The medication, along with the signed authorization form should be turned into the school office. **Under no circumstances should prescription or non-prescription medicine be kept in the child's backpack during the day.** The school will not furnish medicine of any kind.
- **All students are required to have an annual physical examination on file, dated on or after February 1, 2010. We must have a physical examination, and immunizations must be up-to-date before students are permitted to attend class on August 30, 2010.**
- **Missouri Law Section 167.181 requires that all children entering a Missouri public, private or parochial school must be adequately immunized against Hepatitis B, diphtheria, tetanus, pertussis, polio, mumps, rubeola and rubella.**
- **Medical forms must be completed and returned to SMS by July 23, 2010. By law, no child will be allowed to attend school without a medical form on file at The St. Michael School of Clayton.**



Title 19—DEPARTMENT OF  
HEALTH AND SENIOR SERVICES  
Division 20—Division of Community and  
Public Health  
Chapter 28—Immunization

19 CSR 20-28.010 Immunization Require -  
ments for School Children

**PURPOSE:** This rule establishes minimum immunization requirements for all school children in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) and helps assure that appropriate actions are taken by schools to enforce section 167.181, RSMo.

(1) As mandated by section 167.181, RSMo, each superintendent of a public, private, parochial or parish school shall have a record prepared showing the immunization status of every child enrolled in or attending a school under the superintendent's jurisdiction. The school superintendent shall make a summary report to the Department of Health and Senior Services no later than October 15 of each school year. This date is necessitated by the law which prohibits the enrollment and attendance of children who are in noncompliance. This report shall include immunization information by grade or age by vaccine antigen (diphtheria, tetanus, pertussis, polio, measles, rubella, mumps, hepatitis B, and varicella), number of children enrolled, number of children adequately immunized, number of children in progress, and number of children exempt. Each school superintendent or chief administrator shall submit a summary report for all schools under the administrator's jurisdiction. Separate reports for each school should not be submitted, although separate lists shall be maintained in each school for auditing purposes.

(A) Exclusion of students in noncompliance, section 167.181, RSMo. Students cannot attend school unless they are properly immunized and can provide satisfactory evidence of the immunization or unless they are exempted. Transfer students in noncompliance shall not be permitted to enroll or attend school. Students who were enrolled during the previous school year shall be denied attendance for the current school year if not in compliance. Homeless children may be enrolled in school for no more than twenty-four (24) hours prior to providing satisfactory evidence of immunization. For the purpose of this paragraph, a homeless child shall be defined as a child who lacks a fixed, regular and adequate nighttime residence; or who has

a primary nighttime residence in a supervised publicly or privately operated shelter or in an institution providing temporary residence or in a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. The school administration should exercise its power of pupil suspension or expulsion under section 167.161, RSMo and possible summary suspension under section 167.171, RSMo until the violation is removed.

(B) This rule is designed to govern any child—regardless of age—who is attending a public, private, parochial or parish school. If the specific age recommendations are not mentioned within this rule, the Missouri Department of Health and Senior Services should be consulted.

(C) It is unlawful for any child to attend school unless the child has been immunized according to this rule or unless the parent or guardian has signed and placed on file a statement of medical or religious exemption with the school administrator.

1. Medical exemption. A child shall be exempted from the immunization requirements of this rule upon certification by a licensed doctor of medicine or doctor of osteopathy that either the immunization would seriously endanger the child's health or life or the child has documentation of laboratory evidence of immunity to the disease. The Department of Health and Senior Services Form Imm.P.12, included herein, shall be on file with the school immunization health record for each child with a medical exemption. This need not be renewed annually.

2. Religious exemption. A child shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo if one (1) parent or guardian objects in writing to the school administrator that immunization of that child violates his/her religious beliefs. This exemption on Department of Health and Senior Services Form Imm.P.11A, included herein, shall be placed on file with the school immunization health record.

3. Immunization in progress. Section 167.181, RSMo provides that students may continue to attend school as long as they have started an immunization series and satisfactory progress is being accomplished. A Department of Health and Senior Services Form Imm.P.14, included herein, shall be on file with the school immunization health record of each student with immunization in progress. Failure to meet the next scheduled appointment constitutes noncompliance with

the school immunization law and exclusion should be initiated immediately. Refer to subsection (1)(A) of this rule regarding exclusion of students in noncompliance.

(2) For school attendance, children shall be immunized against vaccine-preventable diseases as established by the Department of Health and Senior Services and provide required documentation of immunization status. Age-appropriate vaccine requirements will be according to the attachments listed in section (4), which are included herein.

(A) One (1) dose of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005–06 school year through the end of the 2009–2010 school year.

(B) Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010–2011 school year.

(3) The parent or guardian shall furnish the superintendent or designee satisfactory evidence of immunization or exemption from immunization.

(A) Satisfactory evidence of immunization means a statement, certificate, or record from a physician or other recognized health facility or personnel stating that the required immunizations have been given to the person and verifying the type of vaccine. All children shall be required to provide documentation of the month, day, and year of vaccine administration. However, if a child has had varicella (chickenpox) disease, a licensed doctor of medicine or doctor of osteopathy may sign and place on file with the superintendent or designee a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: "This is to verify that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine."

(4) Immunization schedule requirements for school age children shall be:

(A) Missouri School Immunization Requirements Vaccines Received 0–6 Years of Age, included herein;

(B) Missouri School Immunization Requirements Vaccines Received 7–18 Years of Age, included herein; and

(C) Catch-up Immunization Schedule for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind, included herein.



# MEDICAL HISTORY/PHYSICAL

2010/2011

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_  
 SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  M  F Class: \_\_\_\_\_

Is the child under medical care for any condition at the present time?  
 No  Yes, Diagnosis \_\_\_\_\_

Allergies:  Medication \_\_\_\_\_  
 Food \_\_\_\_\_  Other \_\_\_\_\_

Does the child require any medication?  
 No  Yes, Please list: \_\_\_\_\_

Epi Pen:  No  Yes, Reason \_\_\_\_\_  
 Asthma:  No  Yes, Inhalers \_\_\_\_\_  
 Chicken Pox :  No  Yes, Date \_\_\_\_\_  
 Lead level (children under 6) \_\_\_\_\_ Date \_\_\_\_\_

### Immunization History/Dates

DtaP/DTP	DT	OPV/IPV	MMR	HIB	Prevnar	HEP B	HEP A
							Varicella

Physical Exam: Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_  
 Vision with/without glasses: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Hearing: R pass/fail L pass/fail

System	Normal	Abnormal	Comments
Skin			
ENT			
Cardiovascular			
Muscular Skeletal			
Gastrointestinal			
Neurological			
Respiratory			
Genitourinary			

The child may fully participate in all school activities including physical education and competitive sports:  
 No  Yes, Please list restrictions: \_\_\_\_\_

Physician Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Physician/Nurse Practitioner Signature and Date \_\_\_\_\_



2010/2011

# Permission Form for Prescription Medication

Saint Louis  
**COUNTY**  
HEALTH

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  M  F

### To be completed by Child's Physician or Authorized office personnel:

Diagnosis \_\_\_\_\_  
Name of Medication: \_\_\_\_\_ Starting Date \_\_\_\_\_ End Date \_\_\_\_\_  
Form of medication/treatment (circle):    Tablet/Capsule    Liquid    Inhaler    Injection    Nebulizer  
Other \_\_\_\_\_  
Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
Restrictions and/or side effects associated with Medication \_\_\_\_\_  
Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Name \_\_\_\_\_ Address \_\_\_\_\_

### To be completed by the Parent/Guardian

I give permission for (name of child) \_\_\_\_\_ to receive the above medication at school according to the school's policy.  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Record of Administration of Medication

Staff Name	Date	Time	Dosage

**Note: Medication must be in its original container.**

