



Wood Oaks Jr. High School
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January 4, 2021

Dear Parent or Guardian,

In preparation for the 2021-22 school year, this letter informs you of necessary health record information for your rising sixth grade student. We want to give you plenty of time to comply with State of Illinois mandates.

PHYSICAL EXAMINATION (Certificate of Child Health Examination Form)

A physical examination is required for all incoming sixth grade students. **Physicals are due two weeks prior to the first day of school. That is, by August 2, 2021.** The exam must include up-to-date immunizations and the **medical history section completed and signed by the parent or legal guardian of the student** and be dated within one year prior to the first day of the school year. It must be reported on the Illinois Certificate of Child Health form. All physical examination forms must be reported on The State of Illinois Certificate of Child Health Examination form dated 11/2015 at the bottom left corner on page 1). The Health History section must be completed by a parent or legal guardian. Please ensure that the Yes/No section is completed, sign and date (top of page 2).

Please be advised to keep a copy of the examination form for your records. Failure to comply with this requirement by October 15, 2021 will result in your child's exclusion from school. Form attached.

A dental examination is required for all students entering 6th grade.

An oral health examination is required for all incoming sixth grade students. Parents will be required to obtain a signed report on a state form by a licensed dentist. School dental examinations must have been completed within 18 months of the May 16, 2022 deadline. Form attached.

Out of State Transfer Student Requirements: Students who transfer into District 27 from out of State after the start of the school year must meet all Illinois immunization requirements. Students will have 30 days from the day they start school to show proof of all immunizations.

Immunization Requirements for students entering 6th grade 2021-22: *Please note and share with your child's healthcare provider:*

- **MMR (Measles, Mumps, Rubella) 2 doses:** 1st dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later.
- **Polio: Three or more doses** of Polio with the last dose qualifying as a booster and received on or after the 4th birthday.

- **Varicella (2 doses):** First dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose.
- **Tdap: One dose**
- **Hepatitis B (3 doses)**
- **Meningococcal Conjugate (MCV4): One dose (on or after the 11th birthday)**

MEDICATION ADMINISTRATION/SELF ADMINISTRATION CONSENT FORM

Required permission includes prescription and over the counter medications (Tylenol, cough medicine, etc.) that need to be taken during school. All medication must be sent to school in a container appropriately labeled by the pharmacy. If it is over the counter medication, it needs to be sent in the original package with your child's name on it. Parents must provide written authorization by the physician with diagnosis and directions for dispensing medication. Authorization forms must also be signed by the parent/guardian. Forms must be renewed every school year. **Note: Each medication requires a separate form.** Form attached.

Asthma: self-carry and self-administer: parent must provide to the school written authorization for the self-administration and self-carry of asthma medication or for the self-carry of asthma medication. The parent must provide to the school the prescription label containing the name of the asthma medication and prescribed dosage, and the time at which/circumstances of administering the asthma medication. Students diagnosed with asthma are requested to provide an Asthma Action Plan. Form attached.

Epinephrine: self-carry and/or self-administration: parent must provide to the school written authorization from the student's physician, physician's assistant or advanced practice nurse for the self-administration and self-carry of an epinephrine auto-injector or for the self-carry of an epinephrine auto-injector. It is advised to keep an extra inhaler and epinephrine auto-injector in the nurse's office in case it is lost or medication has run out.

Parental Consent for Emergency Treatment

Please sign and date the enclosed form granting permission for District 27 employees and agents to provide and/or arrange for emergency medical treatment. Form attached.

Thank you very much for your prompt attention to this health requirement. If you have any questions, please feel free to contact me.

Sincerely,
Mrs. Karen Kornick R.N., C.S.N.
District Nurse
847-272-1900 ext. 5536

Documents referenced: Nb27 Forms
[Certificate of Child Health Examination](#)
[Proof of School Dental Examination](#)
[Medication Administration/Self Administration Consent Form](#)
[Asthma Action Plan](#)

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