

New Prairie United School Corporation



Mr. Jim Dermody, Superintendent
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October 7, 2010

Dear New Prairie United School Corporation Parent/Guardian:

The Indiana State Department of Health has established new guidelines for all Indiana students in grades 6-12. These guidelines require documentation of additional immunizations for the 2010 – 2011 school year. **Potential exclusion from classes** is possible for your student(s) if this documentation is not provided to your child's school office in the proper time frame. In addition, parents/guardians of all K-12 Indiana school children must provide written documentation permitting the school nurse or health aide to submit student data to the Indiana State Department of Health Children and Hoosiers Immunization Registry Program, known as CHIRP, per ISDH directives.

In response to these new guidelines, the NPUSC Website Homepage has provided the necessary information and forms you will need to properly meet these requirements. This information and accompanying forms may be accessed for your convenience. Our goal is to assist you with this process and ensure that your child's proper medical documentation is submitted prior to October 25, 2010. Please take the time to review the provided information and schedule the required immunizations for your student(s) as soon as possible to assure their compliance with this regulation. In addition, the La Porte County Health Department has also scheduled a free clinic to administer the grades 6-12 vaccines on Thursday, October 21, 2010 from 9:00 a.m-3:00 p.m. at the La Porte County Fairgrounds (**St. Joseph County students may attend this clinic**). NPUSC students who are able to confirm their attendance at this clinic will be excused from school to complete this responsibility. Please contact your child(s) school principal or school nurse with any questions. Your assistance in the completion of this important task is appreciated.

Sincerely,

Mr. Jim Dermody
Superintendent
New Prairie United School Corporation

2010-2011 School Year
Indiana State Department of Health (ISDH)
School Immunization Requirements
Quick Reference Guide[^]

	3-5 Year Olds	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT/Td*	4	5	5	5	5	5	5	5	5	5	5	5	5	5
Polio**	3	4***	4	4	4	4	4	4	4	4	4	4	4	4
Measles	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Mumps	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Rubella	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hepatitis B~	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Varicella ∞	2	2	1	1	1	1	1	2	2	2	2	2	2	2
Tdap	-	-	-	-	-	-	-	1	1	1	1	1	1	1
MCV4	-	-	-	-	-	-	-	1	1	1	1	1	1	1

[^] Shaded areas represent grades for which immunization reports are required to be submitted to the Indiana State Department of Health. For children who have delayed immunizations, please refer to the 2010 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2010 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at www.cdc.gov/vaccines/imz/ics/schedules/default.htm.

*Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's fourth birthday.

**Three doses of polio vaccine are acceptable if 3rd dose was administered on or after child's fourth birthday and the doses are all IPV or all OPV.

***The 4th dose of polio vaccine must be administered on or after child's fourth birthday. This applies only to kindergarten for 2010-2011.

~ Two dose alternative adolescent schedule (Recombivax HB given at age 11-15 years x 2 doses) is acceptable if properly documented.

∞ Physician documentation of disease history, including month and year, is proof of immunity for preschool, kindergarten and 1st grade-students. A signed statement from the parent/guardian indicating history of disease, including month and year is required for children in grades 2-12.

For a current list of requirements, please go to https://chirp.in.gov/chirp_files/chirp_docs.htm

****IMPORTANT REMINDER FOR PARENTS AND GUARDIANS****

If your child will be entering preschool, kindergarten or Grades 6-12, there are new immunization (vaccinations/shots) requirements for the upcoming school year.

1. What new immunizations are required?

Preschool or kindergarten (preschool students include those attending a special education program, childcare, or preschool program within the school):

- Two varicella (chickenpox) vaccinations (not needed if child has documentation of having had chicken pox)

Entering Grades 6 – 12:

- Tetanus, diphtheria, acellular pertussis vaccine. (Also called Tdap.)
- Meningococcal conjugate vaccine. (Also called MCV4 – Menactra.)
- Two varicella (chickenpox) vaccinations (not needed if child has documentation of having had chicken pox).

These shots are in addition to those previously required.

2. What happens if my child does not have the required shots by the time school starts?

If your child is not exempted from getting the shots, your child may attend school for 20 days to allow you time to get the necessary shots. The law says the school cannot allow your child to attend school for more than 20 days without the shots, unless the child is exempted for religious or medical reasons—or if a doctor has provided documentation that your child is scheduled to be vaccinated. (See below for more information on exemptions.)

3. What should I do if my child has some of the shots, but not all of them?

If your child is scheduled to obtain the shots, a doctor can provide a statement with a schedule showing when the child will get the remaining shots. You need to provide the doctor's statement to the school. Your child may continue to attend school while getting the shots.

4. What should I do if I have religious objections to my child receiving the shots?

You must provide the school a signed, written statement expressing that you object to the required vaccinations based on religious grounds. If you provide this statement to the school, your child may continue to attend school and will be excused from obtaining the required shots.

5. What if the doctor says my child should not have the shot(s)?

If your child's doctor says one or more of the required vaccinations could be harmful to your child, the doctor needs to provide a signed, written statement that you must take to your child's school. Your child may continue to attend school and will be excused from obtaining the required shots.

6. What if I can't afford the shots or I don't have a doctor?

Contact your local health department and your school nurse for information on where your child can get the required shot(s) at little or no cost.

7. Where can I get more information?

Your school nurse has information on these requirements. Information is also available from the Indiana State Department of Health (1-800-701-0704 or chirp.in.gov/chirp_files/chirp_docs.htm).

Indiana State Department of Health
 MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY*
 2010-2011

Grade	Minimum Immunization Requirements
Pre-Kindergarten	<ul style="list-style-type: none"> ◦ 4 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus vaccine (DT), or any combination of the three are required. ◦ 3 doses of either oral polio (OPV) or inactivated polio (IPV) vaccine in any combination. ◦ 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age). ◦ 1 dose of measles (rubeola) vaccine on or after the first birthday. ◦ 1 dose of mumps vaccine on or after the first birthday. ◦ 1 dose of rubella (German measles) vaccine on or after the first birthday. ◦ 2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months or physician written documentation of history of chickenpox disease, including month and year of disease.
Kindergarten	<ul style="list-style-type: none"> ◦ 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). ◦ 4 doses of any combination of IPV or OPV. The 4th dose must be administered on or after the 4th birthday, and at least 6 months after the previous dose. (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday, and at least 6 months after the 2nd dose). ◦ 3 doses of Hepatitis B vaccine (3rd dose must be given on or after 24 weeks of age and no earlier than 16 weeks after the 1st dose). ◦ 2 doses of measles (rubeola) vaccine on or after the first birthday. ◦ 2 doses of mumps vaccine on or after the first birthday. ◦ 1 dose of rubella (German measles) vaccine on or after the first birthday. ◦ 2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months or physician written documentation of history of chickenpox disease, including month and year of disease.
Grade 1	<ul style="list-style-type: none"> ◦ 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). ◦ 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday). ◦ 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age). ◦ 2 doses of measles (rubeola) vaccine on or after the first birthday. ◦ 2 doses of mumps vaccine on or after the first birthday. ◦ 1 dose of rubella (German measles) vaccine on or after the first birthday. ◦ 1 dose of varicella (chickenpox) vaccine on or after the first birthday or physician written documentation of history of chickenpox disease, including month and year of disease.

**Indiana State Department of Health
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY*
2010-2011**

Grade	Minimum Immunization Requirements
Grades 2-5	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). • 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday). • 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age). • 2 doses of measles (rubeola) vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 dose of rubella (German measles) vaccine on or after the first birthday. • 1 dose of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient.
Grades 6-12	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). • 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday). • 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age). • 2 doses of measles (rubeola) vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 doses of rubella (German measles) vaccine on or after the first birthday. • 2 doses of varicella (chickenpox) vaccine on or after the first birthday separated by age-appropriate interval <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient. • 1 dose of tetanus-diphtheria-acellular pertussis vaccine (Tdap) given on or after 10 years of age. • 1 dose of meningococcal conjugate vaccine (MCV4).

*For children who have delayed immunizations, please refer to the 2010 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2010 CDC guidelines must be met for a dose to be valid. These guidelines can be found at www.cdc.gov/vaccines/recs/schedules/default.htm

NEW PRAIRIE UNITED SCHOOL CORPORATION ANNUAL HEALTH UPDATE FORM

Note: This form is NOT a physical exam to be completed by a physician. Parent or Guardian is to provide the information requested here to alert teachers and update the child's school health record each new school year.



Date _____

Child's Name _____

Address _____

Telephone _____

Date of Birth _____

Grade _____

Parent/Guardian Name _____

Physician's Name _____

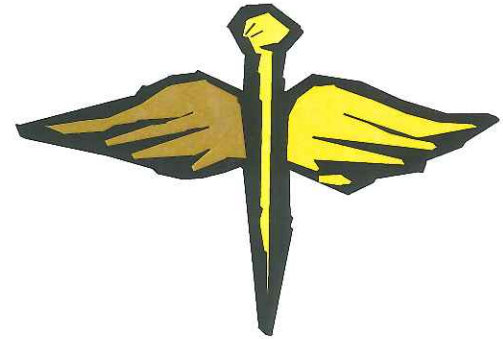
Telephone _____

Dentist's Name _____

Telephone _____

Eye Doctor's Name _____

Telephone _____



History of Illness diagnosed by physician:

(Give date of onset)

ADD/ADHD _____

Heart/Blood _____

Diabetes _____

Neurological/Seizure _____

Ear Infection _____

Asthma _____

Orthopedic/Bone _____

Vision Problems _____

Chicken Pox _____

Other _____

Allergies (medication, food, insects) _____

List medications and dosages/for what condition: _____

Surgical history: _____

Recent hospitalization _____

Immunizations/boosters received during past year:

Date: _____ Vaccine: _____ Physician/Clinic: _____

Date: _____ Vaccine: _____ Physician/Clinic: _____

List any health concerns or conditions that the teaching staff should know or be alert to:

If an emergency requiring my child to be transported to a hospital by ambulance should arise, I prefer that my child be transported to the hospital marked (✓) below:

Saint Joseph' s South Bend _____ Memorial, South Bend _____ LaPorte Hospital, LaPorte _____

Michiana Community, South Bend _____ Saint Joseph' s, Mishawaka _____ Other (specify) _____

Additional information I would like the school to be aware of:

Parent Signature _____

Date _____



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I, _____, give the _____, permission to release the following information concerning my child to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Child's Name: _____ Date of Birth: _____

Immunization Data & Other Identifying Information: _____

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Signature

Date

Printed Name of Parent or Guardian

Address

(____)_____
Telephone Number

Child's School

Child's Current Grade Level