

2022-2023

Dear Parents and Guardians,

Welcome to another year at Antilles School!

In addition to the enrollment contract, we need to collect your child/children's health information as mandated by the USVI Department of Health and Department of Human Services. **All students are required to have an annual physical exam in order to be enrolled in school.**

It is mandatory that your child's MD visit, for pertinent forms, be after **6/10/2022** and prior to **8/17/2022**, as forms MUST be valid for the new school year. Complete packets are due on or before August 17, 2022 at 8:00 AM. **For those students who had their physicals after the start of the school year the physicals are due two weeks after the last physical expires. However, the hard copy emergency consent form, on line portal emergency and contact information and updated immunization records are due on August 17, 2022.**

Health Packet for TLC - Kindergarten

- **Emergency Health Information Form:** *Very IMPORTANT to list ALLERGIES or NKDA (no known drug allergies). It is also important to write in any over-the-counter medications that you do not want your child to receive. **Be sure to sign this form. (If your physical appointment falls after the start of the school year this form must be turned in by August 17th.)***
- **Universal Child Health Record Form:** *To be filled out and signed by your child's doctor after 6/10/2022 and before August 17, 2022. Please make sure you fill out the top of this form completely and sign your name.*
- **Copy of your child's updated Immunization Record:** *Students may not attend the first day of school if the recommended immunization requirements (schedule included in packet) are not met (no exceptions). **The VIDOH requires that immunizations been administered at the minimum age of the range.***
****A complete copy with all current immunizations must be provided each new school year.****
- **Department of Health (Virgin Islands Immunization Registry Form):** *To be filled out by parent(s)/guardian, signed, dated and returned with a copy of child's updated immunizations record. (New enrollees and Kindergarten students only)*
- **New Students - Clearance Slip:** *To be obtained, by parent/guardian from VI Department of Health located across from the Nisky Center or from the East End Medical Clinic located in the Tutu Park Mall. Parent/guardian along with their students must present their picture ID along with child's birth certificate & their up-to-date immunization record. Once the Clearance Slip is issued, include it with a copy of your updated VI yellow immunization record in the health packet that you return to the nurse. Clearance Slips only apply to Kindergarten and up. **TLC through Pre-K must register and obtain the yellow immunization card.***
- **St. Thomas/St. John Interscholastic Athletic Association and After-School Activities Medical Certification Form:** *In order for your child to be eligible to participate in sports or after-school activities listed on the form, this form must be signed by a physician and parent. **** MUST be completed by MD after 6/10/2022 and/or prior to participation in any of the listed activities.*****
- **Prescription Medication Release Form:** *This form is **only applicable for students required to take prescription medication (including EpiPens & Inhalers) during the school day/year.** These prescription medications MUST be dispensed by the school nurse except for those students in grades 4 through 12 who may carry their own EpiPens and Inhalers.*
 - **A new Prescription release form is required to be filled out by your physician for any illness developed during the school year requiring prescription medications to be dispensed by the school nurse during school hours.**

Please feel free to contact the nurse's office at 340-776-1600 x4603 or email eciaccia@antilles.vi if you have questions.

Best Regards,
Edye Ciaccia, RN

2022-2023

HEALTH FORMS CHECKLIST FOR TLC - KINDERGARTEN

Note:

- Please use the packet for the grade your child will enter for the 2022/2023 school year.
- Please print all forms as physicians do not provide the school's forms.
- Yearly physical must be completed after June 10 and on/before August 17, 2022.
- For those students who had their physicals after the start of the school year the physicals are due two weeks following the date the last physical expires. However, the emergency consent forms, on line emergency and contact information and updated immunization records are due August 17th.
- **Immunizations must be up to date prior to the start of school. This will affect 4 year old, 11 year old and 16 year old students as well as all new enrollees. If your physicals are delayed please get the immunizations in on time as this is a territorial requirement. The Department of Health, East End Medical Clinic, Walgreens and most doctor's offices will schedule immunization administration without your child seeing the doctor.**
- If you have any questions, you may email nurse@antilles.vi before May 29th and jaubain@antilles.vi during the summer.

	Emergency Health Information Form (completed by parent): Please write legibly & sign. This Hard Copy form is due by August 17 th to eciaccia@antilles.vi or to jaubain@antilles.vi . You must also complete the ER and Contact information in the parent health portal.
	Universal Child Health Record Form (completed by both parent & <u>physician</u> after 6/10/22 and on/before August 17) unless you meet #4 above.
	Photocopy your child's current Virgin Islands Immunization Record showing all required immunizations are up to date or Obtain a Virgin Islands Immunization Exemption (procedure included in packet) Students may not attend the first day of school if the recommended immunization requirements (schedule included in packet) are not met (no exceptions). Contact Nurse Edye at nurse@antilles.vi if you have any questions. If your student is age 5 and has been vaccinated against COVID please provide their vaccine card for their record.
	Virgin Islands Immunization Registry Systems Form (completed by parent) Required for Kindergarten and new students.
	New Students: Clearance Slip to be obtained by parent/guardian from VI Department of Health located across from the Nisky Center or from the East End Medical Clinic located in the TuTu Park Mall. Parent/guardian accompanied by their child must present photo ID, their child's birth certificate, and child's up-to-date immunization record. It is recommended you call ahead as hours change. Only Kindergarten and above need Clearance slips. TLC to PK4 must obtain a yellow immunization card. Call first for instructions regarding what to bring with you to obtain the Immunization record and clearance slip for school attendance.
	After School Activities Medical Certification (completed by both <u>physician</u> & parent) (NA for TLC)
	Prescription Medication Release Form (completed by <u>physician</u>): This form is required for any child that requires the nurse to dispense prescription medication (including EpiPens or Inhalers) during class time. It is also required for any 4 th through 12 th grader who keeps EpiPens and/or Inhalers with them during the school day. A new Prescription release form is required to be filled out by your physician for any illness developed during the school year requiring prescription medications to be dispensed by the school nurse during school hours. Take a copy of this form with you to the doctor's office if your child is sick so it can be filled in by the physician at your appointment time.

**ANTILLES SCHOOL ILLNESS POLICY
SCHOOL YEAR 2022-2023**

1. If your child is sent home due to illness, he or she may not come back to school, nor attend any of the after school activities/sports that entire day.
2. All students who are ill at school and need to go home must be picked up by parent or guardian within the hour of the call from the nurse. This is for the safety of all students who are in need of care in the nurse's office who will potentially be exposed to your sick child.
3. Any child with an elevated temperature of 100 degrees Fahrenheit or above, must remain home until the temperature has been (below 99.5 degrees) **without medication**, for 24 hours.
4. If your child vomits or has diarrhea in the morning before school, he or she must stay home. Children should stay home **at least 24 hours after the last episode** of fever, vomiting, or diarrhea without the use of medication to control the symptoms.
5. All communicable diseases, e.g., strep throat, chicken pox, conjunctivitis, Covid-19, scarlet fever, scabies, staphylococcus (to include: folliculitis, impetigo, staph, MRSA/methicillin-resistant staphylococcus aureus) must be reported to the school nurse even if diagnosed on the weekend or over vacation. **Any sore/lesion, resulting from the same, must be in healing stage (no oozing pus) before returning to school and be covered at all times. Your child must be on antibiotics a FULL 48 hours prior to returning to school unless cleared by your doctor. Please have your child wear long sleeves/long pants to ensure sores/lesions are covered, in addition to band aids.**
6. Children being treated for most communicable diseases may return after a **full 48 hours** after starting antibiotic therapy or other viral treatments. **(This is excluding all staphylococcus, diagnosed Flu or Covid-19. Staphylococcus and diagnosed Flu need a doctor's release to return to school. COVID requires a 10 day isolation period and no symptoms before returning to school.)** Students with staphylococcus or impetigo may return to school after 48 hours of treatment, and must keep lesions covered while in school. Children with chicken pox may return to school after five days if all lesions are dry and scabbed over. If your child is not vaccinated and is exposed to chicken pox they must remain out of school for 21 days. Physicians will guide all other exposure times.
7. If your child is diagnosed with a concussion, they may not return to school without written permission from their physician with specific restrictions and instructions for care in school.
8. If your child has an anaphylactic reaction they must have physician clearance to return to school.

It is important for parents of other students to be made aware if they have been exposed to communicable diseases. The names of affected children are kept confidential. Without adequate information, however, we cannot prevent unnecessary transmission of communicable diseases in school.

Revised for School Year 2022-2023

The presence of any of the symptoms below generally suggests a student, teacher, or staff member has an infectious illness and should not attend school, regardless of whether the illness is COVID-19. For students, staff, and teachers with chronic conditions, symptom presence would represent a change from their typical health status to warrant exclusion from school. Occurrence of

any of the symptoms below while a student, teacher, or staff member is at school suggests the person may be referred for diagnostic testing.

- 1. Temperature of 100 degrees Fahrenheit or higher**
- 2. Sore throat**
- 3. Cough (for students or staff with chronic cough due to allergies or asthma, a change in their cough from baseline)**
- 4. Difficulty breathing (for students or staff with asthma, a change from their baseline breathing)**
- 5. Diarrhea or vomiting**
- 6. New loss of taste or smell**
- 7. New onset of severe headache, especially with a fever**
- 8. Colds, runny nose, nasal or chest congestion.**

Students should not attend school if they or their caregiver identifies a new development of any of the symptoms above.

COVID requirements may change as the CDC & the DOH updates information as research findings are reported. Quarantine, Isolation and travel requirements are directed by the DOH and the CDC.

Universal Child Health Record

Endorsed by the Virgin Islands Department of Human Services

SECTION 1 TO BE COMPLETED BY PARENT(S) /GUARDIAN		
Child's Name (Last) (First)	Gender () Male () Female	Date of Birth / /
Does the child have health insurance () Yes () No		
If yes, Name of Child's Health Insurance Carrier		
Parent /Guardian Name	Home Telephone Number	Work Telephone or Cell Phone Number
Parent /Guardian Name	Home Telephone Number	Work Telephone or Cell Phone Number
I give consent for my child's Health Care Provider & Child Care Provider/School Nurse to discuss information on this form.		
Signature /Date this form may be release to the V.I. Department of Human Services		
() Yes () No		

SECTION 2 - TO BE COMPLETED BY HEALTH CARE PROVIDER		
IMMUNIZATION	() Immunization Record Attached	() All recommended immunizations are up to date.
() A catch-up schedule for immunizations has been initiated		
Vaccine	() If Vaccine Series is Completed	If NOT Completed, Date of Next Dose Due
Dtap		
Hepatitis A		
Hepatitis B		
Hib		
Influenza		
MMR		
Polio		
Prenvar		
Rotavirus		
Varicella		
Date of Physical Examination:	Results of physical examination normal? () Yes () No	
	Height:	Weight:
Abnormalities Noted:		

MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries *List medical conditions & ongoing surgical concerns	() None () Special Care Plan Attached	Comments:
Medications/Treatments *List medications/treatments	() None () Special Care Plan Attached	Comments:
Limitations to Physical Activity *List limitations/special considerations	() None () Special Care Plan Attached	Comments:
Special Equipment Needs *List items needed for daily activities	() None () Special Care Plan Attached	Comments:
Allergies/Sensitivities *List allergies	() None () Special Care Plan Attached	Comments:
Special Diet *List dietary specifications	() None () Special Care Plan Attached	Comments:
Behavioral Issues/Mental Health Concerns *List behavioral/mental health issues	() None () Special Care Plan Attached	Comments:
Emergency Plans *List emergency plan that might be need and the signs/symptoms to watch for:	() None () Special Care Plan Attached	Comments:

() I have examined the child listed above & reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education & competitive contact sports, unless noted above.

A copy of the child's Immunization Record must be attached and the Physician completing this form must print and sign name below

Address of Health Care Provider	Phone Number of Health Care Provider
Physician Name: (Please Print)	Physician Name: (Signature) Date:

Distribution: Original - Child Care Provider Yellow Copy- Parent/Guardian Pink Copy - Health Care Provider

**OFFICE OF SCHOOL NURSE**

7280 Frenchman's Bay
St. Thomas, VI 00802
340-776-1600 x 4603
FAX: 340-776-1019
nurse@antilles.vi

2022-2023

AFTER SCHOOL ACTIVITIES MEDICAL CERTIFICATION

St. Thomas/St. John Interscholastic Athletic Association and Physician Consent

PHYSICIAN CONSENT

This is to certify that I am a licensed physician and that I have examined _____ age _____.
I consider the above student physically able to participate in organized, competitive athletic activities for the school year
2022-2023 in any sport **NOT CROSSED OUT** below.

Swimming	Tennis	Flag Football	Tackle Football
Volleyball	Sailing	Track & Field	Basketball
Weight Lifting	Softball	Cross-country	Soccer
Baseball	Yoga	Wrestling	Gymnastics
Martial Arts	Dance	Push Fitness Camp	other _____

Physician's Signature

Date

Physician's Address

Telephone

PARENT CONSENT REQUIRED

This is to certify that I am the Parent/Guardian of _____
who was born on _____ and is enrolled in Antilles School. As Parent/Guardian, I give express permission
for the above named student to participate in organized, competitive athletic activities from **2022-2023**, and in any and all
sports activities in which the student is medically certified and able to participate. The student may travel with any school team
of which the student is a member. Furthermore, I authorize the school to obtain any emergency medical care that may become
reasonably necessary for the student in the course of such athletic activities or travel.

I acknowledge that such activities have an inherent risk of injury, regardless of the sport, and that on rare occasions, injuries may
be severe, and in extreme cases may even result in death.

I have read and understand the above statements.

Parent/Guardian Signature

Date

Parent/ Guardian Print

Telephone

**OFFICE OF SCHOOL NURSE**

7280 Frenchman's Bay
St. Thomas, VI 00802
340-776-1600 x 4603
FAX: 340-776-1019
nurse@antilles.vi

2022-2023

PRESCRIPTION (RX) MEDICATION RELEASE FORM

Dear Parents/Guardians,

Antilles School discourages dispensing medication to students during the school day. However, if your physician determines it is necessary for your child to receive prescription medication during the hours your child is in attendance at Antilles, specific directions and approval accompanied by physician's signature must be provided to Antilles School prior to dispensing of any prescription medication at school. For the safety of all children, **no prescription medication will be dispensed or permitted at Antilles School without detailed directions and specific physician's approval for such distribution.** For your child's safety, it is strongly recommended that initial dose(s) of any medication is administered with the physician or at home.

If a child must take medication during the school day, the Parent/Guardian must do the following:

1. Physician must provide specific, written instructions for administering any and all prescription medication(s) for your child to Antilles School prior to dispensation of first dosage scheduled during the time child is in attendance at Antilles School.
2. Take this form to your family physician to record instructions for dispensing medication to your child along with physician's signature of approval.
3. Parent/Guardian must deliver any and all medication(s) prescribed for their child/children to the Antilles School nurse or school personnel along with this form completed by physician prior to dispensation of first dosage scheduled during the time child is in attendance at Antilles School.
4. Any and all medication must be in the original box or container with the current prescription label. Upon request, pharmacists will provide a "duplicate" container for this purpose.
5. All students who require an Epi Pen or Inhaler must have this form filled out by their physician with proper instructions. If the student (4th through 12th grade) can have the Epi Pen or Inhaler on their person please indicate approval.

Student's Last Name	First	Middle	Usually Called
Current Grade	Date of Birth	Age	Sex
Home Address	Home Telephone Number	Cellular Phone Number	
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Physician's Directions for Dispensation of Prescription Medication:

Physician's Name	(PLEASE PRINT)	Physician's Telephone Number
Physician's Signature		Date



STUDENT'S IMMUNIZATION DATA FORM

Name of Facility: Antilles School

Reporting Period: _____

Please **PRINT CLEARLY**, fill out **ALL** of the **REQUIRED DATA** and attach a **COPY** of the student's immunization card. (If single birth use "1", if multiple birth (twin triplet, etc) use "1" for first born, "2" for second born, etc)

Birth Status: of

Child's First Name: _____ Middle Init: _____ Child's Last Name: _____

Gender: () Male () Female

Home Telephone Number: _____

Date of Birth: _____

Age: _____ Soc. Sec. No.: _____

Physical Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

Race: () White () Black () Other (please specify): _____

Ethnicity: () Hispanic () Non-Hispanic

Mother's First Name: _____ Mother's **Maiden** Last Name: _____

Work Telephone Number: _____

Father's First Name: _____ Father's Last Name: _____

Work Telephone Number: _____

I agree and understand that my child's immunization information will be entered in the VIIR and may be shared with schools, daycares, health care providers, and any other health care professionals as necessary to verify immunization status and public health studies.

Parent/Guardian (Please Print)

Parent/Guardian Signature

Relationship

Date

**OFFICE OF SCHOOL NURSE**

7280 Frenchman's Bay
St. Thomas, VI 00802
340-776-1600 x 4603
FAX: 340-776-1019
nurse@antilles.vi

2022-2023

EMERGENCY HEALTH INFORMATION FORM

Information on this form will be shared with school personnel directly involved with your child's education, unless you indicate otherwise.

Student's Last Name: _____ First Name: _____ Middle: _____

Student Usually Called _____

Grade: _____ Date of Birth: _____ Age: _____ Sex: _____

Mailing Address: _____ Cell Phone: _____

Family Physician Name: _____ Physician's Phone: _____

Family Dentist's Name: _____ Dentist's Phone: _____

Emergency Contacts:**First Contact Parent/Guardian:**

Name: _____
Employer: _____
Daytime Phone: _____
Cell Phone: _____
Email: _____

Second Contact Parent/Guardian:

In case of emergency, if a parent/guardian cannot be reached, notify:

1. _____ Phone: _____

2. _____ Phone: _____

ALLERGIES: Please list ALL allergies including food and drug:

If your child has a health condition(s), which may require EMERGENCY ACTION while at school (e.g., seizures, insect sting allergy, asthma, bleeding condition, sickle cell, diabetes, heart condition, peanut allergy, other), please use the space below to provide detailed information. Please indicate if they carry an inhaler or EpiPen.

Continue on back. Thank you for completing.

Antilles School attempts to discourage distribution of medication while students are at the school. If your physician determines it is necessary for your child to receive prescription medication during the hours your child is in attendance at Antilles, the specific directions and approval accompanied by physician's signature must be provided on the Prescription Medication Release Form prior to dispensing of any prescription medication. For your child's safety, it is recommended that first dosage of any medication be administered with the physician or at home.

Please send all medication(s) to the Antilles School Nurse in its original box or bottle with a current prescription label on the container. Pharmacists will assist when necessary to provide a "duplicate" container for this purpose.

2022-2023 School Year

Student's Last Name: _____ First Name: _____ Middle: _____

I/WE hereby grant my/our express permission for the Antilles School Nurse or other School Personnel to administer non-prescription, over-the-counter medication(s) on an as needed basis to my child during the school day for such common ailments as headache, menstrual cramps, fever, rash, etc. (All over-the-counter medications are age appropriate)

***Please check one of the following:**

___ YES, my child can receive treatment and have OTC medications at school (this includes bug spray and sunscreen).

___ YES, my child can receive treatment and have OTC medications at school with the exception of the following:

___ NO, my child cannot have OTC medications at school.

___ NO, my child cannot be treated at school.

___ NO, my child cannot have OTC medications at school, with the exception of hurt-free antiseptic wash and triple antibiotic ointment for cuts and ice packs in the event of an injury at school.

In the event that I/We am/are unable to be contacted during an emergency situation for my/our child, I/We hereby give my/our express permission for Antilles School to admit my child for emergency treatment to the hospital or other medical facility. I also give Antilles School Nurse or other School Personnel permission to administer Emergency Epinephrine in the form of an Auto-Injector Pen in an allergic emergency/anaphylaxis.

***Please check one of the following:**

___ YES

___ NO

Parent/Guardian Signature

Date

Parent/Guardian Print

Date

When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, tetanus, pertussis (whooping cough)	Hib <i>Haemophilus influenzae</i> type b	IPV Polio	PCV13 Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillomavirus	Men- ACWY Meningococcal	MenB	Influenza Flu
at Birth (within 24 hours of birth)	✓												
2 months	✓	✓	✓	✓	✓	✓							
4 months	✓ ¹	✓	✓	✓	✓	✓							
6 months	✓ (6–18 mos)	✓	✓ ¹	✓ (6–18 mos)	✓	✓ ¹							✓ (6 mos and older)
12 months			✓ (12–15 mos)		✓ (12–15 mos)		✓ (12–15 mos)	✓ (12–15 mos)	✓✓ (2 doses given 6 months apart routinely at age 12-23 months) HepA vaccine (2 doses) is also recom- mended for children and teens not previously vaccinated.				
15 months		✓ ² (15–18 mos)											
18 months													
19–23 months													
4–6 years		✓		✓			✓	✓					
7–10 years													
11–12 years		✓ (Tdap)								✓✓ ³	✓		
13–15 years													
16–18 years											✓	✓✓ ^{4,5}	

One dose each fall or winter to all people ages 6 mos and older. Some children younger than age 9 years need 2 doses; ask your child's health-care provider if your child needs more than 1 dose.

Influenza vaccine is recommended every year for everyone age 6 months and older.

FOOTNOTES

- 1 Your child may not need this dose depending on the brand of vaccine that your healthcare provider uses.
- 2 This dose of DTaP may be given as early as age 12 months if it has been 6 months since the previous dose.
- 3 Children with certain medical conditions will need a third dose.
- 4 This vaccine may be given to healthy teens. It is also recommended for adolescents with certain health conditions.
- 5 Your teen may need an additional dose depending on your healthcare provider's recommendation.



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

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DEPARTMENT OF HEALTH

Immunization Program
Community Health Services

Roy L. Schneider Hospital
#48 Sugar Estate
St. Thomas, Virgin Islands 00802
Telephone: 340-774-7477 Ext 2120

PROCEDURE FOR IMMUNIZATION EXEMPTIONS

Medical and Religious Exemptions will be granted annually for the school year and summer program beginning in August and ending in August of the following year. Clients will not be exempted for selective vaccines, except for medical reasons.

PROCEDURE:

1. The parent or guardian shall bring to the Immunization Office the following Documents:
 - a. An original letter signed and dated, within the last three months, from his/her group / church / or religious organization stating that vaccines are contrary to his/her religious beliefs. **(RELIGIOUS)**
 - b. An original letter signed and dated, within the last three months, from his/her licensed physician, indicating a medical need for exemption. The letter must indicate that vaccines are contraindicated or the client has experienced adverse effects previously. **(MEDICAL)**
 - c. The birth certificate and /or Social Security card of the child needing the exemption
 - d. Copy of the child's immunization record
2. The parent or guardian will complete an application form for each child requesting an exemption.
3. An authorized person from the Department of Health Immunization Clinic will review the above information and, if it is complete, the Medical or Religious exemption will be issued as approved by the Commissioner of Health.
4. Only a signed, embossed original exemption document on letterhead of the commissioner of Health will be accepted as valid.