



TVS Parents,

Welcome to Trinity Valley School! I understand that you may have many health concerns and questions regarding COVID-19, we will be sending out updates to all TVS families over summer. Our top priority is to provide the safest environment for your child while at Trinity Valley School.

To prepare for the arrival of your child and to understand your child's health needs, please send in the following items as soon as possible and no later than **7/24/20**. If for some reason this is not possible, please let me know.

1. Copy of your child's immunization record. An updated copy must be provided each time they receive immunizations. If these records are not on file prior to the beginning of school, a student may be asked to stay out of school and will be unable to participate in field trips and other activities until the records have been submitted. **This is required by the state of Texas.** To access the Texas Department of State Health Services (TDSHS) required immunization schedule, please visit:
<http://www.dshs.texas.gov/immunize/school/school-requirements.aspx>
 - o **Please review the Trinity Valley School immunization policy (attached)**
2. A statement or report from your child's doctor stating that your child has been examined within the last year and is able to participate in school, including PE. Any form your physician uses to convey this statement is acceptable. A sports physical also satisfies this requirement. **(Sports physicals are required for students in grades 7-12 who plan to participate in athletics).** Students will not be allowed to participate in PE classes or athletics until this requirement has been satisfied. Don't wait until the end of summer, call and schedule an appt with your pediatrician if your child has not been seen within a year.
 - o Sports physical form is attached for your convenience

Completed documents may be:

1. Dropped off at the security gate entrance on Bryant Irvin Rd. in a sealed envelope with the following info: Attn: Amy Coats and your child's name(s)
2. Mailed to:
Trinity Valley School, Attn: Amy Coats
7500 Dutch Branch Rd. Fort Worth, TX 76132
3. Emailed to: medforms@trinityvalleyschool.org

Parent Portal Login:

- You will receive your login to the parent portal for RenWeb in June in order to complete emergency contact information, consent to treat, and medical history. We will send you detailed instructions on how to access the portal and a list of what we need at that time.

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- It is extremely important that we have the correct contact information in case of an emergency or if your child is sick.

Prescription medications, Asthma, or Allergies:

- **If your child has a severe allergy or other medical condition, please contact us and we can arrange a time to meet and discuss prior to the first day of school.**
- If your child will need a prescription medication at school, has asthma, and/or has a severe allergy (food, latex, insect sting), please have their physician complete the appropriate form(s) that are found on the TVS Website.
 - Click on Programs>Health & Wellness>Scroll down to “In this Section” blue box>Clinic and Health Forms>K-12 Prescription Medications Form and/or K-12 Severe Allergy Form, and Family Food Allergy Health History Form. If already logged in to MyTVS, click on Parent Portal and scroll down to Medical Forms.
 - All prescription medications must be administered in the nurse’s office.
- If your child has asthma and occasionally require a rescue inhaler or breathing treatment, we are also happy to administer if we have the signed prescription medication form from your physician.

Antibiotics:

- If your child is on an antibiotic at any time during the year that is to be taken three times a day, we can certainly administer it if we have the bottle from the pharmacy with the physician’s instructions.

Over-the-counter medications:

- Over-the-counter medications (generic equivalent) are available for your child during the school day, if you have approved the medicine in RenWeb. You will be able to access this once you receive your login in June.
 - If at any time you would like your child to receive an over-the-counter medication that we do not keep stocked in the clinic, you may bring it by with their name and dosing information including times to be administered.

Thank you for your time and patience in completing these important medical documents. Should you have any questions or concerns, please contact us directly. We are thrilled to care for your child and keep them safe while at TVS! Have a wonderful summer; we look forward to meeting you!

Stay Healthy & Well,

Amy Coats, RN, BSN
TVS School Nurse (full time)
817-321-0132
Fax: 817-321-0131
coatsa@trinityvalleyschool.org

Kim Bartell, RN, BSN
TVS School Nurse (part time)
bartellk@trinityvalleyschool.org



Immunization Policy

All students entering, attending or transferring to Trinity Valley School must be fully vaccinated based on the Texas Department of State Health Services (TDSHS) requirement immunization schedule. To access the TDSHS's required immunization schedule for students, please visit: <http://www.dshs.texas.gov/immunize/school/school-requirements.aspx>

Immunization Requirements

Acceptable records and/or documentation include:

- 1) Original immunization record or photocopy that includes the signature or stamp of a physician or physician's representative validating the record.
- 2) An official immunization record from a state or local health authority.
- 3) An official record received from school officials, including records from another state.

Serologic confirmations of immunity measles, rubella, mumps, hepatitis A, Hepatitis B, or varicella or serologic confirmations of immune response are acceptable in lieu of vaccine. Additionally, with regard to varicella (chicken pox) only, a written statement from a parent or legal guardian, school nurse or physician attesting to a child's positive history of varicella disease or varicella immunity is acceptable in lieu of a vaccine record for that disease.

DSHS Form: <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>

Exemptions

Exclusion from compliance is allowable for documented medical reasons if the vaccine required would be harmful or injurious to the health and well-being of the child (documented allergic reaction, adverse reaction, or documented immunosuppression). In order to claim medical exemption, a student must have an annual written letter from his or her licensed medical physician (MD, DO) from a US accredited medical school stating that the required vaccines would be medically contraindicated and why. This letter must be updated annually prior to the start of the school year.

Influenza Vaccination:

Trinity Valley School strongly recommends that all students and members of the faculty and staff receive an annual influenza vaccine.

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PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ Pulse _____ BP _____ / _____ (_____ / _____, _____ / _____)
 Vision R20/ _____ L20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Physical Examination Form must be completed yearly prior to participation in any athletic event associated with TVS.

PHYSICIAN REMINDERS (For further comment by physicians)

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck			
Back/Spinal Screen			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

- Cleared
 - Cleared after completing evaluation/rehabilitation for : _____
 - Not cleared for: _____ Reason: _____
- Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

Printed Name: _____ Date of Examination: _____
 Address: _____ Phone Number: _____
 Signature: _____

Must be completed before a student participates in any practice or games/matches.