Marigold Elementary
HEALTH OFFICE EXPECTATIONS

Dear Parents,

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

1. **IMMUNIZATIONS**: All immunizations must be completed and shared with school prior to starting school.

2. **REGISTRATION HEALTH RECORD**: Parents complete prior to school start to address health concerns.

3. **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.

4. **REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY**: Physicals need to be completed and turned in by your student’s pediatrician during the first year of school.

5. **If your child has a sudden onset of cough, difficulty breathing, fever, diarrhea or has vomited**, please keep them home for 24 hours or until they are symptom free without medication.

6. If parents/guardians will be **out of town** for a length of time, please notify the office in writing. We need to know who will be responsible for your child in case of illness or emergency. This information should include whose home they will be staying, along with phone numbers.

7. **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) used 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.

8. 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,

**Emily Ruggle**
Health Assistant Marigold Elementary
FIRST NOTICE OF IMMUNIZATION REQUIREMENTS
FOR CALIFORNIA SCHOOL ADMISSION

Dear Parent/Guardian:

California legislation requires students to be immunized against diphtheria, pertussis, tetanus, poliomyelitis, rubella (measles), rubella (German measles), mumps, Hepatitis B, and varicella.

Parents/guardians of pupils entering a California school for the first time must provide a written immunization record of receipt of each required vaccine dose. This record must include the month and year of each required dose. If you do not have a record, you will be referred to a physician, nurse, or the local health department.

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

Sincerely,

[Signature]
Principal/Designee Signature

[Date]

HS-20b
1/16
## California Immunization Requirements for K – 12th Grade

### Grade Requirements

<table>
<thead>
<tr>
<th>GRADE</th>
<th>Number of Doses Required of Each Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-12 Admission (7th-12th)³</td>
<td>4 Polio ⁴  5 DTaP ⁵  3 Hep B ⁶  2 MMR ⁷  2 Varicella</td>
</tr>
<tr>
<td>7th Grade Advancement ⁹,¹⁰</td>
<td>1 Tdap ⁸  2 Varicella ¹⁰</td>
</tr>
</tbody>
</table>

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. One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
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 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 in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed in CA prior to 2016) in accordance with Health and Safety Code section 120335; 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 (17 CCR section 6050).
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 entre 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

HS 10
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)**

<table>
<thead>
<tr>
<th>Child’s First Name:</th>
<th>Last Name:</th>
<th>Middle Initial:</th>
<th>Child’s birth date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th></th>
<th>Apt.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>ZIP code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Teacher:</th>
<th>Grade:</th>
<th>Child’s Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Child’s race/ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian</td>
</tr>
<tr>
<td></td>
<td>☐ Native American ☐ Multi-racial ☐ Other ____________________</td>
</tr>
<tr>
<td></td>
<td>☐ Native Hawaiian/Pacific Islander ☐ Unknown</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Assessment Date:</th>
<th>Caries Experience (Visible decay and/or fillings present)</th>
<th>Visible Decay Present:</th>
<th>Treatment Urgency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ No obvious problem found</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Urgent care needed (pain, infection, swelling or soft tissue lesions)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensed Dental Professional Signature</th>
<th>CA License Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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: ____________________

<table>
<thead>
<tr>
<th>Signature of parent or guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The law states schools must keep student health information private. Your child’s name will not be part of any report as a result of this law. This information may only be used for purposes related to your child’s health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child’s first school year.

*Original to be kept in child’s school record.*

HS-9h (3/09)
Dear Parents:

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) 538-6222 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,

[Signature]
Principal/Designee Signature

[Signature]
School

HS-9eWhite (Rev 1/10)
# 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**

<table>
<thead>
<tr>
<th>CHILD'S NAME—Last</th>
<th>First</th>
<th>Middle</th>
<th>BIRTH DATE—Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS—Number, Street</td>
<td>City</td>
<td>ZIP code</td>
<td>SCHOOL</td>
</tr>
</tbody>
</table>

**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.

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

**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 266).

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE EACH DOSE WAS GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Second</td>
</tr>
<tr>
<td>POLIO (OPV or IPV)</td>
<td></td>
</tr>
<tr>
<td>DtaP/DTP/DT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)</td>
<td></td>
</tr>
<tr>
<td>MMR (measles, mumps, and rubella)</td>
<td></td>
</tr>
<tr>
<td>HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)</td>
<td></td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td></td>
</tr>
<tr>
<td>VARICELLA (Chickenpox)</td>
<td></td>
</tr>
<tr>
<td>OTHER (e.g., TB Test, if indicated)</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
</tbody>
</table>

**PART III**
**ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)**

**RESULTS AND RECOMMENDATIONS**

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)*

**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.

<table>
<thead>
<tr>
<th>Signature of parent or guardian</th>
<th>Date</th>
</tr>
</thead>
</table>

Name, address, and telephone number of health examiner

<table>
<thead>
<tr>
<th>Signature of health examiner</th>
<th>Date</th>
</tr>
</thead>
</table>
Student Symptom Decision Tree
Screen all students for potential COVID-19 symptoms or exposure

Low-risk: general symptoms
- Fever (≥100.4°F)
- Congestion/runny nose
- Nausea/vomiting/diarrhea
- Sore throat
- Headache
- Fatigue/muscle or body aches

High-risk: red flag symptoms
- Cough
- Difficulty breathing
- Loss of taste/smell

Exposure to COVID-19 positive person? Close contact: less than 6 feet, 15 minutes or longer

NO
- 1 low risk symptom
  - Send home
  - Return to school after 24 hrs after symptom resolution (without fever reducing medication)

- ≥2 low risk symptoms
  OR 1 high risk symptom
  - Send home
  - Evaluation by health care provider

Health care provider confirms alternative diagnosis for symptoms. A health care provider’s note must be on file.
SARS-CoV-2 PCR test not needed.

1
- Negative SARS-CoV-2 PCR test.
  - Return to school after 24 hrs without fever and symptoms improving

2
- Positive SARS-CoV-2 PCR test
  OR
  No provider visit or test
  - Return to school only after 10 days since symptom onset and 24 hrs without fever. Quarantine close contacts of confirmed cases. If any questions, contact local health care provider.

3

YES
- Stay home*
  - In consultation with local health care provider
  - Return to school after 14 days from last contact, unless symptoms develop.
  If symptoms develop, perform SARS-CoV-2 PCR test.

*This care pathway was designed to assist school personnel and is not intended to replace the clinician’s judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified health care provider.