

Back to School Health Information
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Back to school time is a great time to check your child's immunization record. Oklahoma requires that all students attending school must be vaccinated for certain diseases. Children entering the Pre-Kindergarten program are required to have:

- Four doses of DTaP (Diphtheria, Tetanus, & Pertussis)
- Three doses of Polio
- One dose of MMR (Measles, Mumps, Rubella) given on or after the first birthday
- Three doses of Hepatitis B
- Two doses of Hepatitis A, with the first dose started on or after the first birthday and the second dose 6 – 18 months later
- One dose of Varicella (Chickenpox) given on or after the first birthday, or a history of having had chickenpox disease. A second dose is recommended but not required for school entry.

All children entering kindergarten through the twelfth grades are required to have:

- Five doses of DTaP/DTP (or four doses if the 4th dose was given on or after the 4th birthday), only three doses are required for twelfth graders
- Four doses of Polio
- Two doses of MMR
- Three doses of Hepatitis B
- Two doses of Hepatitis A
- One dose of Varicella or a history of having had chickenpox disease is required for student's attending kindergarten through eleventh grade.

There are some new vaccines that are recommended, but are not currently required by Oklahoma immunization law. Immunizations can prevent many of the diseases that pose serious threats to children and adolescents.

Two doses of Varicella (Chickenpox) are now recommended for all children and adolescents who have not had Chickenpox disease.

Tdap (Tetanus, reduced Diphtheria and acellular Pertussis), is a vaccine that helps protect against Pertussis (Whooping Cough). Childhood immunization against Pertussis wears off five to ten years after the last routine vaccination. Health officials warn that Pertussis outbreaks are on the rise. Pertussis is spread from airborne droplets when an infected person coughs or sneezes. Pertussis infection can result in a severe cough that can take several weeks to go away. A Tetanus booster is recommended for children between 11-12 years of age if it has been at least 5 years since the last dose of Diphtheria and Tetanus was given. This vaccine is especially important for those students in contact with infants younger than 12 months of age. Tdap will be required for school entry for all 7th graders beginning with the 2011 – 2012 school year.

A meningitis vaccine is now recommended to help protect adolescents and college bound students from several strains of meningococcal bacteria, which can cause meningitis. Many colleges are now requiring a meningitis immunization for incoming college freshmen. Adolescents should receive this vaccine during their 11 – 12 year old check-up or when they enter high school or college.

Human Papillomavirus (HPV) vaccine is recommended for all adolescent girls to prevent cervical cancer and genital warts. The vaccine is available for females between the ages of 9 and 26.

Yearly flu vaccines are recommended for all children over 6 months of age and adults with certain medical conditions such as asthma who have a greater risk of developing respiratory complications, especially during flu outbreaks.

Preventing Illness

The single most important thing your child can do to prevent illness is to wash his or her hands thoroughly and frequently. The Center for Disease Control and Prevention recommends that people wash their hands with soap and warm water for 15 seconds – about as long as it takes to sing the “Happy Birthday” song twice. Using lots of friction helps ensure that hands get clean.

To help stop the spread of germs, teach your child to cover his or her mouth and nose with a tissue when they cough or sneeze. If they don’t have a tissue, have them cough or sneeze into their upper sleeve, not on their hands. Put used tissue in the waste basket, not on tables or desks and wash hands as soon as possible.

Eating a balanced diet and getting proper rest help keep your child’s body healthy and able to fight off infections.

When to Keep Your Child Home from School

Deciding when a child is too sick to go to school can be difficult. Please know that good health is more important than a perfect attendance record. In order for your child to be available for learning, and to control communicable diseases in school, it is important to keep your child home for the following reasons:

Fever above 100.4 degrees - Your child should be fever free, and off of all fever reducing medication for 24 hours before he or she returns to school. Students returning to school before they are well are more susceptible to illness and may expose others. Please do not give your student medication to treat a fever and then send him or her to school.

Sore throat or tonsillitis - A minor sore throat is usually not a problem, but a severe sore throat could be a symptom of a more serious illness. Keep your child home from school and contact your health care provider. If your child is diagnosed with Strep Throat, he or she may return to school 24 hours after antibiotic treatment begins.

Spots/Rash - Do not send your child to school with a rash until your health care provider has said that it is safe to do so. Children with ringworm, scabies, or impetigo can return to

school after 24 hours of appropriate treatment. The affected area should be covered by bandage or clothing.

Bad Cough/Cold Symptoms - Children with bad coughs/colds need to stay home, and possibly see their health care provider. When the cough improves and the child is feeling better they may return to school. It can take well over a week for a bad cough to completely go away.

Eye Inflammation or Discharge - If your child's eye is red with a cloudy or yellow/green drainage; matted eyelids after sleep; eye pain and/or redness, you should keep your child home, and contact your child's health care provider. If your child is diagnosed with pink eye, he or she may return to school 24 hours after treatment has begun.

Vomiting and/or Diarrhea - Your child should stay home until the illness is over, and for 24 hours after the last episode (without medication).

Ear Pain - Consult with your health care provider. Untreated ear infections can cause problems with hearing loss.

Head Lice - Student must be treated with a special preparation for killing head lice (available over-the-counter) and progress made on removing all of the nits. Students may return to school after proof of treatment and clearance by school personnel. Students may also be cleared to return to school by the Cleveland County Health Department or their private health care provider.

Acute Pain – For student safety, students that have pain that requires narcotic medication for relief should not attend school.

Your child may attend school if he or she has:

Mild Cold Symptoms - If your child feels well, and there is no fever, it is usually OK to send your child to school.

Allergic Conjunctivitis – known allergy diagnosed by physician.

Vague complaints of aches, pains or fatigue not associated with fever.

Single episode of vomiting and/or diarrhea – that happens at home without any other symptoms.

Diagnosed skin condition.

Remember to call the school every day that your child will be absent. Make sure the school has your current contact information in case your child was to become ill or injured at school. Have a plan in place for childcare issues for when your child is ill. If your child has a communicable disease, please notify the school. In some instances it will be necessary for your physician to provide the school with a medical release before your child may return to school.

Medications

Medications should be given at home if at all possible. If a medication is required during school hours the procedures for medication administration must be followed:

- A medication request and release form must be filled out and signed by the parent/guardian. The medication form is available at your child's school or you may download it from the Norman Public Schools website.
- Prescription medication must be ordered or advised by a licensed practitioner.

- Prescription medication must be brought to school in the current original container with the pharmacy label intact. The label must have the student's name, name of the medication, dosage, and time medication is to be given.
- Parents/guardians may ask the pharmacist for a separate container labeled just for the school time dose. If your child has an inhaler that he/she will carry, please have the pharmacist label the inhaler as well as the box.
- If the student self carries emergency medication a back up supply of medication **should be provided** to the school.
- Over-the-counter medications must be in a NEW UNOPPENDED original container. The student's name must be written on the box/bottle, the dosage and frequency to be given must be consistent with label instructions. Please check the expiration date. Out of date medications can not be given at school.
- Written or verbal changes regarding medication doses cannot be accepted from the parent/guardian. If your child's prescription changes, you may have the physician write or fax a new prescription to the school.
- For your student's safety, it is recommended that the parent/guardian bring the medication to the school.
- At the end of the school year, any remaining medication must be picked up by the parent/guardian or the medication will be destroyed. Medications will not be sent home with students.

Please remember that the medication procedures are for your child's safety.

Backpack Safety

Back to school means backpacks full of books, school supplies and homework. To avoid strain and injury to your child's back: follow these guidelines from doctors, physical therapists and the American Academy of Pediatrics:

- Children should carry no more than 10% - 15% of their body weight in their backpacks. Weigh your child's backpack when it is full to see if it is a safe weight for your child.
- Backpacks should be lightweight, have wide shoulder straps, a padded back and a waist strap to help distribute the weight evenly.
- Pack light. Organize the backpack to use all of its compartments. Pack heavier items closest to the center of the back.
- Always encourage your child to use both shoulder straps. Slung a backpack over one shoulder can strain muscles.
- Encourage and model good posture!
- Check your child's backpack frequently to see if some items can be eliminated.
- Consider a rolling backpack if the load must be extremely heavy, but remember that rolling backpacks still must be carried up stairs.
- If your child complains of back, shoulder or neck pain, numbness or weakness of the legs or arms, consult your child's doctor.

Health Insurance

There are nearly 8.3 million uninsured children in the United States. Many of these children are eligible for low-cost or free health insurance coverage through Medicaid or the State Children's Health Insurance Program, but many parents may not realize their children could be eligible for this coverage.

SoonerCare covers urgent health needs like accidents and sudden illness, as well as regular checkups, dental care, prescription drugs, and immunizations. Even if you have been turned down in the past, guidelines and family situations can change. Call 1-800-987-7767 or visit www.mysooner.org for more information to see if your child is eligible.