



Kenmore-Tonawanda School District
Student Services / Health Services

Health Office Requirements for Registration

The following are requested to be completed for the school nurse upon arrival and start of school:

- Health Office Card – please complete and return at time of registration
- Immunization Requirements Information
- Dear Parent Letter regarding physical examinations and immunization requirements.
- Important Notice to Parents/Persons in Parental Relation of Students with Life-Threatening Health Conditions
- Health Appraisal / Routine Physical
- Dental Health Certificate
- INCLUDED FOR INFORMATION ONLY IS THE All Grade Levels Overview of Services
- Wellness Policy Highlights



Kenmore-Town of Tonawanda Union Free School District
1500 Colvin Boulevard Buffalo, New York 14223-1196
Phone: (716) 874-8400 Fax: (716) 874-8621



Health Services

Student Health History

To be completed & signed by parent/ guardian, then returned to school nurse with physical exam form from healthcare provider (use attached Health Appraisal or send provider copy).

Student's name: _____ Date of Birth: _____ circle one: Male Female

Address: _____ Phone: _____

School: _____ Grade: _____

Has this child ever attended Ken-Ton schools before? _____ If yes, when? _____

Has this child attended a New York State school before? _____ If yes, where? _____

Healthcare provider's name: _____ Address: _____

Provider's Phone: _____ Date of last physical exam: _____

Has your child ever been diagnosed with or treated for any of the following:

	NO	YES	DATE
Asthma			
Allergy			
Accident/serious injury			
Birth defect			
Broken bone(s)/ fractures			
Chicken pox			
Concussion			
Diabetes			
Measles, Mumps, or Rubella			
Mononucleosis			
Scarlet fever			
Seizures			
Strep throat			
Tuberculosis (TB)			
OTHER			

Has your child ever had surgery? _____ If yes, give date and description: _____

Does your child wear eyeglasses? _____ If yes, indicate if they are for reading, distance, or both _____

Does your child have a hearing problem? _____ Did your child have frequent ear infections? _____ Ear tubes? _____

Is your child currently on any medication? _____ Name of medication: _____

Reason for medication: _____

Does your child have any mental, emotional or physical conditions that the school should know about? :

Does your child attend a clinic for any health reason? _____ If yes, name of clinic: _____

Signature of parent/guardian: _____ Date: _____

Return this form to the school nurse with a physical from healthcare provider

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

HEALTH APPRAISAL FORM

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision - without glasses/contact lenses	R	L	<i>Referral</i>
	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:
 ___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. Rev. 10/3/07

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Sex: Male Female Will this be your child's first oral health assessment? Yes No
Month Day Year

School: Name Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature Date

Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment)
 The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



Health Services

Overview of services for all grade levels

Health Examination Requirements:

A physical examination is required and a dental check is advised prior to school entrance.

NYSED requires an annual physical exam for new entrants, students in grades pre-K, K, 2, 4, 7, and 10; as well as yearly for sports and triennially for Special Education.

A physical exam is acceptable if it is dated less than one year before the start of that school year.

Copy of health certificate must be submitted within 30 days of entrance into school.

If documentation of a health exam done by the student's healthcare provider is not received, a health appraisal will be done by the school medical director with parent/guardian consent.

Immunization requirements:

New York State requires immunizations for school entrance and attendance. Exemptions for medical reasons require yearly renewal and verification from healthcare provider.

Health services provided through school include:

Scoliosis screening for students in grades 5, 6, 7, 8, 9

Vision screening for students in pre-K, K, 1, 2, 3, 5, 7, 10, & new entrants

Hearing screening for students in pre-K, K, 1, 2, 3, 5, 7, 10, & new entrants



Health Services
Medications at school

Students may need to take medication(s) during school hours in order to attend school, participate fully in the education program, and maintain an optimal state of health. This applies to medications medically necessary for the student to take while in school or at school sponsored events; this does not apply to medications that may be taken at another time of day.

In order to protect the health and safety of all students, schools must have a written provider order and written parent/guardian consent in order for a student to be administered a medication, or to permit a student to self-administer their medication at school. A provider order is required for both prescription and non-prescription medications. A provider order is valid for 12 months, unless the provider changes the order, writes the order for a shorter period of time, or discontinues the order.

A provider order must include the following information:

1. Date order is written
2. Student name and date of birth
3. Medication name
4. Medication dosage
5. Medication route
6. Time and frequency the medication is to be administered
7. The conditions under which the medication is to be administered
8. Attestation that the student has demonstrated they can self-administer the medication effectively, and the medication is needed in a rapid manner requiring the student to carry it with them at all times- if applicable
9. The provider's name, title, and signature
10. Provider's telephone number and address.

Changes in medication dosages must be ordered by the provider.

Medication must be brought to school by a designated adult in the original bottle, properly labeled with provider orders and signed parental consent.

Kenmore-Town of Tonawanda Union Free School District

Student Services / Health Services

**IMPORTANT NOTICE TO PARENTS. PERSONS IN PARENTAL RELATION OF
STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS**

Definition of life-threatening health condition: A condition, including a known allergy, that will put the child in danger of death during the school day if a medication or treatment order is not in place (for example food or substance allergy, insect sting allergy, asthma, diabetes, seizure disorder, etc).

If your child has a life-threatening health condition, please immediately contact the School Health Office/School Office for a "Life-threatening Health Condition Packet" which includes the following:

- Student Emergency Care Plan for the student's specific health condition;
- Authorization for Administration of Medication in School;
- Self-Medication Release Form.

The appropriate forms and any additional information you or the licensed health provider would like to share must be completed and returned to the School for review and approval by the School Nurse as soon as possible.

Reminder:

It is the parent/person in parental relation's responsibility to alert other school programs that their child has a health condition and/or a care plan in place.

Please report immediately and changes needed in emergency contact information, medication, health status, etc. to the School Office.

If you have any questions or concerns, please contact the Principal or the School Nurse assigned to your child's school.

Thank you for your assistance in helping us to provide a safe school experience for your child.

This form should be given to all parent/persons in parental relation at the time of registration or when school staff is notified that a student has a life-threatening health condition.



Immunization Requirements

Parents/Guardians:

The New York State Department of Health has revised the laws regarding immunization requirements for the school attendance starting July 2015.

Attached is a chart summarizing these requirements.

On the chart, please refer to the Grade that your child will be in starting in September for the required immunization; the column below the grade level shows all required vaccines and required number of doses.

The following changes have been made:

- Students must have **2 doses** of MMR to enter Kindergarten and for all grades K through 12. They may no longer wait until the age of 7.
- Students in grades K, 1, 6 and 7 must have 2 Varicella vaccines.
- Students in grade K and 1 must have a dose of both Polio and DTaP at 4 years of age or older. They may no longer wait until the end of the age range (4-6 years) to get the booster of Polio and DTaP.
- Students may present proof of immunity by serology (blood test) to the following immunizations: measles, mumps, rubella, hepatitis B, varicella, and poliomyelitis.
- Medical exemptions to immunizations must be reissued annually. The written exemption must identify the immunization exempted, the medical contraindication for the exemption, and the length of time immunization is contraindicated.



Kenmore-Town of Tonawanda Union Free School District
1500 Colvin Boulevard Buffalo, New York 14223-1196
Phone: (716) 874-8400 Fax: (716) 874-8621



Acceptable records & proof of Immunizations:

The following documents are proof of compliance:

- Original signed certificate of immunization
- New York State Immunization Information System (NYSIIS) record
- New York citywide Immunization Registry (CIR) record
- Official registry from another state
- Electronic health record sent directly from the provider
- Official record from a foreign nation
- Immunization Record from a previous school - A copy of immunization records from a previous school which includes who administered the immunization agents, the products administered (products administered can mean either the vaccine or its brand name) and dates of administration.
- Serologic proof of immunity can be accepted in place of vaccination only for the following diseases: measles, mumps, rubella, varicella, hepatitis B and all 3 serotypes of poliomyelitis found in the polio vaccines
- Physician, physician assistant or nurse practitioner diagnosed history of varicella

2016-17 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades Pre-k through 8, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: Intervals between doses of polio vaccine need to be reviewed only for grades prekindergarten, kindergarten, 1, 2, 6, 7 and 8.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 9 through 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule.

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1 and 2	Grades 3, 4 and 5	Grades 6, 7 and 8	Grades 9, 10, 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap) ²	4 doses	5 doses or 4 doses If the 4th dose was received at 4 years of age or older or 3 doses If aged 7 years or older and the series was started at 1 year of age or older		3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) ³		Not applicable		1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses If the 3rd dose was received at 4 years of age or older	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years of age or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose		2 doses		
Hepatitis B vaccine ⁶	3 doses		3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years of age		
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable		By Grade 7: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years of age or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses		Not applicable		
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses		Not applicable		

1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at ages 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years of age or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
 - b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children ages 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years of age or older will meet the 6th grade Tdap requirement.
 - e. For children 7 years of age or older who received the first dose on or after their first birthday, the immunization requirement is 3 doses. If the first dose was received before their first birthday, then 4 doses are required.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
 - a. Students 11 years of age or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years of age or older will meet this requirement.
 - b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years of age.
4. Poliovirus vaccine (IPV/OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at ages 2 months, 4 months and at 6 through 18 months, and 4 years of age or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at age 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Students in grades kindergarten through 12 must have received 2 doses of measles-containing vaccine, 2 doses of mumps-containing vaccine and at least 1 dose of rubella-containing vaccine.
 - c. One dose of MMR is required for prekindergarten.
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than 24 weeks of age.
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart (age 11 through 15 years) will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children aged less than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate vaccine (MenACWY). (Minimum age: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra or Menevo) is required for students entering grade 7.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at age 16 years or older, the second (booster) dose is not required.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months of age.
 - b. If 2 doses of vaccine were received before 12 months of age, only 3 doses are required with dose 3 at 12 through 15 months of age and at least 8 weeks after dose 2.
 - c. If dose 1 was received at ages 12 through 14 months of age, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months of age or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years of age or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months of age.
 - b. Unvaccinated children 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at age 12 through 15 months.
 - c. Unvaccinated children 12 through 23 months of age are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months of age or older, no further doses are required.
 - e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information contact:

New York State Department of Health
 Bureau of Immunization
 Room 649, Corning Tower ESP
 Albany, NY 12237
 (518) 473-4437

New York City Department of Health and Mental Hygiene
 Program Support Unit, Bureau of Immunization,
 42-09 28th Street, 5th floor
 Long Island City, NY 11101
 (347) 396-2433



Immunization Requirement for Students Entering Pre-Kindergarten in 2016

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter Pre-kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Pre-Kindergarten

Immunization	Number of Doses
Polio	3
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	4
Measles/Mumps/Rubella	1
Varicella (Chickenpox)	1
Hemophilus Influenzae	1 to 4
Pneumococcal Conjugate	1 to 4

Please send proof of immunization to the school nurse where your child will be attending pre-kindergarten.

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
 - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: _____ School: _____

Phone #: _____ Fax: _____ Email: _____

Sincerely,

Principal



2016-2017 School Year

Immunization Requirements for Students in Kindergarten, Grade 1 & 2

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Kindergarten, Grade 1 & Grade 2

Immunization	Number of Doses
Polio	4 doses or 3 if the 3rd dose at 4 years of age or older
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	5 doses or 4 if the 4th dose given at 4 years of age or older or 3 doses if series stated at age 7 or older
Measles/Mumps/Rubella	2
Varicella (Chickenpox)	2

Please send proof of immunization to the school nurse where your child will be attending kindergarten.

Proof of immunization must be any 1 of the 3 items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
 - o For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: _____ School: _____

Phone #: _____ Fax: _____ Email: _____

Sincerely,

Principal



**2016-2017 School Year
Immunization Requirements for Students in Grades 2-5**

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter Grades 2 - 5 and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Students in Grades 2-5

Immunization	Number of Doses
Polio	3
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	5 doses or 4 if the 4th dose given at 4 years of age or older or 3 doses if series stated at age 7 or older
Measles/Mumps/Rubella	2
Varicella (Chickenpox)	1

Please send proof of immunization to the school nurse where your child will be attending Grades 2 through 5.

Proof of immunization must be any **1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
 - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: _____ School: _____

Phone #: _____ Fax: _____ Email: _____

Sincerely,

Principal



2016-2017 School Year

Immunization Requirements for Students in Grades 6

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter 6th grade and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Immunization	Number of Doses
Tdap: Boostrix® & Adacel® (Both now licensed for use with 10 – 64 year olds)	Age 10: Not required to receive the Tdap until they turn 11 years old. At that time they must provide documentation of a booster dose of Tdap or provide proof of an appointment for the booster dose within 14 days. Age 11: Must receive an immunization containing tetanus toxoids, diphtheria, and acellular pertussis (Tdap).
DTaP/DTP	3
Varicella (chickenpox)	2
Polio	3 or 4 4 doses if all 4 before age 4 3 with the 3 rd dose at 4 years of age or older
MMR	2
Hep B	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between 11 through 15 years of age

Thank you for your attention to these new immunization requirements.

If you have questions or concerns about immunizations, please contact the school health staff.

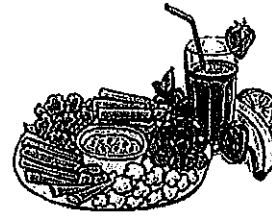
School Nurse: _____ School: _____

Phone #: _____ Fax: _____ Email: _____


Sincerely,

Principal

Healthy Food Ideas: School Snacks, Celebrations & Family Events¹



Snack time, celebrations, and family events are great opportunities to promote a healthy lifestyle, provide consistent messages and create excitement around nutritious choices. When food is a part of the school day or a special school event, offer a variety of healthy options including fruits, vegetables, whole grains, low fat/fat-free dairy products and water.

<p>Fruits</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fresh whole or sliced fruit assortment <input type="checkbox"/> Fruit salad or kabobs <input type="checkbox"/> Dried fruit or 100% fruit leathers <input type="checkbox"/> Frozen fruit (try frozen grapes!) <input type="checkbox"/> Sliced apples with cinnamon <input type="checkbox"/> Unsweetened applesauce <input type="checkbox"/> 100% fruit popsicles <input type="checkbox"/> Banana pops (bananas, sliced in half, popsicle sticks inserted, rolled in yogurt and whole grain cereal toppings, and frozen) 	<p>Low Fat/Fat-Free Dairy</p> <ul style="list-style-type: none"> <input type="checkbox"/> String cheese <input type="checkbox"/> Yogurt (try squeezeable!) <input type="checkbox"/> Yogurt smoothies or parfaits 
<p>Whole Grains</p> <ul style="list-style-type: none"> <input type="checkbox"/> Low fat popcorn <input type="checkbox"/> Whole grain bagel slices, muffins or pita with hummus or peanut butter <input type="checkbox"/> Low fat breakfast or granola bars 	<p>Vegetables</p> <ul style="list-style-type: none"> <input type="checkbox"/> Raw vegetables (baby carrots, sugar snap peas, sliced bell peppers and more) with low fat dip <input type="checkbox"/> Celery topped with peanut butter & raisins or low fat cream cheese & 100% fruit preserves <input type="checkbox"/> Edamame – boiled soybeans served in the pods <p>DIPS: hummus, salsa, bean dip, honey mustard, low fat ranch, low fat yogurt</p>

WARNING: A small but growing number of kids have severe peanut and/or tree nut allergies. Before bringing in peanuts, peanut butter, or other nuts as a snack, make sure none of the children has an allergy.

Edible Art

Creative parents can make items like "Watermelon Turtles" (hollowed-out watermelons carved to look like turtles, filled with fruit) or "Veggie-Head Bagels" (mini whole grain bagels with low fat cream cheese; use small pieces of veggies like broccoli, carrots, and peppers to create fun faces). In fact, edible "food art" can be created using a variety of healthy foods. Kids will have a blast making and eating the good-for-you treats!

Drinks

- Water
- Low fat or fat-free milk
- 100% fruit juice
- Sparkling punch (seltzer & 100% juice)





Make health the expectation and the easy choice for students and families

- ❑ Promote fruits and vegetables by arranging them in a visually-appealing way to draw the attention of kids and families.
- ❑ If sweets or other treats are present, offer them in small portion sizes with other, healthier foods that balance out the meal. Try cutting treats in half.
- ❑ Create sign-up sheets that list items like fruits, vegetables, whole grain crackers, low fat/fat-free yogurt, cheese and milk – and don't forget the water. Include one line for a parent to bring in a less nutritious, more traditional party treat (which is an opportunity to teach moderation), or eliminate that option entirely.

Alternately, instead of sign-up sheets, send home a list of suggestions for healthy party snacks (check for food allergies before serving).

Healthy Food Ideas

Mixed Foods

- ❑ Air-popped popcorn with nuts and dried fruit
- ❑ Low fat cheese on whole grain crackers
- ❑ Graham crackers with peanut butter
- ❑ Sliced apples with low fat cheese slices
- ❑ Whole grain pizza with low fat toppings
- ❑ Whole grain pancakes topped with fruit
- ❑ Wraps with low fat ingredients
- ❑ Quesadillas or bean burritos with salsa
- ❑ Low fat cottage cheese with fruit
- ❑ Baked tortilla chips with salsa or bean dip
- ❑ Trail/cereal mix (low fat/low sugar)
- ❑ Fruit-n-cheese pretzel kabobs
- ❑ Whole grain rice cakes topped with bananas or other fruit
- ❑ Low sodium sliced turkey wrapped around slices of cucumber, bell peppers, or carrots
- ❑ Mini sandwiches cut into fun shapes with cookie cutters

Get Kids in on the Act! Parents can bring in the ingredients and kids can make their own:
Trail Mix – pretzels, dried fruit, whole grain-low sugar cereals, sunflower or sesame seeds, etc.
Fruit Salad – apples, oranges, strawberries, blueberries, bananas, kiwi, pineapple, etc.

Look for more healthy food ideas:

Coalition for Activity and Nutrition to Defeat Obesity (CanDo)

School Wellness Resource Kit:

www.ActionforHealthyKids.org/SchoolWellnessResourceKit-CanDo



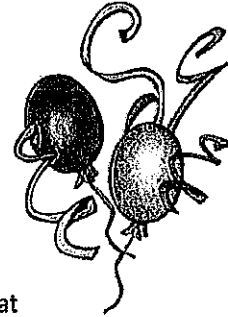
Action for Healthy Kids® fights childhood obesity, undernourishment and physical inactivity by helping schools become healthier places so kids can live healthier lives. We partner with a legion of dedicated volunteers – teachers, students, moms, dads, school wellness experts and more – to create healthful school changes. Our programs, tools and resources make it possible for everyone to play their part in ending the nation's childhood obesity epidemic. Creating a healthy school food culture is a critical step towards reversing the national health crisis facing our children.

www.ActionforHealthyKids.org

¹ Adapted from "Healthy Celebrations," Connecticut State Department of Education, May 2005 & "Healthy Food Ideas," Ohio Action for Healthy Kids, 2012



Healthy Birthdays, Celebrations & Family Events¹



Birthdays, celebrations, and family events are great opportunities to promote a healthy lifestyle, provide consistent messages and create excitement around nutritious choices at school. Plan events that emphasize healthy foods and align with classroom lessons or shift the focus and plan non-food events centered on physical activity, music, art and games. Host events that make it easy for children to practice making healthy choices.

Birthdays – *the birthday child can:*

- Be the teacher's helper.
- Wear a special crown, sash, button or badge all day.
- Donate and/or read a favorite book to the class.
- Choose the class music for writing or independent study time.
- Receive a personalized birthday card from the teacher via email or snail mail.
- Choose a game or activity the class does for the last few minutes of the school day.
- Have special time (for a walk, game or other activity) with the teacher, principal or another adult.
- Receive a "Celebrate Me" book from classmates with written stories, poems or drawings about the birthday child.



*Children like
adventure – don't
be afraid to try
something new!*

Promote Healthy Living

Plan family events that get parents engaged and on board with healthy living, as this will create more buy-in and support for a healthy school food culture. It also makes it more likely that healthy habits will be reinforced at home.



*For a list of healthy
school food ideas for
snacks, celebrations
and family events visit:*

www.ActionforHealthyKids.org/ParentToolkit-FoodIdeas

Family Events

- Health fairs
- School garden work days
- Cooking lessons or "Iron Chef" competitions
- Physical activity events with healthy snacks or prizes (dance contests, fun runs, obstacle courses, bike-a-thons, sock hops)
- Screenings of movies that promote healthy living
- Nutrition classes for the family from community partners like your cooperative university extension service
- Fall festival with active fall-themed games and a farmers' market
- Walk-to-school month with parent participation
- Creation of school teams for local runs or walks
- Parents and teachers vs. kids sports competition
- 30-day challenges – pick a healthy habit and organize a competition around it, starting with a kick-off event and ending with a celebration



Healthy Celebrations

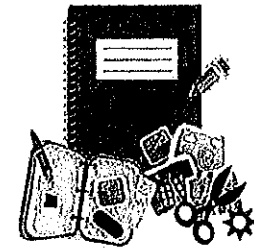
Celebrations

- Give children extra recess time instead of a party.
- Have a dance party. Let students select the music. Invite the principal and other school staff!
- Get students involved in planning and preparing for celebrations – let them make decorations and favors and let them choose the games.
- Create a book honoring what is being celebrated that day. Have students draw pictures showing what the day means to them.
- Organize a special community service project instead of a party. Invite senior citizens in for lunch, collect goods and make cards for sheltered families, organize a project outside for Earth Day.
- Have students vote on a special class art project or craft. Invite a local artist to come in and do a demonstration.
- Arrange a treasure hunt around the classroom. Provide a special non-food treat at the end. Use a theme that ties into what the kids are learning in class.
- Ask students to come up with healthy party ideas, and ask parents to send in healthy recipes and ideas for activities, games and crafts. Create a “healthy classroom party guide” to distribute to parents.
- Plan around holiday themes. Students can make cards for winter holidays, decorate the classroom with hearts for Valentine’s Day, and learn an Irish step-dance for St. Patrick’s Day. Search education websites for ideas.



When food is offered

- Make good nutrition the expectation and the easy choice – offer fruits, vegetables, whole grains, low fat/fat-free dairy products and water.
- Check your school’s wellness policy or school improvement plan to see if they contain any guidelines or goals about foods for birthdays, celebrations, and family events. If they don’t, find out what it would take to address this issue.



Resources

Coalition for Activity and Nutrition to Defeat Obesity (CanDo) & Healthy Kids Club
 Guide to Healthy School Celebrations:
www.ActionforHealthyKids.org/HealthyPartyGuide-CanDo

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¹ Adapted from “Healthy Celebrations,” Connecticut State Department of Education, May 2005 & “Healthy Celebrations at School,” Ohio Action for Healthy Kids, 2012



Standards for USDA School Meals

Ken-Ton Food Service breakfast and lunch programs are regulated by the federal government, as the USDA sets the standards. The following standards related to school meals will be addressed in the policy:

- Schools will offer breakfast through the USDA Breakfast program
- School meals meet the USDA standards as written in the Healthy, Hunger-Free Kids Act of 2010
- All school meal periods shall include at least 20 minutes for lunch and 10 minutes for breakfast
- Appropriate supervision by cafeteria monitors shall be provided
- Nutrition information of school meals will be shared via serving lines, monthly menus and district website



The Kenmore-Town of Tonawanda School District is committed to providing a school environment that promotes and protects children's health, well-being and the ability to learn by fostering healthy eating habits and physical activity. The District has established a Wellness Committee to develop a local wellness policy and make recommendations for review and adoption by the Board of Education. The Kenmore-Town of Tonawanda School District Wellness Committee includes, but is not limited to, representatives from the following groups:

- Parents
- District Food Service
- School Board
- School Administrators
- Physical Education Teachers
- Health Education Teachers
- Family and Consumer Science Teachers
- School Nurses
- Mental Health Professionals

Additional Resources

For a full version of the Kenmore-Town of Tonawanda School District wellness policy, visit our website at:
www.kenton.k12.ny.us

Federal regulations on wellness policies and Healthy, Hunger-Free Kids Act
<http://www.fns.usda.gov/school-meals/healthy-hunger-free-kids-act>

Wellness Policy Assessment and Resources
www.wellsat.org

Kenmore-Town of Tonawanda Union Free School District
1500 Colvin Blvd.
Buffalo, New York 14223
716-874-8400

Kenmore-Town of Tonawanda Union Free School District

Wellness Policy Highlights



Revised September 2012

Nutrition Education and Wellness Promotion

The District will provide nutrition education and promote wellness to facilitate healthy eating habits and nutrition-related behaviors in the following ways:

- Provide a Nutrition curriculum in Family and Consumer Science, Health and PE which include skill-based activities
- Link the entire school environment to healthy school goals
- Encourage staff to be role models to healthy behaviors
- Share information on healthy choices with family and community
- Market healthy choices in schools/at school functions and discourage the marketing of unhealthy choices

Nutrition Standards for Other Foods and Beverages

The District Wellness Policy supports nutrition standards of all foods sold or provided on school campus outside USDA School Meals. The goal is to encourage healthy lifelong eating habits by providing foods that are high in nutrients, low in fat and added sugars and of moderate portions.

All foods in the following classifications **MUST** meet "Smart Snacks in School" Rule:

- Vending Machines
- School Stores
- Food Service a La Carte
- Class parties and school celebrations
- It is suggested that fundraising follow the same district nutrition standards as defined by "Smart Snacks in School" Rule.

"Smart Snacks in School" Rule

Any Foods Sold in School MUST Meet at Least ONE of the Following:	The Food Must Also Meet ALL of the Following Standards:
<ul style="list-style-type: none"> • Be whole grain rich (At least 50% whole grain by weight or grain as the first ingredient) 	<ul style="list-style-type: none"> • Calories: Snack items must be no more than 200 calories; entrée items no more than 350 calories
<ul style="list-style-type: none"> • First ingredient must be a fruit, vegetable, dairy product or protein food 	<ul style="list-style-type: none"> • Fat: Total Fat no more than 3.5%, Saturated Fat no more than 10% of calories, Trans Fat: 0 grams (artificial)
<ul style="list-style-type: none"> • Be a combination food that contains at least 1/4 cup of fruit or vegetable 	<ul style="list-style-type: none"> • Sodium: Snack items must be no more than 230 mg per portion
<ul style="list-style-type: none"> • Contain 10% of the Daily Value of the following nutrient; Calcium, Potassium, Vitamin D or Dietary Fiber 	<ul style="list-style-type: none"> • Sugar: Must be no more than 35% of weight from total sugars in foods



^{100*}Foods/Beverages should be analyzed using the "Smart Snacks in Schools" calculator found at: https://schools.healthiergeneration.org/focus_areas/snacks_and_beverages/smart_snacks/alliance_product_calculator/

Physical Education and Activity

The District will provide opportunities for every student to develop the knowledge and skills to participate in regular physical activity and develop long and short term goals in the following ways:

- Provide a Physical Education Curriculum for each grade level
- Use New York State mandates when planning Physical Education classes to the greatest extent possible
- When possible, classrooms will provide short activity breaks and supervised recess that include physical movement in addition to Physical Education
- The District will provide structured physical activity opportunities before and after school
- Students should not be denied participation in recess or other physical activity

Serving Size Limits for Beverages Sold in School

- Plain water or plain carbonated water: no size limit in any grade level
- Non-fat, low-fat unflavored or flavored milk: no more than 8 fl. oz. for elementary, no more than 12 fl. oz. middle and high school
- 100% fruit/vegetable juice, no more than 8 fl. oz. for elementary, no more than 12 fl. oz. for middle and high school