

Kindergarten ROUND-UP

The Dahlgren and East Side Kindergarten Sign-Up for Hamilton County children who will be five (5) years of age on or before September 1, 2021, will be held at the Jr/Sr High School on February 11, 2021, from 3:00 pm - 7:00 pm.

Due to the current COVID-19 pandemic, appointments will need to be made. Please sign up online at www.unit10.com.

CONGRATULATIONS ON TAKING THE FIRST STEP IN ENROLLING YOUR CHILD IN KINDERGARTEN!

Before arriving at your appointment please complete the following paperwork:

- **COVID-19 Visitor Checklist**
- **New Student Registration Form**
- **To Be Filled Out by Single, Divorced Parents** (If this applies to you)
- **Home Language Survey**
- **ISBE U.S. Department of Education Race and Ethnicity Data Standards DATA COLLECTION FORM**

Keep the Letter to Parent(s)/Guardian(s) Regarding Student Use of the District's Electronic Networks for your reference.

- **Authorization for Electronic Network Access Form**
- **Bus Transportation**
- **Annual Health Information Form**

Keep the Health Requirments Letter and Important informational page for your reference.

Bring your complete paperwork and health records with you to your appointment. If you have any questions please don't hesitate to contact Health Services at (618) 643-2328 ext. 2109, 2120, or 6112.

COVID-19 Visitor Checklist

Every visitor must respond to this checklist to be allowed entry to school property.

Visitor Name: _____ Visitor Company: _____ Date: _____

Time: _____ Phone Number: _____ Building Name: _____

Checklist

Question	Yes	No
Do you have a temperature of 100.4°F or greater?	<input type="radio"/>	<input type="radio"/>
Are you taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce your fever?	<input type="radio"/>	<input type="radio"/>
Have you had close contact or cared for someone with COVID-19 within the past 14 days?	<input type="radio"/>	<input type="radio"/>
Have you returned from travel outside the United States or on cruise ship or river boat within the past 14 days?	<input type="radio"/>	<input type="radio"/>
Have you been directed to self-quarantine by a health care provider?	<input type="radio"/>	<input type="radio"/>
Have you been directed to self-quarantine by the County or State Department of Public Health?	<input type="radio"/>	<input type="radio"/>
Are you experiencing any of the following symptoms?		
• Chills	<input type="radio"/>	<input type="radio"/>
• Cough	<input type="radio"/>	<input type="radio"/>
• Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>
• Fatigue	<input type="radio"/>	<input type="radio"/>
• Muscle or body aches	<input type="radio"/>	<input type="radio"/>
• Headache	<input type="radio"/>	<input type="radio"/>
• New loss of taste or smell	<input type="radio"/>	<input type="radio"/>
• Sore Throat	<input type="radio"/>	<input type="radio"/>
• Congestion or runny nose	<input type="radio"/>	<input type="radio"/>
• Nausea or vomiting	<input type="radio"/>	<input type="radio"/>
• Diarrhea	<input type="radio"/>	<input type="radio"/>

- If you replied YES to any of the questions above, you will not be permitted to enter school property.
- Upon entry to school property:
 - You must wash your hands or use alcohol-based hand sanitizer.
 - You must wear a cloth face covering at all times.
 - You must observe social distancing by avoiding close contact with other individuals.

I hereby certify that my answers to the above checklist are true and correct.

VISITOR NAME: _____ DATE: _____

**HAMILTON COUNTY UNIT 10
NEW STUDENT REGISTRATION FORM**

Student Information

Student's Full Name _____
First
Middle
Last

Student's Address _____

Date of Birth _____ Gender M F (Please circle)

Place of Birth _____

Grade Level _____

Parent/Guardian Information (if single, divorced or other legal guardian, please see attached form)

Mother/Guardian Name _____

Education Decision Maker? Y N (Please circle)

Address (if different than student) _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father/Guardian Name _____

Education Decision Maker? Y N (Please circle)

Address (if different than student) _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

School Messenger Information

Please list the phone number that you would like to receive automated messages about important information such as school closings. _____

Emergency Contact Information

Please list emergency contacts that are additional to a parent/guardian.

Parent/guardian will be contacted first unless otherwise noted.

Emergency Contact _____

Relationship to student _____

Cell Phone _____

Work/Home Phone _____

Emergency Contact _____

Relationship to student _____

Cell Phone _____

Work/Home Phone _____

Emergency Contact _____

Relationship to student _____

Cell Phone _____

Work/Home Phone _____

List any siblings (name & grade) the student has in ours school district.

Signature

Date

TO BE FILLED OUT BY SINGLE, DIVORCED PARENTS

Parent Information: *The following information is requested to help us better serve our students and their parents, as there are many students who live in joint custody relationships or have non-custodial parents who are actively involved in their student's school progress. Further, we wish to honor all court orders.*

Indicate with whom the child lives:

- Parents (both)
- Mother
- Father
- Other legal guardian, please state relationship (Copy of court-ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration (SB944))
- a relative, friend(s),
- or other adults(s) an adult that is not the parent or the legal guardian
- alone with no adults

If parents are divorced, which parent has primary custody: _____

**If a divorce decree exists, please provide the complete divorce decree detailing custody arrangement.*

Custodial Parent _____ Spouse _____

Noncustodial Parent _____ Spouse _____

- Noncustodial parent may be contacted to pick up child in case of illness/accident.
- Noncustodial parent's spouse may be contacted to pick up child in case of illness/accident.
- Send dual mailing to both parents.
- * There is a court order restricting the following person's contact with the school or this student (original copy of court order must be presented)

Name: _____

If student lives in a joint custody relationship, please provide the student's weekly scheduled days with each parent and any other notes you feel the school should know:



Hamilton County Unit 10 Schools

Home Language Survey

The State of Illinois requires the district to collect a home Language Survey for every student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

Please answer the questions below and return this survey to your child's school.

Student Name: _____

1. Can anyone in your home carry on a conversation in a language other than English?

_____ Yes What language? _____

_____ No

2. Can your son/daughter carry on a conversation in a language other than English?

_____ Yes What language? _____

_____ No

If the answer to either question is yes, the school will assess your child's English language proficiency. The school will measure your child's listening and speaking skills and, for students in grades 2 through 12, reading and writing skills.

Signed _____
Parent or Guardian

Date: _____

Hamilton County CUSD 10
Illinois State Board of Education
**U.S. Department of Education Race and Ethnicity Data Standards
DATA COLLECTION FORM**

Student's Name: _____

SIS ID: _____

INSTRUCTIONS: This form is to be completed by the parent or guardian and both questions **must** be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide missing information by observer identification.

This race and ethnicity data will be used in the same manner as previously collected data, e.g., in reporting and analyzing test results by race and ethnicity. The information *will not* be used to check immigration status, and the confidentiality of the individual student information will be protected.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, *regardless* of race). **Choose only one.**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form will be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original response must be retained until the completion of the action.

HAMILTON COUNTY
COMMUNITY UNIT DISTRICT NO. 10P.O. Box 369
McLeansboro, IL 62859
(618) 643-2328

IFBG - E1

Letter to Parent(s)/Guardian(s)
Regarding Student Use of the District's Electronic Networks

Dear Parent(s)/Guardian(s):

We now have the ability to enhance your child's education through the use of electronic networks, including the Internet. The electronic networks offer vast, diverse, and unique resources. The District's goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication. Your authorization is needed before your child may use this resource.

Electronic networks connect many thousands of users and computers throughout the world. Students and teachers may have access to:

- Electronic communications with people all over the world
- Information from government sources, research institutions, and other sources
- Discussion groups
- Many libraries, including the catalog to the Library of Congress, and the Educational Resources Information Clearinghouses (ERIC).

With this educational opportunity also comes responsibility. You and your child should read the enclosed *Authorization for Electronic Network Access* and discuss it together. The use of inappropriate material or language, or violation of copyright laws, may result in the loss of the privilege to use this resource and/or other disciplinary action. Remember that you are legally responsible for your child's actions.

The District takes precautions to prevent access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting. On an unregulated network, however, it is impossible to control all materials and a user may discover inappropriate material. Ultimately, parent(s)/guardian(s) are responsible for setting and conveying the standards that their child or ward should follow. To that end, the School District supports and respects each family's right to decide whether or not to authorize electronic network access.

Please read and discuss the attached *Authorization for Electronic Network Access* with your child. If you agree to allow your child to have an account, sign the Authorization form and return it to your school.

Sincerely,

Jeff Fetcho,
Superintendent

AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS

Each teacher must sign this Authorization as a condition for using the District's Electronic Network Connection. Each student and his or her parent(s)/guardian(s) must sign the Authorization before being granted access. School Board members and administrators are treated like teachers for purposes of this Authorization. Please read this document carefully before signing.

All use of the electronic networks shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This *Authorization* does not attempt to state all required or prescribed behavior by users. However, some specific examples are provided. **The failure of any user to follow the terms of the *Authorization for Electronic Network Access* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signature(s) at the end of this document is legally binding and indicates the party who signed has read the terms and conditions carefully and understands their significance.

Terms and Conditions

1. Acceptable Use - Access to the District's electronic network must be for the purpose of education or research, and be consistent with the educational objectives of the District.
2. Privileges - The use of the District's electronic networks is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The administration will make all decisions regarding whether or not a user has violated this *Authorization* and may deny, revoke, or suspend access at any time.
3. Unacceptable Use - You are responsible for your actions and activities involving the network. Some examples of unacceptable uses are:
 - a. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any U.S. or state law;
 - b. Unauthorized downloading or installing of files, regardless of source;
 - c. Using the network for private financial or commercial gain;
 - d. Wastefully using resources, such as file space;
 - e. Gaining unauthorized access to resources or entities;
 - f. Invading the privacy of individuals;
 - g. Using another's account or password;
 - h. Posting material authored or created by another without his/her consent;
 - i. Posting anonymous messages;
 - j. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually-oriented, threatening, racially offensive, harassing, or illegal material; and
 - k. Using the network while access privileges are suspended or revoked.

4. Network Etiquette - You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:
 - a. Be polite. Do not become abusive in your messages to others.
 - b. Use appropriate language. Do not swear, or use vulgarities or any other inappropriate language.
 - c. Do not reveal the personally identifying information of students or colleagues.
 - d. Recognize that electronic communications are not private. People who operate the system have access to all information flowing through the system. Messages relating to or in support of illegal activities may be reported to the authorities.
 - e. Do not use the network in any way that would disrupt its use by other users.
 - f. Consider all communications and information accessible via the network to be private property.
5. No Warranties - The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, missed deliveries, or service interruptions caused by its negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.
6. Indemnification - The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any breach of this *Authorization*.
7. Security - Network security is a high priority. If you can identify a security problem on the network, you must notify the system administrator or Building Principal. Do not demonstrate the problem to other users. Keep your account and password confidential. Do not use another individual's account. Attempts to log-on to the network as a system administrator or user with higher privileges will result in cancellation of user privileges and possible disciplinary action. Any user identified as a security risk may be denied access to the network.
8. Vandalism - Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as but not limited to:
 - a. Any malicious attempt to harm or destroy data of another user or component on the electronic network
 - b. Uploading or creation of computer viruses, spyware, or other malicious software,
 - c. Removal of any computer part including tags, stickers, and logos,
 - d. Marking or scratching the computer,
 - e. Inserting foreign objects in the computer.
9. Telephone Charges - The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.
10. Copyright Web Publishing Rules - Copyright law and District policy prohibit the republishing of text or graphics found on the Web or on District web sites or file servers, without explicit written permission.
 - a. For each re-publication (on a Web site or file server) of a graphic or a text file that was produced externally, there must be a notice at the bottom of the page crediting the original producer and noting how and when permission was granted. If possible, the notice should include the Web

address of the original source.

- b. Students and staff engaged in producing Web pages must provide library media specialists with an e-mail or hard copy permissions before the Web pages are published. Printed evidence of the status of "public domain" documents must be provided.
- c. The absence of copyright notice may be interpreted as permission to copy the materials. Only the copyright owner may provide the permission. The manager of the Web site displaying the material may not be considered a source of permission.
- d. The "fair use" rules governing student reports in classrooms are less stringent and permit limited use of graphics and text.
- e. Student work may only be published if there is written permission from both the parent/guardian and student.

11. Use of Electronic Communications

- a. Student use of electronic communications is limited to teacher discretion for academic purposes.
- b. Staff use of electronic communications is limited to the fulfillment of their duties and responsibilities and as an educational tool.
- c. The District reserves the right to access and disclose the contents of any information on or flowing through its system, without prior notice or permission from the account's user. Unauthorized access by any student or staff member to an electronic communication is strictly prohibited.
- d. Each person should use the same degree of care in drafting an electronic communication as would be put into a written memorandum or document. Nothing should be transmitted in an electronic communication that would be inappropriate in a letter or memorandum.
- e. Electric communications transmitted via the District's Internet gateway carry with them specific identifying information. This information identifies the author as being with the School District. Great care should be taken, therefore, in the composition of such messages and how such messages might reflect on the name and reputation of this School District. Users will be held personally responsible for the content of any and all of their electronic communications.
- f. Any message received from an unknown sender should either be immediately deleted or forwarded to the system administrator. Downloading any file attached to any Internet-based message is prohibited unless the user is certain of that message's authenticity and the nature of the file so transmitted.

12. Unauthorized computer use is defined as

- a. Playing of non-educational games at the discretion of supervising staff.
- b. Electronic messaging without direct teacher consent and supervision.
- c. Accessing the internet without permission.
- d. Downloading or installing any file or program without direct permission.
- e. Making changes to backgrounds, screen savers, or other default settings of student use computers.

Authorization for Electronic Network Access Form

Students, parent(s)/guardian(s), and teachers need only sign this *Authorization for Electronic Network Access Form* once while enrolled or employed by the School District.

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the electronic network, including my electronic communications and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration of using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the electronic network.

Date _____

USER (STUDENT OR STAFF) (Please Print)

USER (STUDENT OR STAFF) SIGNATURE

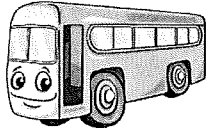
(Required if the user is a student)

I have read this *Authorization for Electronic Network Access*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this *Authorization* with my child. I hereby request that my child be allowed access to the District's Internet.

Date _____

PARENT/GUARDIAN NAME (Please Print)

PARENT/GUARDIAN SIGNATURE



This information will be used for bus transportation purposes.

Will your child ride a bus? _____ Yes _____ No

Student's name _____

Parent/Guardian: _____

Address _____

Phone number you can be reached at before school starts: _____

Email address you can be reached at:

Does your child have siblings that ride a bus, if so please list them and what school they attend.

If you require bus transportation changes for your child throughout the school year, please call Samantha Lueke, Transportation Secretary at 643-2328, ext. 6105. Please leave a message or email Mrs. Lueke at luekes@unit10.com.

Hamilton County Unit 10 School District

Annual Health Information Form

*This information is **voluntary**. To inform/update Health Services Staff:
Alesha Storey RN BSN, Susan Mosby LPN, & Rhonda Tracy Nurse's Assistant*

Students Name: _____ Date of Birth: _____ Grade: _____

Physician's Name: _____

Check (√) the box if your child has **no** history of medical problems, illness, or allergies and complete signature on the next page.

No history of medical problems, illness, or allergies.

Check (√) the box(es) if your child has a history of any medical problems &/or illness.

Asthma: Triggered by: _____ Uses inhaler: Yes No Uses Nebulizer Yes No
Severity: Mild/Intermittent Moderate Severe

Seizures: Date of last: _____ Has your child been prescribed Diastat? Yes No
Type: Grand Mal Petit Mal Partial Complex

Diabetes: Age Diagnosed: _____ Requires Carb Counting Yes No
Takes Insulin Yes No

A plan of care must be in place – contact the district nurse

Frequent Ear Infections: Tubes Yes No
 Hearing Problems: Hearing Aids Yes No
 Vision Problems: Wears Glasses Yes No Wears Contacts Yes No
 Skin Disorders: Eczema Psoriasis Other: _____
 Has your child had chicken pox: Yes No

ADD/ADHD Braces/Dental Appliances Kidney/Urinary Disorders
 Anxiety/Panic/Emotional Disorder Cerebral Palsy Speech Problems
 Autism/Asperger Frequent Strep Throat Stomach/Bowel Disorders
 Bleeding Disorders Headaches/Migraines

List any other conditions that the school nurse needs to be aware of:

Check (√) the box(es) if your child has a history of any allergies.

<u>Allergy:</u>	<u>Please List:</u>	<u>Reaction:</u>
<input type="checkbox"/> Latex	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Medication	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Foods	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Insect Stings	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Animals	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____

Has your child been prescribed an EpiPen: Yes No

A note is required annually from the doctor for any allergy restrictions at school.

Please list any medication your child is currently taking.

<u>Name of Medication:</u>	<u>Reason for Taking:</u>	<u>Home</u>	<u>School</u>	<u>Emergency</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child has a serious illness/allergy that requires medication, it is important to keep the medication at school. **A medication authorization form must be completed by the parent/guardian and doctor to be kept on file at school.**

Notice of Agreement

To ensure the safe care of my child, I agree that pertinent health information may be shared with appropriate school staff, including transportation employees, on a need-to-know basis. I agree to alert the school nurse of any changes in medication or health status of my child. I will furnish the school with current phone numbers and addresses in case of emergency. The school nurse may contact the health care provider regarding any health concerns pertaining students.

I understand that basic first aid and emergency care will be provided as needed by school staff.

I understand that in an emergency my child will be transported by ambulance. I authorize emergency personnel to carry out diagnostic and emergency care as deemed necessary. I understand the cost of the ambulance and medical care are my responsibility.

I acknowledge that the foregoing above information is true and correct.

Signature of Parent/Guardian: _____ Date: _____



Hamilton County
Community Unit District No. 10

P.O. Box 369
109 North Washington
McLeansboro, IL 62859
(618) 643-2328
Fax: (618) 643-3289

Dear Parents/Guardian:

We are pleased to have your child enroll in Hamilton County Unit 10. Prior to entrance into any school in the State of Illinois, there are certain requirements established by the Department of Public Health that must be met.

Children entering kindergarten are required by law to have the following on file:

1. Physical Examination record (Dated within one year of starting school)
2. Lead screening test record
3. Dental examination
4. Copy of original legal birth certificate
5. Up to date immunization record (Please note: It is mandatory for the record to state the month, day and year of inoculation.)
6. Copy of original Social Security Card
7. Public aid number (if applicable)
8. Eye exam

The required immunizations include (following Illinois Department of Public Health guidelines):

1. Diphtheria, Pertussis and Tetanus (DPT)
2. Rubeola
3. Rubella
4. Polio
5. Mumps
6. Varicella (on or after 1st birthday or proof of prior disease)
7. Haemophilus influenza type B (HIB)
8. Hepatitis (Recommended but not required until 5th grade)

In addition to the basic immunizations listed above, a DPT booster, a Polio booster and an MMR (Measles, Mumps and Rubella), Varicella booster are required before entering kindergarten. All boosters must be given after age four.

Immunizations and lead screenings may be obtained through the Hamilton County Health Department located in the Hamilton County Courthouse. Please remember to take your child's immunization record with you.

The school will not accept any physical exam report that is not on the new Illinois Department of Public Health form (excluding sports physical). Please be sure that your physician is aware of this. Remember, the Health History section must be completed, signed & dated by a parent/guardian or the exam will not be accepted. These are state guidelines, not just school policy.

All records should be brought to your child's school by the first day of attendance in the Fall. In order for these requirements to be in place prior to the first day of school, parents should begin now. Students will not be accepted for enrollment until all requirements are complete.

Children attending pre-school programs must register for kindergarten with all of the above requirements. Thank you for your cooperation. Please call the District's Nurse, Mrs. Alesha Storey (643-2328 ext. 2109), if there are any questions.

Sincerely,

Jeff Fetcho
Superintendent

IMPORTANT

Please Read

Parents are responsible for keeping children who are ill at home. In some cases, the school will ask that the child's physician determine the cause of symptoms that may indicate a communicable disease. The Illinois Department of Public Health Rules and Regulations for the Control of Communicable Disease are used by schools to determine how long students must remain out of school with diseases like chickenpox, measles, impetigo and strep throat. The County Health Department Epidemiologist can help the school interpret the state regulations.

Here are some guidelines for parents to use in deciding when a child is too ill to be in school:

1. If a **rash** is present that has not been evaluated by the doctor.
2. If the child's oral temperature exceeds 100° Fahrenheit, or 1-2° above the child's normal temperature. **ALL CHILDREN WITH SUCH FEVERS SHOULD REMAIN HOME FOR 24 HOURS AFTER THE TEMPERATURE RETURNS TO NORMAL (WITHOUT THE USE OF TYLENOL OR IBUPROFEN).**
3. If the child **vomits** and continues to experience nausea and/or vomiting.
4. If the child **complains of severe, persistent pain**, the symptom should be referred to a physician for evaluation.
5. If the child shows signs of **upper respiratory infection** (cold symptoms) serious enough to interfere with the child's ability to learn.
6. If there are signs of **conjunctivitis** ("pinkeye") with matter coming from one or both eyes, itching, crusts on eyelids, the child should be evaluated by the doctor.
7. If there are **open sores** that have not been evaluated by the doctor.
8. If there are signs of infestation with **lice** (nits in the hair, itchy scalp) the child should be evaluated for treatment with a pediculicide.

The school nurse may be consulted by parents who are not sure about whether to send a child to school; but parents should **NOT** send a child to school for the nurse to make the decision – unless a plan has been made with the school for such assistance. A call or visit to the child's physician is usually appropriate when the parent is in doubt.

To help control outbreaks of communicable disease, the school works closely with the County Health Department. Parents can help by letting the school know whenever a communicable disease is diagnosed or suspected when calling to report a child's absence.

