

Student Health and Wellness

Health Services Information for Parents of Ennis I.S.D. Students

Good health is necessary for your child to learn effectively. Your school nurse promotes the health of your child in school through emergency and first aid care, communicable disease control, health counseling and health education, and health appraisal screenings. Parents are encouraged to assure the health of their children through physical and dental examinations on entrance to school and at periodic intervals as recommended by their doctor or dentist. Parents are also requested to provide the school with all pertinent health information on their child's Health Record and the Health and Emergency Information for Clinic Use Form at the time of enrollment. This will enable the school nurse to meet the special health needs of your child.

ACCIDENTS

If your child is injured at school, we will make him/her comfortable and then call you immediately if a serious injury has occurred. If you cannot be reached, we will contact the emergency number listed on the emergency care form. It is important to keep your child's records and emergency numbers updated. If no one can be reached, your child will be taken to the local hospital emergency room if the injury needs immediate attention.

FEVER/ILLNESS

Students should not be sent to school with a fever and/or vomiting, and diarrhea. The Texas Department of Health guidelines, in relation to communicable diseases, states that a student has fever if it is 100 degrees or greater. If a child has a fever at school, they will be sent home. No aspirin or aspirin products will be given at school under any circumstances due to the risk of Reye's Syndrome and asthma triggers. **Students should be fever free for 24 hours (without use of medication, i.e.; Tylenol or Ibuprofen to lower temperature) before returning to school unless they have instructions from a physician that they can return to school and/or have been on an antibiotic for 24 hours.** It would be advantageous for every household to have a thermometer so an accurate determination of the student's temperature can be made. Please be sure the front office has current phone numbers on file for your student. **When students are ill, the guidelines set forth by the Center for Disease Control (CDC) will be followed for any and all contagious illnesses. This is for the protection of all our students.**

IMMUNIZATIONS - Texas Minimum State Vaccine Requirements for Students Grades K-12

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, Sections 97.61 to 97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. [Click here for complete TAC language.](#)

The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38, Health & Safety, Subchapter A, General Provisions.

IMMUNIZATION REQUIREMENTS (6.14_2014-2015)

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level				NOTES
	K – 5 th	6 th	7 th	8 th - 12 th	
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap) ¹	5 doses or 4 doses		3 dose primary series and 1 Tdap/Td booster within last 5 years	3 dose primary series and 1 Tdap/Td booster within last 10 years	<p>For K - 6th grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4th birthday. For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday.</p> <p>For 7th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.</p> <p>For 8th - 12th grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine. Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.</p>
Polio ¹	4 doses or 3 doses				<p>For K – 12th grade: 4 doses of polio; 1 dose must be received on or after the 4th birthday. However, 3 doses meet the requirement if the 3rd dose was received on or after the 4th birthday.</p>
Measles, Mumps, and Rubella ^{1,2} (MMR)	2 doses of MMR	2 doses of measles and 1 dose each of rubella and mumps vaccine			<p>The 1st dose of MMR must be received on or after the 1st birthday.</p> <p>For K – 5th grade: 2 doses of MMR are required.</p> <p>For 6th - 12th grade: 2 doses of a measles-containing vaccine, and 1 dose each of rubella and mumps vaccine is required.</p>
Hepatitis B ²	3 doses				<p>For students aged 11 - 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax®) was received. Dosage and type of vaccine must be clearly documented. Two (2) 10 mcg/1.0 ml doses of Recombivax®. If Recombivax® is not the vaccine received, a 3-dose series is required.</p>
Varicella ^{1,2,3}	2 doses	1 dose	2 doses		<p>The 1st dose of varicella must be received on or after the 1st birthday.</p> <p>For K – 5th and 7th - 12th grade: 2 doses are required.</p>

				For 6th grade: 1 dose is required. For any student who receives the 1 st dose on or after 13 years of age, 2 doses are required.
Meningococcal			1 dose	For 7th – 12th grade: 1 dose required
Hepatitis A ^{1,2}	2 doses			The 1 st dose of hepatitis A must be received on or after the 1 st birthday.

- ¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
- ² Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in place of vaccine.
- ³ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Exemptions

The law allows (a) physicians to write a statement stating that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child or household member, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools and child-care facilities should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.ImmunizeTexas.com. Original Exemption Affidavit must be completed and submitted to the school or child-care facility.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school or child-care facility.

Provisional Enrollment

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.

It is the parent's responsibility to provide the school with their child's immunization record, which shows full compliance with Texas state immunization laws. Immunizations and copies of shot records

must be up-to-date. If any child is not in compliance with the state laws regarding immunizations, he/she will be unable to attend school until the records are complete.

If you need assistance understanding what immunizations your child needs, please call your family physician or the nurse at your campus.

COMMUNICABLE DISEASES

Parents of a student with a communicable or contagious disease are asked to telephone the school nurse/office so that other students who have been exposed to the disease can be alerted. A student with certain diseases is not allowed to come to school while the disease is contagious. To protect other students from contagious illnesses, students infected with certain diseases are not allowed to come to school while contagious.

Among the common of these diseases are the following:

Amebiasis	Typhoid fever	Bacteria streptococcal disease
Hepatitis A (acute)	Common cold with fever	Invasive (group A or B)
Ringworm of the scalp	Influenza	Giardiasis
Campulobacteriosis	Scabies	Mumps
Impetigo	Fifth disease	Tuberculosis,
Rubella (German Measles)	(Erythema Infectiosum)	Pulmonary
Including congenital	Measles (Rubeola)	Head Lice (Pediculosis)
Chicken pox (varicella)	Shigellosis	Pinkeye (Conjunctivitis)
Infectious mononucleosis	Gastroenteritis	Whooping Cough
Salmonellosis, including	Viral Meningitis	(Pertussis)

Students sent home with head lice will not be allowed to return to school until cleared by a school nurse. Only two days will be assigned as excused absences.

MEDICATION

District personnel shall not dispense oral medicine of any kind, including over-the-counter types, without written authorization of parent/guardian of the student. If prescription medication or over-the-counter medication is necessary for a student to remain in school, then this medication must be in the original container, with full directions on the label.

Students are not to carry ANY medications to school. All medication should be brought to the nurse's office for administration.

Medicine to be taken three times a day or less does not need to be sent to school. It can be given in the morning, after school, and at bedtime.

House Bill 1688 effective 08/09/02 amended the Texas Education Code entitling students with asthma or diabetes to possess and self-administer their prescription asthma medication and insulin or insulin products while on school property or at school-related event or activity. Parents must provide a written authorization and a statement from the prescribing physician to their child's school that

the student has the knowledge and skills to self-administer such medication. This authorization is to be kept on file in the school nurse's office.

SCREENING INFORMATION:

By screening students for height and weight, vision, hearing, scoliosis, acanthosis nigricans, your school nurse may detect a problem, which could interfere with your child's learning or health. Vision testing is done using the Snellen, HOTV chart, or Titmus machine. The hearing test includes pure tone (acuity - how well a student hears). Hearing and vision testing is done at grades P-K, K, 1, 3, 5, & 7 and with all new students. Scoliosis screening in grades 5 and 8 is an observance of the child's back as he or she stands and bends forward. Acanthosis nigricans is an observance of the surface on the skin to detect markings that can be a signal of high insulin levels. This screening is done beginning at grade 1. Should our screening detect a potential problem, you will be contacted and referred to your doctor. Students with problems will receive rechecks at appropriate intervals. Students may receive additional health screenings as requested by a parent or school personnel. All EISD nurses are trained and certified to perform these screenings.

Your child will be screened according to the Texas state department of health requirements and Ennis I. S. D. policy and procedures unless you notify the school nurse in writing. The nurse will advise you as to the proper forms you will need in place of the school screening.

REYE'S SYNDROME ALERT

Ennis ISD personnel and medical staff will not administer medications with aspirin or other salicylate-containing ingredients. These may include but are not limited to: Alka-Seltzer, Anacin, Ascriptin, Bayer, BC Powder, BC Cold or Allergy Sinus, Dristan, Ecotrin, Excedrin, Goody's, Kaopectate, Norwich Aspirin Products, Pamprin, Pepto-Bismol, Sine-Off Sinus Medications, St. Joseph Aspirin Products, Vanquish, or YSP.

Reye's Syndrome, a deadly disease, strikes swiftly and can attack any child or adult without warning. All body organs are affected, with the liver and brain suffering most seriously. While the cause and cure remain unknown, research has established a link between Reye's Syndrome and the use of aspirin and other salicylate-containing medications.

Typically Reye's Syndrome occurs when someone is recovering from a viral illness and begins to feel better. A person's life can depend on early diagnosis.

Watch for these symptoms, usually occurring in this order:

1. Relentless or continuous vomiting
2. Listlessness (loss of pep and energy with little interest in their environment)
3. Drowsiness (excessive sleepiness)
4. Personality Change (such as irritability, slurred speech, sensitivity to touch)

5. Disorientation or confusion (unable to identify whereabouts, family members or answer questions)
6. Combativeness (striking out at those trying to help)
7. Delirium, convulsions or loss of consciousness

Studies have shown that using aspirin or aspirin-containing medications to treat the symptoms of viral illnesses increases the chance of developing Reye's Syndrome. If you or family members have a flu-like illness, do not use aspirin or aspirin-containing medications. Consult your physician instead.

BACTERIAL MENINGITIS

What is Meningitis?

Meningitis is an inflammation of the covering of the brain and spinal cord. It can be caused by viruses, parasites, fungi, and bacteria. Viral meningitis is most common and the least serious. Bacterial meningitis is the most common form of serious bacterial infection with the potential for serious long-term complications. It is an uncommon disease, but requires urgent treatment with antibiotics to prevent permanent damage or death.

What Are The Symptoms?

Someone with meningitis will become very ill. The illness may develop over one or two days, but it can also rapidly progress in a matter of hours. Not everyone with meningitis will have the same symptoms.

Children (over 1 year old) and adults with meningitis may have a severe headache, high temperature, vomiting, sensitivity to bright lights, neck stiffness or joint pains, and drowsiness or confusion. In both children and adults, there may be a rash of tiny, red-purple spots. These can occur anywhere on the body.

The diagnosis of bacterial meningitis is based on a combination of symptoms and laboratory results.

How Serious Is Bacterial Meningitis?

If it is diagnosed early and treated promptly, the majority of people make a complete recovery. In some cases it can be fatal or a person may be left with a permanent disability.

How Is Bacterial Meningitis Spread?

Fortunately, none of the bacteria that cause meningitis are as contagious as diseases like the common cold or the flu, and they are not spread by casual contact or by simply breathing the air where a person with meningitis has been. The germs live naturally in the back of our noses and throats, but they do not live for long outside the body. They are spread when people exchange saliva (such as by kissing; sharing drinking containers, utensils, or cigarettes).

The germ **does not** cause meningitis in most people. Instead, most people become carriers of the germ for days, weeks or even months. The bacteria rarely overcome the body's immune system and causes meningitis or another serious illness.

How Can Bacterial Meningitis Be Prevented?

Do not share food, drinks, utensils, toothbrushes, or cigarettes. Limit the number of persons you kiss.

While there are vaccines or some other strains of bacterial meningitis, they are only in special circumstances. These include when there is a disease outbreak in a community or for people traveling to a country where there is a high risk of getting the disease. Also, a vaccine is recommended by some groups for college students, particularly freshmen living in dorms or residence halls. The vaccine is safe and effective (85-90%). It can cause mild side effects, such as redness and pain at the injection site lasting up to two days. Immunity develops within 7 to 10 days after the vaccine is given and lasts for up to 5 years.

What You Should Do If You Think You Or A Friend Might Have Bacterial Meningitis?

Seek prompt medical attention.

For More Information:

Your school nurse, family doctor and the staff at your local or regional health department office are excellent sources for information on all communicable diseases. You may also call your local health department or Regional Texas Department of Health office to ask about the meningococcal vaccine. Additional information may also be found at the web sites for the Centers for Disease Control and Prevention: www.cdc.gov and the Texas Department of Health: www.tdh.state.tx.us.