



TIGER TALES



September 29, 2017

Band/Chorus

Welcome back! The Middle School Advanced Band and Chorus have begun and are sounding great. Beginner band will have a meeting on Tuesday, October 3rd, at 6:30 PM in the DCS Cafeteria. The music company will be there to lease instruments, and all beginning students will learn to put their instruments together and make their first sounds! Lessons will begin on October 4. Please contact Heidi McCarthy at mccarthyh@rsu5.org with any questions.

Middle School Dance

Grades 6-8
Friday, September 29th
at DCS
6:00 - 8:30pm
Cost \$5.00

Please go to the link below to donate supplies for the concession stand

<http://www.signupgenius.com/go/20f0e4dafad22a5f94-social>

Great Job Scientists!

The Maine Department of Education released the school by school 2016-17 Science MEA test results on their MAARS Public Portal this week.

DCS has the highest percentage of students scoring "at or above state standards" of any school in the state.

92.68% of DCS 5th and 8th graders met or exceeded the standards when they took the test in the spring of 2017.

Congratulations to the students who took the test, to the teachers who have taught them over the years, and to all the staff who contribute to the learning environment at DCS. We also want to recognize the contributions of Grant Connors. Mr. Connors is a retired teacher who provides additional science experiences for students in his role as a volunteer at DCS.

Durham Sports Boosters



We Need Your Help

The Durham Boosters needs a logo and who better to design it than you!! We are having a logo contest and it's open to all Durham kids, grades Pre-K thru 8th. There will be a winner picked from each grade and one of those will be chosen to be the new Boosters logo!! Please submit your design no later than end of day Monday, October 16th and don't forget to include your full name and grade on the back! Entries can be turned in to the Boosters mailbox in the office and you are welcome to submit multiple entries.

One winner from each grade will receive a \$10 gift card to Dicks Sporting Goods and the Grand Prize winner will receive a \$50 Dicks gift card.

We look forward to all your creative designs!!

SPORTS THIS WEEK SOCCER

October 3

Boys at St. Doms
Boys A 4:00pm / Boys B 5:15pm

Girls home vs. St. Doms
Girls A 4:00pm / Girls B 5:15pm

CROSS COUNTRY

September 29

at Scarborough (Smiling Hill)
Girls 4:00pm / Boys 4:30pm

October 5

at Falmouth Middle School
Girls 4:00pm / Boys 5:15pm





6th Grade Conservation Camp

The DCS sixth graders attended the University of Maine's Bryant Pond 4-H Camp and Learning Center on September 20, 21, and 22. The students learned about wildlife, conservation, gardening and other outdoors skills. The days were spent hiking, canoeing, climbing the ropes course, and many other activities. We had a great time, and we all came back more knowledgeable about our natural world.



got yearbook?

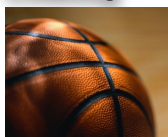
We have a few copies left!!!

If you missed out on the 2016 ~ 2017 Yearbook, we have a few copies left for sale. The cost is \$20.00 and checks can be made out to Durham Community School. Please see Debi or Rose in the office for your copy.

Thank You,
The Yearbook Staff



Basketball is Coming



Travel Basketball
Evaluation Night: Oct 11th
5:00 pm at FMS

Travel Basketball League - Fee \$100
Parent Information Night - Oct 5th at
5:00 pm at FMS
Grades 5/6 & 7/8
Register by Oct 6th

Rec Basketball - Fee \$69
Grades 3/4 and 5/6
Register by Nov 10th

RSUS COMMUNITY PROGRAMS



Community Programs

Dance..Dance..Dance

Hippity Hop (K-2)

MSS - Wednesdays - Oct 18 - Nov 22
3:15-4:00pm **Fee: \$65**

Hip Hop (K-5)

DCS - Tuesdays - Oct 17 - Nov 21
3:20-4:15 pm **Fee: \$65**

Spinning Sprouts (Ages 3-5)

MSS - Wednesdays - Oct 18 - Nov 22
4:15-5:00 pm **Fee: \$65**

Mad Science - Energize It

Energize your mind while exploring the many facets of energy & motion!

MSS - Tuesdays Oct 3-Nov 28

DCS - Thursdays Oct 5-Dec 12

Fee: \$105 (now 8 wks)



Babysitter Training w/CPR

DCS - Thursday & Friday Oct 5 - 20
3:20 to 5:50 pm

Fee: \$49 (and \$50 material fee to instructor)

Beginning to Stay Home Alone

DCS - Thursday & Friday Oct 26 & 27
3:20 to 5:20 pm

Fee: \$29



PLD Day Childcare - Oct 6th

Need Childcare for the day? Kids will do a variety of activities including crafts & gym activities. (K-5)

MSS - 7am - 5:30 pm

Fee: \$49

rsu5cp.org

207-865-6171 x0

17 West Street Freeport, ME 04032



Prevent the **flu**.
Get vaccinated.

FLU CLINICS

FREE for RSU No. 5 Students & Staff
Vaccine is also available for
Families & Community
Donation Appreciated
Provided in Partnership with **CHANS**

TUESDAY-10/3/17, 3-7pm
and...

THURSDAY-11/16/17, 3:30-6:30pm

FHS Cafeteria
Please use FPAC Entrance

HEALTHY CHILDREN....are READY TO LEARN!

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only



PEDIATRIC INFLUENZA VACCINE 2017 **HEALTH SCREEN & PERMISSION FORM**

NPI: 1609923747

School Name: _____

Full Name:		Date of Birth: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:		Town/City:	Zip Code:	Daytime Phone:
Grade:	Teacher:		School Administrative Unit (District)	

Is this person an American Indian or an Alaskan Native? ☐ yes ☐ no
 Is this person uninsured? ☐ yes ☐ no
 Is this person insured by MaineCare (Medicaid)? ☐ yes ☐ no

Maine Care ID #: _____

Private Insurance Carrier: _____ ID #: _____

Doctor's Name: _____ Phone Number: _____

Please answer the following questions about the person named above. Comments may be written on the back of this form.

	YES	NO
1) Does this person have a severe (life-threatening) allergy to eggs?		
2) Has this person ever had a severe reaction to an influenza immunization in the past?		
3) Has this person ever had Guillain-Barre Syndrome?		

If you answered "yes" to any questions 1-3, please see your healthcare provider for influenza vaccination

PERMISSION TO VACCINATE

- I was given a copy of the Influenza (Flu) Vaccine Information Statement, I have read this or had this explained to me and I understand the benefits and risks of the Influenza vaccine.
- I give permission for a record of this vaccination to be entered into the ImmPact Registry and a copy sent to this persons primary care provider.
- I give permission for information to be used to bill MaineCare or private insurance for the cost of providing the vaccine
- I give my consent for this person to receive the most appropriate vaccine, as determined by the health care clinic staff.
- **I give permission for the flu vaccine to be given to the person named above by signing below.**
- I agree to have my child remain at the clinic site for 15 minute after receiving the vaccine, and will inform clinic staff if my child has any changes in the way they are feeling; such as dizziness, difficulty breathing, fast heart rate; loss of consciousness, agitation, sense of unease, lightheadedness, burning and/or itching eyes/nose, nausea, vomiting, abdominal pain, diarrhea, flushing skin, general itching, or new swelling in any part of their body.

X _____ Date: _____

Signature of parent or guardian if person to be vaccinated is a minor or Signature of adult to be vaccinated

Printed Name of Parent or Guardian: _____

FOR OFFICE USE ONLY:

Date Dose Administered	Vaccine Manufacturer	Lot Number	Dose Volume	Signature and Title of Vaccinator	Body Site	Route	VIS date
							State Supplied Y N