Health Information Agreements

The nurses' offices are open daily while your children are in attendance. They will manage chronic illnesses, assist in any emergency as well as daily student health needs, supervise the taking of medications and keep records of immunizations and health records. Students who have a chronic medical condition must have the condition medically documented and on file in the nurse's office. If your child requires any medical treatment to be given during the school day, a written doctor's order and parent permission must be turned into the school nurse at the beginning of the school year. It is necessary that the health care provider and parent/guardian work with the nurse in the development of a care plan and actions to be taken for your child's specific condition.

Please contact the school nurse for any health concerns or conditions.

Student Physicals
Student Physicals are required for kindergarten, 6th and 9th grades - forms for kindergarten can be obtained at kindergarten registration or downloaded on line. Forms for 6th and 9th grades can be picked up at the middle and high schools and also may be downloaded from the corporation website: www.cps.k12.in.us Click on "Download Forms"

Medication Policy
Students must have a written doctor order and parent note for any over the counter (OTC) or prescription medication, including inhalers. Special forms are required for upper grade students who will be carrying emergency medication i.e. inhalers, epi-pens. Forms are available on the documents screen of the school website (see above) or may be obtained from the school nurse. These forms must be completed and turned into the nurse before the 1st day of school. Please make doctor appointments and have these forms completed during the summer. School nurses may require a parent conference before school starts regarding individual health conditions. Please contact your school nurse for more information.

IMMUNIZATION INFORMATION/REQUIREMENTS for the CURRENT school year:
(Click on Links Below for Documentation)

Immunization Requirements for the Current School Year
The only exemptions accepted by the state are a written order signed by a doctor or a religious exemption signed by the parent; these must be renewed at the beginning of each school year.

Important Meningitis Information

I have read and understand this document
*Yes

I give the school nurse permission to share this and any other health condition information on my child's health record with school personnel who have a need to know in order to meet the health and safety needs of my child.
*Yes

Student Record of Immunization Compliance

The Indiana Law lC 20-8.1-7, amended by Public Law 205, Acts of 1985 requires parents of children in grades preschool through twelfth to furnish the school a record showing proof of the child's immunization.

TO COMPLY WITH THE LAW, ONE OF THE FOLLOWING MUST BE MET:

1. A current written immunization on file with the school, or;
2. Provide a current written immunization record to the school, or;
3. Provide a signed statement from a physician that the required immunizations have been delayed by extreme circumstances, and that a time schedule fOI" immunizations has been established, or;
4. Provide the school nurse with a written statement of medical exemption signed by the physician or religious objection signed by the parent.

No child will be permitted to attend school beyond the first day of school without complying with the above immunization law (1-4) unless a waiver is granted by the school. The waiver shall not be granted for a period that exceeds twenty (20) days.

Health records received from another school corporation will be evaluated by the school nurse to determine current immunization status. After the evaluation has been completed, you will be notified if your child's immunization is incomplete.

I have read and understand this document
*Yes

CHIRP Release of Information (Children and Hoosiers Immunization Registry Program)

Release of Information Authorization*

I give/do not give Crown Point Community School Corporation permission to release the following information concerning my child to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP): name, immunization data, date of birth, and information provided at the bottom of this notice.

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 schedules.

I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the child, a child care center, and the Office of Medicaid Policy and Planning or a contractor of the Office of Medicaid Policy and Planning. 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.
I hereby DO NOT consent to the release of such information.