

Dear Parents,

WELCOME to Marigold! Please review the following important information about our Health Office prior to school start.

**IMMUNIZATIONS:** All must be complete, prior to school start, for students to start school.

**REGISTRATION HEALTH RECORD:** Completed by parent prior to school start to address any health concerns.

**ORAL HEALTH ASSESSMENT:** California law now requires that your child have an oral health assessment by May 31 in Kindergarten or first grade, whichever is his or her first year of public school. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement.

**REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY:** Physicals are completed by your student's pediatrician during the first year of school.

**If your child has a fever** or goes home with a fever, has diarrhea or has vomited, please keep them home for 24 hours or until they are symptom free without medication.

If you, as parents, will be **out of town** for a length of time, please notify the office in writing who will be responsible for your child in case of illness or emergency. This should include whose home they will be staying with phone numbers.

**MEDICATION:** CUSD requires that a Medication Form (HS-11a) signed by both parents and physician be on file in our Health Office for any medication (including prescription and/or over the counter) use at school. All medications are to be in their original container and clearly labeled with your student's name. Please stop by our health office if you need this form. \*\*\*Medication services at school will begin once all paperwork is completed.

If your child is diagnosed with a **specific illness**, i.e. diabetes, epilepsy, etc. you must contact our Health Office the first day of school. This will ensure communications that are necessary for your child to be fully prepared to deal with their medical condition here at school.

Currently, the School Nurse is available once a week (all day) and the Health Aide Monday through Friday. Never hesitate to call the Health Office if you have a question or concern regarding your child.

We want your student's experience to be positive and hope this information will be of assistance to you.

Sincerely,



James Sandoval

Health Aide



Chico Unified School District  
1163 East Seventh Street  
Chico, CA 95928  
530-891-3000  
Fax 530-891-3220

**FIRST NOTICE OF IMMUNIZATION REQUIREMENTS FOR CALIFORNIA**  
**SCHOOL ADMISSION**

Dear Parent/Guardian:

Date: 11/10/2022

California legislation requires students to be immunized against diphtheria, pertussis, tetanus, poliomyelitis, rubeola (measles), rubella (German measles), mumps, varicella (chickenpox), and any other disease deemed appropriate by California Department of Public Health (CDPH).

Parents/Guardians of pupils entering a California school for the first time must provide the California Immunization Registry (CAIR) immunization record of receipt of each required vaccine dose. This record must include the month and year of each required dose. If your child is not in the CAIR system, you will need to provide a written immunization record. If your child is not vaccinated, you will be referred to a physician, school nurse, or the local health department.

Students transferring within California may be allowed up to 30 days of "conditional" attendance while waiting for immunization records to arrive from the prior school.

Sincerely,

A handwritten signature in cursive script that reads "Janna Sanchez".

Health Office Staff



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION <sup>1, 2, 3</sup>				
<b>K-12 Admission</b>	<b>4 Polio<sup>4</sup></b>	<b>5 DTaP<sup>5</sup></b>	<b>3 Hep B<sup>6</sup></b>	<b>2 MMR<sup>7</sup></b>	<b>2 Varicella</b>
<b>(7th-12th)<sup>8</sup></b>	<b>K-12 doses</b>	<b>+ 1 Tdap</b>			
<b>7th Grade Advancement<sup>9,10</sup></b>		<b>1 Tdap<sup>8</sup></b>			<b>2 Varicella<sup>10</sup></b>

1. Requirements for K-12 admission also apply to transfer pupils.
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
5. Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
6. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
7. Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
8. For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
9. For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
10. The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

## INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See [shotsforschool.org](http://shotsforschool.org) for more information.

**UNCONDITIONALLY ADMIT** a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.\*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

**CONDITIONALLY ADMIT** any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations.\*





# Chico Unified School District HEALTH RECORD REGISTRATION

Student's Legal Last Name		Student's Legal First Name		Middle Name	Other Legal Name (if applicable)
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate:    /    /		Current School and Grade:	
Parent/Guardian Last Name	Parent/Guardian First Name	Home Phone	Cell Phone	Work Phone	
Parent/Guardian Last Name	Parent/Guardian First Name	Home Phone	Cell Phone	Work Phone	
Doctor/Primary Care Provider Name		Doctor/Primary Care Provider Phone and Fax Numbers			
Eye Doctor Name		Eye Doctor Phone and Fax Numbers			

**Please check appropriate response for each condition listed below:**

YES	NO	AGE	YES	NO	
		Previous Concussion			Wears Glasses
		Tendency to faint			Last Eye Examination date:
		Recurrent Headaches			Wears Contacts
		Difficulty with Speech			Hearing Loss
Audiometrist:					
		Diabetes:	Insulin Dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Asthma:	If yes, is inhaler needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Bee Sting reaction other than local swelling?	Epi pen Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Allergic reaction to medicine or food. If yes, please list:			
		Seasonal Allergies?			
		Heart Condition(specify):			
		Seizures: Type:			
		List any special health problem or physical disability that should be brought to the attention of the school nurse or teacher:			
		Complications during pregnancy: Explain:			
		Complications during delivery: Explain:			
		Medications, alcohol, tobacco, & drugs used during pregnancy			
Childhood (Fill in the blanks)			Sleep & Rest Patterns		
Illnesses:			Average hours of sleep per night:		
Accidents			Quality of sleep:		

**According to the Education Code, parents are required to inform the school their child is on routine medication.**

Name of Medication(s):			
Medication(s) is taken at:	<input type="checkbox"/> Home	<input type="checkbox"/> School	<input type="checkbox"/> Home and School

<b>My child has had SPECIAL SERVICES in a previous school</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Please circle all that apply:</b> Speech      Special Day Class      Resource Program      Adaptive Physical Education Psychological Testing      504 Plan      IEP Services
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Signature of Parent or Guardian

Relationship

Date





Administrative Offices  
1163 East Seventh Street  
Chico, CA 95928-5999  
530.891.3000

FOR THE KINDERGARTEN CLASS OF 2022-2023

Dear Parent or Guardian:

California *Education Code* Section 49452.8 requires that your child have a DENTAL CHECK-UP (Oral Health Assessment) by May 31 of your child's kindergarten year. Assessments that have happened within the 12 months before your child enters school will meet this requirement. This exam should be completed by a licensed dentist, or other licensed or registered dental health professional.

Please take the Oral Health Form ON THE BACK OF THIS LETTER to the dental visit, then return the completed form to your child's school.

The following resources may help you find a dentist:

1. Medi-Cal/Denti-Cal toll-free number (1-800-322-6384) or Web site (<http://www.denti-cal.ca.gov>) can help you to find a dentist who takes Denti-Cal.
2. For additional resources that may be helpful, or for help enrolling your child in Medi-Cal/Denti-Cal, please contact the Butte County Department of Social Services at (530) 879-3479.

If you have questions about this requirement, please contact the school nurse at your child's school.

Sincerely,

**Diane Olsen**

Director, Special Services

PARA LA CLASE DEL KINDERGARTEN DE 2022-2023

Estimado padre, madre o tutor:

Código de Educación de California Sección 49452.8 requiere que su hijo se haga un CHEQUEO DENTAL (Evaluación de la Salud Oral) hacia el 31 de mayo del año del kindergarten de su hijo. Las evaluaciones que han ocurrido en los 12 meses antes de que su hijo entra a la escuela cumplirá con este requisito. Este examen debe ser realizado por un dentista con licencia u otro registrado o otro profesional de la salud dental autorizado o certificado.

Por favor, lleve la Forma de la Salud Oral AL DORSO DE ESTA CARTA a la visita dental. Entonces devuelva la forma completada a la escuela de su hijo.

Los siguientes recursos pueden ayudarle a encontrar un dentista:

1. Medi-Cal / Denti-Cal número gratuito (1-800 -322-6384) o en el sitio Web (<http://www.denti-cal.ca.gov>) puede ayudarle a encontrar un dentista que Denti-Cal .
2. Para obtener recursos adicionales que pueden ser útiles, o para ayudar a inscribir a su hijo en Medi-Cal / Denti-Cal , por favor, póngase en contacto con el Butte County Departamento de Servicios Sociales al (530) 879-3479.

Si tiene preguntas sobre este requisito, por favor póngase en contacto con la enfermera en la escuela de su hijo.

Sinceramente,

**Diane Olsen**

Director, Special Services

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CHICO UNIFIED SCHOOL DISTRICT  
1163 E. SEVENTH ST., CHICO, CA 95928

**Oral Health Assessment Form**

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

**Section 1: Child's Information (Filled out by parent or guardian)**

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

**Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)**

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Assessment Date:	<u>Caries Experience</u> (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible Decay Present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
Licensed Dental Professional Signature CA License Number Date			

**Section 3: Waiver of Oral Health Assessment Requirement**

**To be filled out by parent or guardian asking to be excused from this requirement**

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

☐ I am unable to find a dental office that will take my child's dental insurance plan.

My child's dental insurance plan is:

☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ Other \_\_\_\_\_ ☐ None ☐ I cannot

afford a dental check-up for my child.

☐ I do not want my child to receive a dental check-up.

Optional: other reasons my child could not get a dental check-up:

If asking to be excused from this requirement: \$ \_\_\_\_\_

Signature of parent or guardian Date





**Chico Unified School District**  
**1163 E. Seventh Street, Chico, CA 95928**

Date 11/16/2022

Dear Parent or Guardian:

Going to school and learning is a happy experience for a healthy child. The state mandated Child Health and Disability Prevention Program is designed to ensure that every child has the opportunity to start school in good health and ready to learn.

Basic to the program is the concept that many physical and mental disabilities can be prevented, or their impact lessened, when they are identified and treated before irreversible problems develop. A child may appear healthy and yet have a health problem. Finding health problems early usually means they are easier to correct, cost less, and serious complications can be avoided. The following is needed:

The parents of each child are required to provide the school with evidence of a physical examination **for entry into first grade.**

A physical examination done **within 18 months prior to entering first grade** will be accepted for this requirement.

We urge parents to consult with their family physician regarding the physical examination. You may also contact the Butte County Public Health Office at 530-552-4000 or go to:

[http://www.buttecounty.net/Portals/21/Nursing/Maternal\\_ChildHealth/CHDP/PhysicianProviders.pdf](http://www.buttecounty.net/Portals/21/Nursing/Maternal_ChildHealth/CHDP/PhysicianProviders.pdf)

for a list of Butte County CHDP providers. The Health Office at your child's school of attendance also has a list of CHDP providers.

Please have your child's physician complete the "Report of Health Check-up for School Entry" form and return it to school. If you do not want your child to have a check-up, the "Waiver of Health Check-up for School Entry" form **MUST** be completed.

For further information, please contact your child's school of attendance.

Sincerely,

Air Parkin RN / James Samdal Health Aide  
School Nurse/Health Assistant

Marigold Elementary School



REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last		First	Middle	BIRTH DATE—Month/Day/Year	
ADDRESS—Number, Street			City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTaP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Fill out if patient or guardian has signed the release of health information.

☐ Examination shows no condition of concern to school program activities.

☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.



# Kindergarten Parents, Please Remember!

Turn in your:

- \_\_\_\_\_ Completed Immunizations
- \_\_\_\_\_ Registration Health Record
- \_\_\_\_\_ Report of Health Examination for School Entry
- \_\_\_\_\_ Oral Assessment

- Please note the "Report of Health Examination for School Entry" is due before 1<sup>st</sup> grade entry.
- Oral Health Assessment is due May 31, 2024

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**YOUR HEALTH OFFICE**

**APPRECIATES YOUR EFFORTS!**

**PLEASE TURN IN PRIOR TO SCHOOL START**

By August 18, 2023

: Completed Immunizations

: Health Registration

Call with any questions (530) 891-3121

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