



This will be an exciting year of learning, growing, and staying healthy. School Nurses will be visiting the school frequently and can be easily reached for emergencies.

Trained health assistants and administrative assistants will also work with the daily medical cares of the children. Please contact your child's school if your child has special health concerns or medical needs. By working together, we can keep your child safe and healthy at school.

Emerson: 608-789-7990

Hamilton/SOTA I: 608-789-7695

Hintgen: 608-789-7767

North Woods Int'l: 608-789-7000

Northside/MONT: 608-789-7970

Southern Bluffs: 608-789-7020

Spence: 608-789-7773

State Road: 608-789-7690

Summit: 608-789-7980

ENROLLMENT FORM AND EMERGENCY INFORMATION

It is important for us to reach you if your child is ill or injured at school. Please complete the Annual Health Update Form and enrollment form from school, listing parent's name with work and home phone numbers, along with **two local emergency contacts**. Call your child's school with any changes throughout the school year.

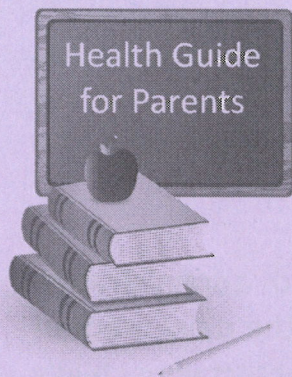
HEALTH AND SCREENING PROGRAMS

Physical Examinations: It is recommended that Kindergarten students have physical, dental and vision examinations prior to school entrance.

Vision Screening: School District Nurses, along with parent volunteers and the Lions Club, provide a vision **screening** program at your child's school for students in Preschool, Kindergarten, Grades 1, 3 and 5. Your help would be greatly appreciated—call your child's school office if you are interested in volunteering to help with vision screening.

Please bring the attached forms on the FIRST DAY of school:

- 1. School Physical Form**
- 2. Vision Form**
- 3. Dental Form**



Elementary Schools:

Emerson: 608-789-7990
Hintgen: 608-789-7767
Northside/MONT: 608-789-7970
Spence: 608-789-7773
State Road: 608-789-7690

Hamilton/SOTA I: 608-789-7695
North Woods International: 608-789-7000
Southern Bluffs: 608-789-7020
Summit Environmental: 608-789-7980

Middle Schools:

Logan Middle/SOTA II: 608-789-7740
Longfellow: 608-789-7672
Polytechnic: 608-789-8940

High Schools:

Central: 608-789-7900
Logan High: 608-789-7700
Polytechnic: 608-789-8940

When should your child stay home because of illness?

FEVER: greater than 100.4 degrees

VOMITING: return 24 hours after vomiting

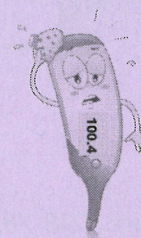
DIARRHEA: return 24 hours after diarrhea

RASH: rash that is open and draining or a rash with a fever

STREP THROAT, IMPETIGO: return after 24 hours of treatment with antibiotic

SCABIES, RINGWORM: must be treated before returning to school

CHICKEN POX: child may return to school 5-7 days after onset of rash, with all sores dry and scabbed over



Please contact your child's school if you have any questions regarding the above.

Please notify your child's school if your child is absent due to illness or injury.

If your child has a serious illness or injury that affects school participation, please notify your school principal or school nurse so a plan can be implemented to meet your child's needs.

ILLNESS OR INJURY AT SCHOOL: Students who become ill or injured at school will be seen in the health room by trained staff. If you child is unable to return to class, a parent will be contacted. **For your child's comfort, please make arrangements to pick them up as soon as possible.**

MEDICATIONS

Please give medications at home whenever possible. If medication is needed during the school day, the following is necessary.

Prescription Medication:

- 1) A doctor's signature with written instruction.
- 2) Written consent from the parent for the school to give the medication.
- 3) Medication is in a properly labeled prescription bottle.

*School Medication/
Procedure Forms are
available at your
school office, school
website or local clinic.*

Non-prescription Medication:

- 1) Written consent from the parent with instructions for the school to give the medication.
- 2) Medication must be in the original container.

- ✓ **Students may not carry medication at school with the exception of prescription inhalers and epinephrine auto injectors with a doctor's written permission.**
- ✓ **Parents/guardians are requested to please deliver medication to the school office.**



REMINDER: A new medication form is needed each time the medication is changed.
A new medication form is needed for each school year.

PHYSICAL EXAMINATION FORM

Student's Name _____ Grade _____ Date of Birth _____

Parent/Guardian _____ Address _____

Telephone _____ School _____

Please check the appropriate box

Is there any defect of:

Vision Yes ☐ No ☐

Hearing Yes ☐ No ☐

Speech Yes ☐ No ☐

If yes, describe recommendation for School personnel:

Does student have any health conditions that limits:

Classroom activity Yes ☐ No ☐

Homework Yes ☐ No ☐

Physical education Yes ☐ No ☐

Competitive athletics Yes ☐ No ☐

Does this student have any health condition that may require a special health plan or may result in a school emergency such as:

Anaphylaxis Yes ☐ No ☐

Asthma Yes ☐ No ☐

Diabetes Yes ☐ No ☐

Migraines Yes ☐ No ☐

Seizures Yes ☐ No ☐

Other: _____

Does this student receive any routine medication during the school day?

Yes ☐ No ☐

Please list: _____

Please Complete School Medication Form

Does this student exhibit any abnormality of:

Growth Yes ☐ No ☐

Nutrition Yes ☐ No ☐

Maturation Yes ☐ No ☐

For Kindergarten Students, please complete and attach immunization card. Attached ☐

Please check reverse side for special DTP requirement for Kindergarten students.

Signature of Physician _____ Date _____

Printed/Typed Name Physician _____ Phone: _____

IMMUNIZATIONS

"IT'S THE LAW" s.252.04 Wis. Stats.

This law requires students through grade 12 to be immunized according to their age/grade by the beginning of the school year.

Immunization is a shared responsibility:

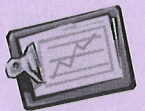
- Parents are required to have their children immunized on schedule and keep accurate records. If a student is unable to receive immunizations for medical, religious or personal conviction reasons, a waiver must be signed and given to the school.
- Schools are required to keep records and review annually the Immunization Law.
- When students do not meet the requirements of the law, parents are notified by a **legal notice**.

Helpful Hints:

- Keep a copy of your child's immunization record.
- Notify your child's school each time your child receives an immunization.
- Call your school office if you have any questions.

Kindergarten Immunization Requirements 2026-2027

Kindergarten students are required to have the following immunizations:



DOSES NEEDED

IMMUNIZATION

4	<u>Diphtheria-Tetanus-Pertussis (DTP)</u> - one dose (either 3 rd , 4 th or 5 th) must have been received after the 4 th birthday
4	<u>Polio</u> - if your child received the third dose of polio after the 4 th birthday, further doses are not required
2	<u>Measles-Mumps-Rubella (MMR)</u> (the first MMR must have been received on or after the first birthday)
3	<u>Hepatitis B</u>
2	<u>Varicella (Chickenpox)</u> Vaccine is needed only if your child has not had chickenpox disease. Please provide the year your child had the disease or the month, day and year the vaccine was received.

Please have your child's immunization dates at the school office by the first day of school. Waivers are available on the immunization record.

**State of Wisconsin
Department of Regulation and Licensing
KINDERGARTEN EYE HEALTH EXAMINATION REPORT**

Student's Name _____ Birth Date _____ Sex _____

Parent or Guardian _____ Phone _____

Address _____ County _____

School/Kindergarten _____ City _____

Date entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31st of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

Brief history (general health and eye health) of the child, including family history

General external observation of the child's eyes and surrounding structures

Ophthalmoscopic examination through an undilated pupil

Gross measurement of peripheral vision

Evaluation of eye coordination and function (alignment and motility)

Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: ☐ Yes ☐ No

Date of examination:

Doctor/Physician Signature:

Print or stamp:

Doctor/Physician Name

Address

Phone

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____

NOTE TO PARENT: If you do not feel that you can afford to pay for an eye examination, please contact the Wisconsin Optometric Association toll free at (877) 435-2020. You may qualify for a free examination.

Wisconsin Optometric Association

Parent's Guide to Good Vision and Healthy Eyes!

Vision Facts

- **80%** of all learning during a child's first 12 years of life is obtained through vision.
- Vision disorders are the **4th** most common disability in the United States and the **most prevalent** handicapping condition in childhood.
- **8 to 12 million** school age children are at risk from undetected vision impairments

The bottom line is: Your child's ability to see clearly in school will have an enormous impact on their ability to learn. As parents, you can ensure that your child's academic performance is maximized from the beginning of their education career by having their eyes tested. Undiagnosed and, therefore, untreated vision problems among our children represent one of the most serious, yet overlooked, health issues facing our nation.

Under the "Clear Vision, Bright Future" Initiative, Wisconsin optometrists have partnered with parents, school district administrators, school nurses and other health providers to encourage students to receive the eye health and vision care they need. This Initiative provides the opportunity not only to enhance the academic future of your child, but also to provide a strong foundation for those who may be at-risk for visual learning problems.

Parents & Teachers-Please do not assume that a child has healthy eyes and no problems seeing in school. That assumption could risk the child's future eye health and school achievement. Have their eyes examined.

Tips for parents scheduling comprehensive eye exams for their children:

- 1. Schedule the exam early in the day, at least 3-4 months before school starts**
- 2. Let your child know that there won't be any shots involved**
- 3. Make a game of it; practice looking at pictures and making it fun**

Wisconsin Law

A current Wisconsin law, Statute Chapter 118.135 states: Each school board shall request each pupil entering kindergarten to provide evidence that the pupil has had his or her eyes examined by an optometrist or evaluated by a physician.

Financial Assistance for Eye Exams

Many children in Wisconsin do not have insurance coverage for eye examinations. Member doctors of the Wisconsin Optometric Association (WOA) provide free eye examinations for children who do not have insurance and who cannot afford such care. **Please contact the WOA's VISION USA Program at (877) 435-2020 to request an application form or for more information regarding this special program.**



KINDERGARTEN DENTAL SLIP

The School District of La Crosse encourages families to have their children's teeth checked by a dentist at least once a year. Please return the Kindergarten Dental Slip to your child's teacher the **FIRST DAY OF SCHOOL**.

Name of Child

School

This child has been seen for dental care on _____ (date).

COMMENTS: _____

Signature of Dentist

Date

Printed Name of Dentist _____

