



Northbrook School District 27

Hickory Point School

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January 2023

Dear Kindergarten Parents,

In preparation for the 2023-24 school year, this informational letter is being sent to you regarding the required health record information for your incoming Kindergarten student. We want to give you plenty of time to comply with State of Illinois mandates. The required documents can be found on page 2.

PHYSICAL EXAMINATION (Certificate of Child Health Examination Form)

Students entering kindergarten and new students to the district must present proof of the required State of Illinois physical examination and immunizations. The physical exam must be dated within one year prior to the first day of the school year (on or after August 24, 2022).

Physicals are due two weeks prior to the first day of school. That is, by Thursday, August 10, 2023. If your child's physical and immunization appointment is scheduled after August 10, 2023, please provide proof of the upcoming appointment no later than Thursday, August 10, 2023. The completed form can be submitted to hphealthforms@nb27.org or dropped off at Hickory Point School.

Parent/Guardian sections to complete:

1. Top section of the front page (student's name, birth date, grade, address, etc.).

2. Health History (top section of page #2: student's name, etc. and entire Health History (Yes/No section) with parent signature and date).

Illinois state law requires that the Health History section be completed, signed, and dated by the parent or guardian before a school can accept the health exam. If this section is not completed, the form will be returned to the parent/guardian for completion.

Please be advised to keep a copy of the examination form for your records. Failure to comply with this requirement by Monday, October 16, 2023 will result in your child's exclusion from school.

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1250 Sanders Road ● Northbrook, Illinois 60062 ● (847) 498-2610 ● www.nb27.org

DENTAL EXAM (Proof of School Dental Examination Form)

An oral health examination is required for all incoming kindergarten students. Parents will be required to obtain a signed report on the current state form by a licensed dentist. School dental examinations must have been completed within 18 months prior to the May 15, 2024 deadline.

VISION EXAM

The State of Illinois requires that all children enrolling in kindergarten in a public, private or parochial school and any student enrolling for the first time in an Illinois school shall have an eye examination. School eye examinations must have been completed within the 12 months prior to the October 16, 2023 deadline.

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 a current physical (within 12 months) and all immunizations on the Illinois Certificate of Child Health Examination form.

MEDICATION ADMINISTRATION/SELF ADMINISTRATION CONSENT FORM

Required permission to dispense medication at school includes both 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 over-the-counter medication is required during the school day, 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 of 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.**

Asthma: 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.

Epinephrine: Students diagnosed with allergies that require the use of Epinephrine and/or an antihistamine are requested to provide an Allergy Action Plan as well as the prescribed medication(s).

Respectfully,

Mrs. Karen Kornick M.Ed, RN, PEL-CSN
District 27 Nurse
847-272-1900 ext. 5536

Documents referenced: Nb27 Forms
[Certificate of Child Health Examination](#)
[Proof of School Dental Examination](#)
[Medication Administration](#)
[Asthma Action Plan](#)
[Allergy Action Plan](#)
[Eye Exam Report](#)

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