



Registration Health Information

Health information

List any health information relevant to a school setting on your students' registration/demographic card in the "Health Problems" box. If your student has medical needs, please contact your school nurse to ensure an appropriate plan is in place to meet your student's medical needs at school.

Immunizations

State law requires that each student's immunization record be up to date and turned into the school in order for the student to start school. There are specific requirements for kindergarten and seventh grade entry. These requirements can be found on the Utah Department of Health Immunization Program website.

[School & Childcare Immunization Requirements & Flyers -Immunize Utah](#)

Medication policies at school

Responsible students may keep a one-day's dose of most medications with them. Certain medications have special policies for school use. As per State and District policies, students that carry inhalers, EpiPens, and diabetes medications must have a signed form indicating the student is responsible to carry and administer those medications independently.

Completion of paperwork is also required for medications administered by school staff. Parents/guardians are responsible to know and follow guidelines for medications (over the counter and prescription) as outlined on the DSD Website. Medication forms can be found on the DSD website. Check with the school nurse for questions or concerns.

<https://www.davis.k12.ut.us/departments/nursing-services/parent-links>

[Parent Links - Davis School District](#)

Vision Screenings

The Utah Department of Health requires that students in pre-K, K, grades 1, 3, 5, 7 or 8, and 9 or 10 have their vision screened. These screenings may be conducted any time during the school year throughout the district for any student. Various methods such as eye charts and instrument-based screening devices may be used. If you do not want your student to participate in vision screening, vision opt-out forms are available on the DSD website.

School Nurse

School Nurse Name, Schools Covered

Phone Number

Email

VISION SCREENING OPT-OUT FORM

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| As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening. | | |
| Student name: | DOB: | School Year: |
| School: | Grade: | Teacher: |
| Parent to Complete | | |
| <p>As parent of the above named student, I do not wish for my student to have a vision screening during this school year. I understand that I may change my mind at any time and will do so in writing.</p> <p>I understand that this request is for the current school year only. This form may be re-submitted each school year.</p> | | |
| Parent/Guardian Name: | | |
| Parent/Guardian Signature: | Date: | |