

2024-2025

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, Department of Human Services and Antilles School Policy. **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 **6/7/2024** and prior to **8/20/2024**, as forms MUST be valid for the new school year. Complete packets are due on or before August 20, 2024 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 forms, on line portal emergency and contact information and updated immunization records are due August 20th. Updated DOH yellow immunization cards are required for all students.**

Health Packet for 1st – 12th Grades

- **Emergency Health Information Form:** This form must be turned in for **EVERY** student prior to school start. It is *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 the consent on the back this form.** (If your physical appointment falls after the start of the school year this form must be turned in by August 20th.)
- **Health Certification Form:** Used for physical exam (Only the 2024/2025 Antilles Health Certification form will be accepted) ****MUST be completed by MD after 6/7/2024 and prior to 8/20/24** unless as stated above.**
- **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 required range. DOH Yellow immunization cards are required. **A complete copy with all current immunizations must be provided each new school year.****
- **New students, 7th & 12th graders - 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 immunization record.
- **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 the student 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 the above immunization record in the health packet that you return to the nurse.
- **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 the after-school activities listed on the form, this form must be signed by a physician and parent/guardian. ****MUST be completed, by MD, after 6/7/2024 or prior to participation in any of the listed activities** IF your activity is not listed have the doctor write it in on the form.**
- **Prescription Medication Release Forms:** 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 via email at eciaccia@antilles.vi if you have questions.

Best Regards,
Edge Ciaccia, RN
Antilles School Nurse

2024-2025

HEALTH FORMS CHECKLIST FOR GRADES 1-12

Note:

1. Please use the packet for the grade your child will enter for the 2024/2025 school year.
2. Please print all forms as physicians do not provide the school's forms.
3. Yearly physicals must be completed after June 7 and on/before August 20, 2024.
4. 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 20th.
5. **Immunizations must be up-to-date prior to the start of school. This will affect 4, 11, 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 requiring your student to see the doctor.**
6. If you have any questions, you may email nurse@antilles.vi before June 7th 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 20th to eciaccia@antilles.vi or to Jaubaine@antilles.vi You must also complete the ER and Contact information in the parent health portal in FACTS.
	Health Certification Form (completed by physician after June 7 and on/before August 20) unless you meet #4 above (This form is for 1 st grade to 12 th grade students)
	Photocopy your child's current yellow VI 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 has been vaccinated for COVID, please provide a copy of the vaccination card along with the required immunization record.
	New enrollees, 7 th & 12 th grade students: Complete the Virgin Islands Immunization Registry Systems Form
	New Students: Clearance Slip to be obtained by parent/guardian from VI Department of Health located across from the Nisky Center or at the East End Medical Clinic located in the Tutu Park Mall. Parent/guardian along with the student must present their photo ID, their child's birth certificate, completed yearly physical and child's up-to-date immunization record. It is recommended you call ahead as hours and document requirements change.
	After School Activities Medical Certification (completed by physician & consent signed by parent or guardian)
	Prescription Medication Release Form (completed by physician): 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 graders who keep EpiPens and/or Inhalers with them. 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 completed by your doctor at your scheduled appointment time.



2024-2025

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:

Second Contact Parent/Guardian:

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

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.

2024-2025 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



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

2024-2025 HEALTH CERTIFICATION - please type or print clearly (For 1st – 12th grade students)

Today's Date: _____ Student's Name: _____

Sex: _____ Date of Birth: _____

Physician's Name: _____ Office Phone: _____

Significant Student Medical History - Please note illnesses, injuries, operations, etc. with dates:

Allergies: _____

Special Medications and /or Special Dietary Needs:

PHYSICAL EXAMINATION (please if normal, if abnormal and explain)

Height		Genitalia	
Weight		Musculo-Skeletal	
Blood Pressure/Pulse		Posture	
Vision: Right/Left		Feet	
Glasses: Yes/No		Skin	
Hearing		Speech	
Ears		Menarche at age	
Nose		Dysmenorrhea Severe	
Throat		General Health/Nutritional Status	
Heart		Behavior	
Lungs		Emotional Status	
Abdomen		Other	

I have found this child to be free of communicable diseases: yes no

PARENTS/GUARDIANS: PLEASE ATTACH A COPY OF AN UPDATED IMMUNIZATION RECORD INCLUDING BOOSTERS

All immunizations are due at the minimum age required.

Physician comments: _____

Physician's Signature: _____ Date: _____

Antilles Immunization Policy

DIRECTIONS TO PARENTS AND PHYSICIANS: IMMUNIZATIONS: ALL STUDENTS – NEW AND RETURNING

Antilles School must be in possession of a full and complete Immunization Record for either new or returning students, in accordance with federal and Virgin Island mandates. This record must specify type of immunization with the month, date and year administered and must be substantiated by the attending physician or an appropriate community health department. **All students are required to have the VI immunization Yellow Card.**

PHYSICAL EXAMS: ALL STUDENTS (New and Returning)

A complete physical examination must be completed no earlier than June 7, 2024 and prior to August 20, 2024 at 0800. There will be a 30 day grace period from the due date of the 20th. If all health forms are not turned in by September 20, students will not be allowed to attend classes until all forms are completed and returned to the nurse.



VIIR STUDENT'S IMMUNIZATION DATA FORM

Name of Facility: Antilles School

Reporting Period: 24-25

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

2024-2025

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 **2024-2025** in any sport **NOT CROSSED OUT** below.

- | | | | |
|----------------|----------|-------------------|---------------|
| Swimming | Tennis | Flag Football | Little Ninjas |
| 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 **2024-2025**, 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

2024-2025

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.
6. All students who are in the 4th through 12th grades may have their Epi Pen or Inhaler on their person while in school.

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



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

VIRGIN ISLANDS DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM

ST. CROIX OFFICE
CHARLES HARWOOD COMPLEX
3500 ESTATE RICHMOND
CHRISTINASTED, ST. CROIX, VI. 00820-4370
TEL: (340)-718-1311

ST. THOMAS OFFICE
1303 HOSPITAL GROUND, SUITE 10
CHARLOTTE AMALIE
ST. THOMAS, VI 00802-6722
TEL: (340) 776-1113


For more information concerning the number of doses recommended based upon the child's age and immunization history, please refer to the attached "Recommended Child and Adolescent Immunization Schedule for ages 18 years and younger."

- Before being issued an immunization clearance form for school registration or being admitted to school, all children shall receive the required vaccine(s) (and a total number of doses), at the **minimum age recommended in the attached immunization schedule;** however, for each child, eligibility to receive the required vaccine will be determined by the clinic nurse or healthcare provider.
- Any child who received the immunization clearance form at the time of the clinic visit but has **not** completed the required vaccine series (due to the time intervals required between doses), **must** return to the Maternal and Child Health (MCH) clinic or their healthcare provider to complete the required vaccine series by the vaccination date(s) indicated and documented by the immunization provider in the child's immunization record.

If you have any questions regarding the vaccines required for school entry, please call the Department of Health Maternal Child and Health clinic in St. Thomas/St. John (340) 777-8804 or (340) 514-6839 on St. Croix. If you have any questions concerning the vaccines recommended for infants and children specified above.

Please note: Exemptions may be granted for school-aged children based on the principles and teachings of a recognized religious organization/church, notarized personal statement, and if the vaccines/medical agents are medically contraindicated.

Sincerely,



Justa Encarnacion, RN BSN, MBA/HCM Date
Commissioner of Health

Pc: Principals, Administrators, and School Nurses

Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs	
Hepatitis B (HepB)	1 st dose	2 nd dose																
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose				4 th dose			5 th dose						
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes													
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose													
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose														
Influenza (IV) or Influenza (LAIV)																		
Measles, mumps, rubella (MMR)																		
Varicella (VAR)																		
Hepatitis A (HepA)																		
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																		
Human papillomavirus (HPV)																		
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)																		
Meningococcal B																		
Pneumococcal polysaccharide (PPSV23)																		

Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Recommended based on shared clinical decision-making or *can be used in this age group
 No recommendation/ not applicable



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.



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HEALTH

Ph. 340-777-8804
Fax: 340-776-4501
3241, Estate Contant #781-2-3
St. Thomas, USVI 00802

Ph. 340-244-0016
Fax 340-718-1376
Charles Harwood Complex
St. Croix, USVI 00820

VIRGIN ISLANDS DEPARTMENT OF HEALTH CERTIFICATE OF EXEMPTION
FOR SCHOOL/ DAYCARE IMMUNIZATION REQUIREMENTS
Please Print Clearly, Complete All Fields, USE CAPITAL letters

Parent/ Guardian Information

Full Name:
Mailing Address:
City:
City/ Zip code:
Phone:
Email:

Child and School Information

Child Name:
School Name:
State/ Zip Code:
Child Date of Birth:
Child's grade:

Gender: M F Ethnicity: Hispanic/Non- Hispanic/Native American/Asian/Black/White/other

CHECK THE BOX THAT CORRESPONDS TO YOUR SPECIFIC EXEMPTION REQUEST.

Medical: (Medical certificate attached on original letterhead from private MD or Clinic)
Religious (Notarized Religious affidavit/affirmation attached).
Personal Preference (Notarized Personal statement attached)

Name: Parent / Guardian: /Date

Signature: /Date

Department of Health Witness: Date

As the Parent/Legal Guardian of the above-mentioned child, I acknowledge that failure to follow the recommended vaccination may endanger the health or life of my child and others that my child might encounter from vaccine preventable diseases. I therefore take full responsibility for this decision and understand the potential consequences for my actions. I acknowledge that I have read and comprehended this document in its entirety.

To Whom It May Concern:

An Immunization Exemption has been granted to the above referenced student entering school for the period of August through June and/or summer camp June to August and June only.
This Exemption is valid for One (1) Year: to

This exemption may be revoked by the Commissioner of Health at any time during a vaccine preventable disease outbreak; therefore, your child will be dismissed from school and / or summer program attendance until the vaccine preventable disease outbreak is resolved. For any questions concerning this exemption, please contact the Maternal Child Health Clinic (MCH), in your respective area. (St. Thomas-St. John District: (340-777-8804 ext. 2612 and St. Croix 244-0016).

Approved:

Disapproved:

Tai Hunte-Caesar, MD, MSPH Date

Justa E. Encarnacion, RN, BSM, MBA/HCM 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

**ANTILLES SCHOOL ILLNESS POLICY
SCHOOL YEAR 2024-2025**

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 the rest of that entire day/evening.
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 isolation until symptoms are resolving and students are fever free for 24 hours without the use of fever reducing medication. New COVID guidelines for schools are coming out in the fall of the new school year so these guidelines may change.)** 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.
7. If your child is not vaccinated and is exposed to chicken pox or any other communicable disease they must remain out of school for the entire incubation period of the disease they have been exposed to. Physicians will guide all exposure times.
8. 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.
9. 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 2024-2025

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, the Flu or something else. 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. Persistent sore throat that is getting progressively worse**
- 3. Severe 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 headache, especially with a fever**
- 8. Colds, runny nose, nasal or chest congestion progressively getting worse**

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 update information as research findings are reported. Quarantine, Isolation and travel requirements are directed by the DOH and the CDC.