



# Bluebonnet School School-Age Health Form

Child's Name \_\_\_\_\_ Name Child is Called \_\_\_\_\_ Birthdate \_\_\_\_\_

Has your child had any hospitalizations or serious illnesses during the past 12 months? If so, please explain.

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Please give us instructions for providing for any special needs your child may have: allergies or chronic illnesses, such as asthma, hearing or vision impairment, feeding needs, developmental issues, neuromuscular conditions, urinary or other health problems, seizures or diabetes.

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Does your child take any medication prescribed for long-term, continuous use? If so, what medication and for what condition?

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Does your child require any special accommodations in order to take part in our programs?

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**Bluebonnet School provides Rocky Mountain Sunscreen SPF 30.** Check below your preferences on sunscreen:

- Bluebonnet may use the above mentioned sunscreen on my child.  
 Bluebonnet may apply sunscreen brought from home labeled with my child's name.  
 Please do not apply any sunscreen.

Your child's immunization records are on file at the elementary school currently attending. Is there a waiver for any immunizations for your child?  yes  no If so, which immunization? \_\_\_\_\_

If your child is on a delayed immunization schedule for any reason, please submit to us a doctor's note in our files stating why and when the immunizations will be given. If an outbreak of a disease occurs, and your child is not immunized for it, we will ask your child to not attend until the outbreak ends or until the child immunized.

Name of elementary school \_\_\_\_\_

Address \_\_\_\_\_ Tele. of school \_\_\_\_\_

Child's health insurance Company \_\_\_\_\_ Tele. \_\_\_\_\_

Name of Subscriber \_\_\_\_\_ Policy No. \_\_\_\_\_ Group.No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Today's Date

# Bluebonnet School Health Policy

**Please observe your child before coming to school.** One of the most important steps in avoiding the spread of disease is your personal observation of your own child. If your child just isn't himself or herself, check to see if any other apparent symptoms, especially fever, are present. If your child is not feeling well, he or she should not come to school. Contagious, sick children need to stay at home so that the class can stay healthier. Working together, we can keep Bluebonnet's children and their teachers free from sick days.

## An ill child cannot come to school if one or more of the following situations exist:

1. The child is unable to participate comfortably in all school activities.
  2. An illness results in a greater need for care than the staff can provide without compromising the health, safety and supervision of other children.
  3. If the child's oral temperature registers 101.4 degrees or more, the child cannot come to school until fever-free for 24 hours **without fever-reducing drugs**. (Armpit temperature of 100.0 degrees or above.)
  4. If the child's oral temperature is 99.0 to 99.9 (armpit temperature 98.0 to 98.9), with any of the symptoms listed below or if any of the symptoms marked with ✓ are present, regardless of fever, the child can not come to school.
    - ✓ A. Diarrhea, defined as two or more loose, watery bowel movements within a one-hour period.
    - B. Sore and reddened throat, with a possibly raspy cry.
    - ✓ C. Reddened eyes with discharge or crusted eyelids
    - D. Earache, sometimes indicated by a child rubbing or pulling at the ear
    - E. Stomachache
    - ✓ F. Instances of nausea and/or vomiting within 24 hours
  - ✓ G. Listless and no appetite
  - ✓ H. Rashes in any form (small pinpoint or large blisters) located in facial or abdominal areas or possibly covering the total body. We require a doctor's note stating your child is not contagious before returning.
  - I. Coughing, sneezing and runny nose
5. Other problems requiring a child to stay at home so that treatment may be started include the following:
- A. Lice - small, gray-white insects on the scalp causing itching and usually accompanied by eggs attached in clumps to hair shafts.
  - B. Scabies - mites living under the skin surface appearing as small red dots, usually between the fingers, causing intense itching
  - C. Ringworm - a fungus of the scalp or body causing a characteristic "round" shape of reddened scaly skin.
  - D. Pinworms - intestinal worms depositing eggs visible to the eye on the perineum or in the feces causing rectal itching
  - E. Impetigo - one single or a cluster of small blisters which will break, drain, and become crusted.

**If your Child Becomes Ill at School. If your Child Becomes Ill at Bluebonnet.** When a child has a temperature over 100.4 degrees, has had 2 episodes of diarrhea or vomiting that day, or an unexplained rash, we will call you to pick up your child within an hour. If we cannot reach you, we will begin to call the persons you have listed on your emergency contact form until arrangements can be made for your child to be picked up.

**When Your Child Can Return to School.** Your child may return to school with a doctor's release indicating that your child is not contagious. **Your child may return once he or she is free of fever (without fever-reducing drugs), diarrhea, vomiting, or other symptoms for 24 hours.** If your child has a rash, we require a doctor's note saying the child is not contagious before returning. In order to keep all of our children as healthy as possible, we reserve the right to refuse the child's return if we feel that the child is too ill to participate in the program.

**Reporting Illness.** If your child is absent due to illness, we would appreciate you letting us know. Although you are not required to do so, this knowledge may allow us to watch for symptoms in other children and make an appropriate posting of communicable disease if needed. To protect your confidentiality, only information relating to the nature of the illness will be shared, not the child.

**Medications.** Medications should never be taken into the classroom. Medications to be administered by Bluebonnet must be placed by parents in the medicine cabinet or refrigerator in the front lobby where parents must sign the daily authorization form. Only prescriptions in the original container, prescribed by a physician with a the child's name, date, prescription and dosage will be administered. For over-the-counter drugs, the child's age must be listed on the container or else we need a doctor's prescription stating the proper dosage. Doctor's prescriptions are only valid for 6 mos. We follow the dosage based on the age, not weight. Bluebonnet will not administer fever-reducing drugs to mask fever symptoms. Medications are given daily at 11:30; please time your child's medication schedule accordingly.

**Immunizations.** All children enrolled at Bluebonnet must receive the required immunizations prior to admission. For preschool children, records of these immunizations must be on file here at Bluebonnet before your child begins classes here. Or, if your school-age child is enrolled in an elementary school, we must have a signed form stating that your child's immunizations are current and on file at the child's school, along with the school's address and telephone number. If a waiver exists, we require an explanation. If your child is on a delayed immunization schedule for any reason, we require a doctor's note in our files stating when the immunizations will be given. If an outbreak of a disease occurs, and your child is not immunized for it, we will ask your child to not attend until the outbreak ends or until the child immunized.

**Outdoor Play.** I understand and agree that my child will participate in outdoor activities daily, when weather permits. I understand and agree that decisions on outdoor play will be made at the discretion of the administrator and teaching staff. **I understand and agree that, if my child is too ill to participate in outdoor play, he/she is too ill to attend school.**

*I have received and read the Bluebonnet School Health Policy and I will comply with it.*

Parent/Guardian signature \_\_\_\_\_ Child's Name \_\_\_\_\_ Today's date \_\_\_\_\_