

WELD RE-4 SCHOOL DISTRICT HEALTH SCREENING QUESTIONNAIRE-revised 12/10

Dear Parents/Guardians:

Please help us plan for your child’s well being during school hours by completing this form carefully. Thank you.

Joni Heiden RN, School Nurse; Lisa Penate RN, School Nurse

Student: _____ DOB: ___/___/___ Gender: M F School: _____

Grade next fall: _____ City and State of last school attended: _____

Name of person filling out questionnaire: _____ Relation to child: _____

1) When has your child last had a routine health exam: _____ By whom? _____

2) Does your child have any allergies? NO YES
If YES, list and explain type of reactions: _____

3) Does your child have any chronic health conditions? (Please circle which ones) asthma, diabetes, ulcers, seizure disorders, nervous conditions, frequent ear infections, strep infections, bronchitis, heart condition
Any other conditions? _____
If conditions exist: a. Is the student still under treatment? NO YES
b. Can school health services be helpful? NO YES

If YES, please comment in detail: _____

4) Has your child had any serious illness, operations, hospitalizations, or injuries—including head injuries, concussions, or loss of consciousness? NO YES Has your child been diagnosed with a traumatic brain injury? NO YES
If YES to either of above please explain: _____

5) Has your child had any problem with: Hearing? NO YES Vision? NO YES
Last exam for: Hearing: _____ By whom? _____
Vision: _____ By whom? _____

If YES to either hearing or vision problems, please explain: _____

6) Is your child on any medication? NO YES Reason prescribed: _____
If YES, list medication and directions: _____
Does medication need to be given in school? NO YES

**Medication can only be given in school with signed permission by doctor and parents.
Contact health room staff at your child’s school or go to the district website, click on RE-4 Departments, then Health Services, and scroll to the bottom for a medication card.**

7) Does your child have any limitations or disabilities? NO YES
If YES, please explain: _____

8) Does your child have any need for special attention because of health problems? NO YES
If YES, please explain: _____

I give my permission for the medical diagnosis to be shared with adults in the school setting that will be working with my child on a need to know basis.

Signature of Parent/Guardian

Date

STATE OF COLORADO

John W. Hickenlooper, Governor
Larry Wolk, MD, MSPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

December 2013

Dear Parents of Students in Colorado Schools, K through 12th Grades (School Year 2014-15),

Immunizations are an important part of our children's health care, and Colorado law requires that children going to school be vaccinated to prevent vaccine-preventable disease. The purpose of this letter is to let you know which vaccines are required for school attendance and which vaccines are recommended for best protection against vaccine-preventable disease (see chart on second page).

As a parent, it is important to know that in addition to the vaccines required by the state of Colorado Board of Health for school entry, there are vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP). This is the immunization schedule that will best protect your child from even more vaccine-preventable diseases.

Parents often have concerns or want more information about children's immunizations and vaccine safety. A resource developed for parents with frequently asked questions about the safety and importance of vaccines can be located at: www.ImmunizeForGood.com . The Colorado Immunization Section's website is located at: www.ColoradoImmunizations.com .

Schools work hard to ensure compliance with the immunization laws. Your help in providing updated immunization records at school registration and when your child receives additional vaccine(s) is greatly appreciated. Please discuss your child's vaccination needs with your child's doctor or local public health agency. (To find your local public health department's contact information call the Family Health Line at 1-303-692-2229 or 1-800-688-7777). Please bring your child's updated immunization records to the school each time your child receives an immunization.

Sincerely,

Colorado Immunization Section
Colorado Department of Public Health and Environment
303-692-2700

MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION
Kindergarten through Grade 12, 2014-15 Required for School Attendance.

VACCINE	Number of Doses	Grades K-12 (5-18 Years of Age)
Pertussis <i>DTaP only licensed through 6 yrs of age.</i>	5 to 6	5 DTaP (if dose 4 was administered on or after the 4 th birthday, the requirement is met). The final dose of DTaP must be administered no sooner than 4 years of age. Tdap req. 6 th through 12 th grades.
Tetanus/Diphtheria <i>DT only licensed through 6 yrs of age.</i>	3 to 5	5 DT (if dose 4 was administered on or after the 4 th birthday, the requirement is met). If child is 7 yrs of age or older, must have 3 appropriately spaced tetanus/diphtheria containing vaccines (DTaP, DT, Td, Tdap) - 4 wks between dose 1 & 2 and 6 mos between dose 2 & 3
Polio (IPV)	3 to 4	4 IPV (if dose 3 was administered on or after the 4 th birthday, requirement met). Final dose must be given no sooner than 4 th birthday.
Measles/Mumps/Rubella (MMR) <i>Proposed for this school year – 1 dose of Rubella meets requirement.</i>	2	The 1 st dose cannot be administered more than 4 days before the 1 st birthday. 2 doses required for K thru 12 th grades.
Varicella (Chickenpox) <i>Documentation of disease from a health care provider (physician, RN or PA) is required.</i>	1 or 2	The 1 st dose cannot be administered more than 4 days before the 1 st birthday. 2 doses are required for children entering K through 7 th grade. 1 dose is required for 8 th through 12 th grades.
Hepatitis B <i>Students who have not received 3 doses of Hep B vaccine prior to 7/1/2009 must follow the minimum intervals recommended by the Advisory Committee on Immunization Practices (ACIP)</i>	3	The second dose must be administered at least 4 weeks after the first dose. The third dose must be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered no sooner than 24 weeks (6 mos) of age. The 2-dose series is acceptable for ages 11-15 years. 2 doses can only be accepted using the approved vaccine for the 2-dose series with proper documentation (name of the vaccine, dosage, dates, and interval).

RECOMMENDED VACCINES FOR THE BEST PROTECTION
AGAINST VACCINE-PREVENTABLE DISEASE

VACCINE	Number of Doses	Grades K-12 (5-18 Years of Age)
Influenza (Flu)	1 to 2	<i>Vaccines administered ≤ 4 days before the minimum age are valid</i> 2 doses initially if under 9 yrs of age with a minimum interval of 28 days between doses, then 1 dose annually, thereafter. Recommended for children 6 months of age and older.
Meningococcal Meningitis (MCV)	1 to 2	Adolescents 11-18 years of age
Human Papillomavirus (HPV)	3	Adolescents 11-18 years of age.
Hepatitis A (Hep A)	2	All children 1 year and older

For REQUIRED vaccines: A laboratory test showing immunity is acceptable.

You must provide one of the following to your child's school in order to comply with the law:

1. A completed Certificate of Immunization certifying that the student has received minimum immunizations.
2. If a student's Certificate of Immunization is not up to date, the parent/guardian or emancipated student has 14 days after direct notification to provide documentation that the next required immunization was administered and submit a written plan for completion of any additional required immunizations. If the plan is not completed, the student shall be expelled or suspended from school for non-compliance. Exception to this rule is a shortage of vaccine.
3. Statement of Exemption to Immunization - Colorado Department of Public Health and Environment Certificate of Immunization:
 - a) a **medical** exemption signed by licensed physician stating that the student's physical condition is such that immunizations would endanger life or health or is otherwise medically contraindicated; or
 - b) a **religious** exemption signed by the parent, guardian, or emancipated student that the student adheres to a religious belief opposed to immunizations; or
 - c) a **personal** exemption signed by the parent, guardian, or emancipated student that the student adheres to a personal belief opposed to immunizations.

Immunization requirements will be strictly enforced for all students. Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes 25-4-902.





Publication Consent Form

Weld County School District Re-4

Dear Parent/Guardian:

During the school year our students are sometimes involved in classes, projects, and events which attract attention. At such times we may wish to publish students' photos or videos and/or copies of students' work in newsletters, on our web site, on local cable television, in newspapers, or in other media.

We take pride in our students and their accomplishments and know how motivating public recognition can be. At the same time, we take the issue of child safety quite seriously and respect the right of parents to control some information related to their students.

We ask that parents consent to the school taking and using photographs and images of their children and the products created by their children. Please complete the form below to grant or deny permission to include your child's name, photo, and/or work in district and local publications and videos. Your permission or denial of permission will be continued throughout your student's career in the RE-4 schools, unless you complete another of these forms, changing the publication status of your student.

Often reporters and photographers from local newspapers and television visit our schools. Although the district works with them, the district is not responsible for photographs taken and used by these reporters. Due to the public nature of extracurricular activities, your student's likelihood of being published may be increased.

Name of Student (please print): _____

Date: _____ School _____ Grade _____

Please check ONE box, sign, and return to the main office at your child's school:

- I GRANT permission for my child's name, photographic image, and/or work to be used in publications (including but not limited to: newsletters, newspapers, yearbooks, etc.) websites, videos and /or other media. I understand that no remuneration will be received for such publication.

- I DO NOT GRANT permission for my child's name, photographic image, and/or work to be used in publications (including but not limited to: newsletters, newspapers, yearbooks, etc.), websites, videos and/or other media.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____



WELD RE-4 SCHOOL DISTRICT BUS SAFETY/CONDUCT RULES



The school day for transported students begins when he/she enters the bus and ends when they leave the bus. Please review the following Bus Safety/Conduct Rules and place in a safe place.

BUS SAFETY/CONDUCT RULES

1. Follow bus driver's instructions.
2. Always get to the bus stop at least 5 minutes before the bus is due to arrive.
3. Stay away from the bus until it comes to a complete stop, the driver opens the door and signals for you to enter.
4. Take your seat quickly and remain seated until you arrive at your school or destination.
5. Keep hands, feet, books and other objects to yourself, keep isles clear, do not extend or throw anything out of the bus window.
6. No eating, drinking or chewing gum on the bus. No tobacco or alcohol on the bus.
7. No cell phone usage allowed. The bus is an extension of the class room.
8. No glass, sharp objects, live animals or large articles which block the aisles or emergency door. This includes school projects.
9. No profanity, obscene or rude gestures, teasing, excessive or unnecessary noise.
10. Respect the rights and property of others on the bus and at the bus stop.
11. Remain quiet at railroad tracks so the driver can "stop, look and listen."
12. When it is necessary for you to cross the road, cross 10 feet in front of the bus and only when the bus driver signals you to cross. Never walk behind the bus.
13. No PDA (public display of affection).
14. If on rural route and not riding the bus in the morning, please call the appropriate driver's cell phone or the office (686-8060) and leave a message.
15. Discipline process:

Students who violate any of the Bus Safety/Conduct Rules will receive:

1st Citation – Signed by parent/guardian and copy returned to driver.

2nd Citation – Signed by parent/guardian, conference with driver, transportation director, parents and student.

3rd Citation – Signed by parent/guardian, conference and suspension or withdrawal of transportation services.

Any misconduct may result in immediate suspension or expulsion.

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Parent/Guardian;

Please complete form and return to bus driver or school. By signing, you acknowledge that you have reviewed the Bus Safety/Conduct Rules with your student. Failure to comply with rules could result in the permanent suspension of riding privileges.

Student Name: _____

Address: _____

Home Phone: _____ Alternate Phone _____

School: _____ Grade: _____

Medical/Special Needs: _____

Signature of Parent/Guardian: _____ Date: _____



WELD RE-4 TRANSPORTATION STUDENT ENROLLMENT



Student Name: _____ Today's Date: _____

Phone#: _____ Alternate Phone#: _____

Parent/Guardian Name: _____

Primary Address: _____

Start Date: _____ School: _____ Grade: _____

Days Attending: _____

Special Needs: _____

Siblings:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

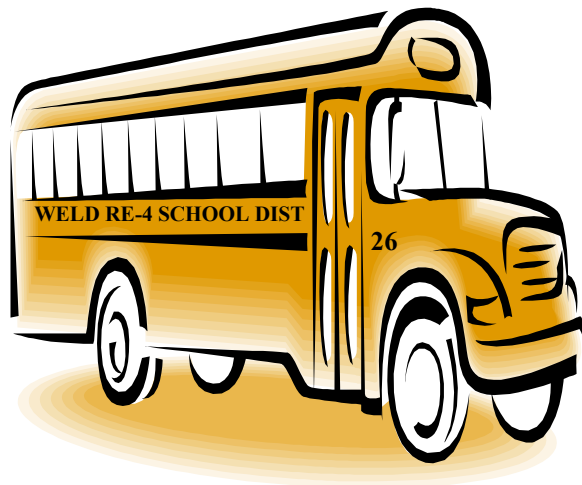
Name: _____ School: _____ Grade: _____

Comments: _____

Office use:

Route Assigned: _____ Stop Location: _____

Time: AM _____ Mid-Day _____ PM _____



SCHOOL CLOSURE DUE TO EMERGENCY OR SEVERE WEATHER CONDITIONS PROCEDURES

Per School Policy EBCE, the school district may dismiss school early in the event of severe weather, power failures, or other emergencies (such as loss of public utilities). Parents/guardians should make advanced arrangements for their children in case of emergency school closures. Children should know where to go if a parent/guardian will not be home and how to contact parents/guardians. Information pertaining to such arrangements, along with parent/guardian contact information (including work telephone numbers) should be kept up-to-date with your child's school. In no case will an elementary school child be released without proper identification and clearance from the school district. Other individuals picking students up from school may also be asked to present photo ID.

Since parents/guardians are the primary protectors of their children, they will need to decide what is best for their children regardless of any decision made by the school district. The option to keep children home when weather conditions are extreme is a decision to be made at the discretion of parents/guardians and the school district understands and respects such decisions. Parents/guardians can contact their child's school to arrange for an excused student absence.

When School is closed:

- All activities scheduled in the district facilities will be cancelled for that day and evening.
- District sports events and team practice will be postponed.
- Before/After school day care programs at the schools will be cancelled.

Early Dismissal:

- If serious storm conditions or other emergency situations develop during the day, the school district will monitor the situation and advise affected schools and the school district's transportation department as soon as possible, of a decision to dismiss school early. When this decision is made, this information will be posted on the school's web site, recorded on the applicable phone lines, and sent to the media as soon as possible.
- Parents/guardians will fill out the Weld School District Re-4 Early Dismissal Student Form when they register their children at the beginning of each school year at registration, alerting the school district as to how their child will be getting home in the event of early dismissal. Parents/guardians are responsible for keeping the information on this form updated throughout the school year so that the school district knows how to proceed when school closes early due to an emergency.

Late Dismissal:

- In case of dangerous weather warnings or other dangerous conditions, a school may keep students past their dismissal time for safety reasons. This information will be posted on the school web site, recorded on the applicable phone lines and sent to the radio and television stations as soon as possible.

Closures and announcements can be found on:

<u>Radio Stations</u>	<u>TV Stations</u>	<u>Web Site</u>
K99	WB2	www.weldre4.k12.co.us
TRI 102	Channel 4	
KFKA 1310	Channel 7	
KOA 850	Channel 9	
KUNC 91.5		
KCOL		

Please complete the enclosed form which will inform your child's school of the emergency-school-closure-plan that you have discussed with your child. A form needs to be completed for each child, so that each of their appropriate teachers will have this information available to them. Parents/guardians are responsible for ensuring that their child's school has updated information on this form.

If an emergency closing occurs during the school day, the local media will communicate this closing as soon as possible. It is likely that many parents/guardians will not know this condition exists. We strongly encourage families to listen to the radio when the weather is inclement. Parents/guardians always have the right to keep their children at home if there is a safety concern.

