

## Health Services Health Requirements Early Childhood

### Ensure your child's school has received the following documents prior to the first day of early childhood:

- Copy of current immunization record (*required by state law*)
- Copy of the physical exam & vision evaluation (*required by state law*)
- Asthma/Allergy Action Plan, Seizure Action Plan, diabetic orders, or other emergency care plans (if applicable)
- Health care provider order(s) for any medication and/or procedure needed during school hours, including g-tube feeding, prescription and non-prescription medications (cough drops, Tylenol, Ibuprofen), etc. (if applicable)
- Note from dental provider with date of last dental exam (optional)

### Additional Information:

- ✓ Make an appointment for your child's physical on or after **March 1<sup>st</sup>**
- ✓ Take this checklist with you to the appointment. Ask the health care provider to make a copy of your child's physical exam/vision evaluation, immunization record, any emergency health care plans (as needed for life-threatening conditions), and any order for medications or procedures to be dispensed/completed at school.
- ✓ Bring copies of health information to school prior to the start of the school year OR have your health care provider fax records to school – Attention: School Nurse
- ✓ A dental exam is strongly encouraged at this time - please ask your child's dentist to send a brief note stating your child has been seen

### **Required Immunizations for Early Childhood Students:**

4 doses of DTaP, DTP, or DT vaccine

3 doses of Polio vaccine

3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age

3 doses of pediatric Hepatitis B vaccine

1 dose of MMR or MMRV vaccine, given on or after 12 months of age

4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age

1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. *If your child has had varicella (chickenpox), they do not need any varicella vaccines. Written documentation must be provided (including month and year) of varicella disease from the parent/guardian or health care provider*

### **Resources:**

#### **Call for an appointment and bring your child's immunization history:**

One World Community Health Center - Visit [oneworldomaha.org](http://oneworldomaha.org) or call 402-734-4110

Charles Drew Health Center - Visit [charlesdrew.com](http://charlesdrew.com) or call 402-451-3553

#### **Call the School Based Health Centers and bring your child's immunization history:**

Bryan High School - 4700 Giles Road, 402-991-3904

Buena Vista High School - 5616 L Street, 402-952-4050

Indian Hill Elementary - 3121 U Street, 402-933-4968

Liberty Elementary - 2021 Saint Mary's Ave., 402-505-8180

Spring Lake Magnet Elementary – 4215 S. 20th Street, 402-932-7014

Belvedere Elementary - 3775 Curtis Ave., 402-932-1232

Kellom Elementary - 1311 N. 24th Street, 402-505-5451

King Science & Technology Magnet - 3720 Florence Blvd., 402-502-5644

Northwest High School - 8204 Crown Point Ave., 402-916-5964

### **Immunization Services Only**

Douglas County Health Department

Website: <https://www.douglascountyhealth.com/clinics-services/immunization-clinic>

Phone: 402-444-6163