

PICKENS COUNTY SCHOOLS

2018-2019 FEE LIST

ALL SCHOOLS

- Classroom/Supplemental Fee \$20.00
- Accelerated Reader (AR)/Library Fee \$20.00
- Parent Teacher Organization (PTO) or Academic Booster Club (ABC) Membership \$5.00

MIDDLE/HIGH SCHOOLS

- Senior Graduation Fee \$25.00
- Parking \$25.00
- Project Lead The Way (PLTW) Courses \$10.00
- Science Labs \$10.00
- Career Technical Education Courses \$20.00
- Band (student owned instrument) \$50.00
- Band (school owned instrument) \$75.00

COLLEGE AND CAREER CENTER*

- Agriscience \$40.00
- Industrial Maintenance ELT \$40.00
- Biomedical PLTW PBS/HBS \$40.00
- Welding – 1st Year Student \$40.00
- Welding – 2nd & 3rd Year Student \$20.00
- Biomedical PLTW/Healthcare Science (10th) \$72.00
- Biomedical PLTW/Healthcare Science (12th) \$125.00
- Computer Science PLTW \$20.00
- Teacher Cadet Program \$40.00

*These fees will be collected at the Pickens County College and Career Center.

PICKENS COUNTY HIGH SCHOOL

205 4TH AVENUE SE • REFORM, AL 35481

SCHOOL SUPPLY LIST

5TH & 6TH GRADES

PENCIL SHARPENER WITH COVER (NON-BATTERY OPERATED)
CLOROX WIPES (1)
KLEENEX (2 BOXES)
HAND SANITIZER (2 BOTTLES)
NO. 2 PENCILS
LOOSE LEAF PAPER
COLORED PENCILS

7TH & 8TH GRADES

COLORED PENCILS
HIGHLIGHTERS
PROTRACTOR
JOURNAL / COMPOSITION NOTEBOOK
SMALL STUDENT DICTIONARY (WEBSTER'S PREFERRED)
4-FUNCTION CALCULATOR
3-RING BINDER W/ DIVIDERS , FOLDER W/ TABS AND POCKETS / LOOSE LEAF PAPER
#2 PENCILS
BLUE OR BLACK BALLPOINT INK PENS

7TH, 8TH and 9TH, GRADES TAKING MR. RAMSEY (MATH)

PENCILS / MECHANICAL PENCILS
1 BOTTLE OF HAND SANITIZER
1 BOX OF TISSUE
1 ROLL OF PAPER TOWELS
SCIENTIFIC CALCULATOR (BEST-CASIO FX 115 ES PLUS)
3-RING BINDER (1 inch) / LOOSE LEAF PAPER / 1 SET OF 4 TAB BINDER DIVIDERS

10TH, 11TH, & 12TH GRADES TAKING MS. DOOLEY (MATH)

COMPOSITION NOTEBOOK
GRAPH PAPER
CONSTRUCTION PAPER
LOOSE LEAF PAPER
PENCILS / MECHANICAL PENCILS
PROTRACTOR
RULER
1 BOTTLE OF HAND SANITIZER
1 BOX OF KLEENEX
1 CLOROX WIPES
1 LYSOL DISINFECTANT SPRAY
SCIENTIFIC CALCULATOR (TI36X OR TI30XS)

ONLY 5TH GRADE

BINDER (1 INCH)
THREE COMPOSITION NOTEBOOKS (DIFFERENT COLORS)
BABY WIPES (2)
INDEX CARDS
GLADE AIR FRESHNER SPRAY

ONLY 6TH GRADE

5- 3 SUBJECT NOTEBOOKS
BINDER (2 INCH)
ERASERS
SCISSORS
GLUE
HIGHLIGHTERS (ANY COLOR)
STICKY NOTES (POST-ITS)
POCKET FOLDER (1)
ZIPLOC SANDWICH BAGS (1)

*ALL 9TH, 10TH, 11TH, & 12TH GRADES

CASIO FX-115ES OR ES PLUS FOR A SCIENTIFIC CALCULATOR
3-RING BINDER WITH DIVIDERS & LOOSE LEAF PAPER
HIGHLIGHTERS
COLORED PENCILS
#2 PENCILS
BLUE OR BLACK BALLPOINT INK PENS
2 COMPOSITION NOTEBOOKS (ENGLISH CLASS)
KLEENEX (1 BOX FOR ENGLISH CLASS)
CORRECTION FLUID/WHITEOUT (OPTIONAL FOR ENGLISH)

ANY STUDENT TAKING SPANISH NEEDS A SPANISH DICTIONARY

***CREATIVE WRITING CLASS STUDENTS NEED: 2 JOURNAL / COMPOSITION NOTEBOOKS AND LOOSE LEAF PAPER**

ALL STUDENTS 7TH – 12TH WILL NEED THEIR OWN FLASH DRIVE (THESE CAN BE PURCHASED AT SCHOOL)

PICKENS COUNTY SCHOOLS
ALABAMA APPLICATION FOR STUDENT ENROLLMENT

(Must be completed by Parent/Legal Guardian)

DATE _____ SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX-Circle One: MALE FEMALE HOME PHONE _____

PHYSICAL ADDRESS _____ CITY _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

STUDENT LIVES WITH-Circle One: PARENTS MOTHER FATHER COURT APPOINTED GUARDIAN (RELATION) _____

*SOCIAL SECURITY NUMBER (voluntary) _____

PARENT(S)/GUARDIAN NAME: **Verification shall be in accordance with local school board policy**

MOTHER/GUARDIAN _____ Address _____

Email Address _____ Cell Phone _____

EMPLOYER _____ Work Phone _____

FATHER/GUARDIAN _____ Address _____

Email Address _____ Cell Phone _____

EMPLOYER _____ Work Phone _____

SPECIAL INFORMATION ABOUT CUSTODY _____

EMERGENCY CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN...VERY IMPORTANT!!!)

EMERGENCY CONTACT #1 _____ EMERGENCY CONTACT #2 _____

Relation _____ Phone _____ Relation _____ Phone _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:

1. _____ Relation _____ Phone _____

2. _____ Relation _____ Phone _____

3. _____ Relation _____ Phone _____

4. _____ Relation _____ Phone _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

PARENT SIGNATURE _____

*Disclosure of your child's social security number (SSN) is voluntary. If you elect not to provide a SSN, a temporary identification number will be generated and utilized instead. Your child's SSN is being requested for use in conjunction with enrollment in school as provided in Ala. Admin. Code §290-3-1-02(2)(b)(2). It will be used as a means of identification in the statewide student management system.

Ethnicity and Race

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Please answer BOTH Question 1 and Question 2

Question 1: Is this student Hispanic/Latino? CHOOSE ONLY ONE ETHNICITY:

- ☐ **NO**, not Hispanic/Latino
- ☐ **YES**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

*The above question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following Question 2** by marking one or more boxes to indicate what you consider your student's race to be.

Question 2. 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.

Office use only:

Ethnicity- Choose only one:

____ NOT Hispanic/Latino
____ Hispanic/Latino

Race- Choose one or more

____ American Indian or Alaska Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White

Date: _____

Signature: _____

Additional Requested Information:

MILITARY

Student connected to an Active Duty Military parent: ☐ Yes ☐ No

PRESCHOOL

Please mark one:

Head Start ☐ Yes ☐ No

Centered Based Child Care ☐ Yes ☐ No

Home Visitation Program ☐ Yes ☐ No

No Preschool ☐ Check if no Preschool

First Class Funded Preschool ☐ Yes ☐ No

Home Based Child Care ☐ Yes ☐ No

Other Preschool ☐ Yes ☐ No

Special Education Funded ☐ Yes ☐ No

SPECIAL EDUCATION SERVICES

Student currently receiving special education services: ☐ Yes ☐ No

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

SCHOOL: _____ GRADE: _____

Dear Parents or Guardians:

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: _____

Name of Parent or Guardian: _____

Address: _____

Telephone Number: _____

1. Have you moved during the last three years **to work or to seek work** even if it was for a short period of time? YES ____ NO ____
2. Are you or your spouse **working or have you worked** in an activity directly related to some of the following? Please, check (✓) all applicable:
 - ☐ The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
 - ☐ Fruit farms
 - ☐ The cultivation or cutting of trees
 - ☐ Work in nurseries or sod farms
 - ☐ Fish or shrimp farms
 - ☐ Worm farms
 - ☐ Catching or processing seafood (shrimp, oysters, crabs, fish, etc.)
3. From what city, state, or country did you come from? _____

4. What type of work did you or your spouse do before coming here?

SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA

ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: _____ AÑO ESCOLAR: _____

ESCUELA: _____ GRADO DE LA ESCUELA: _____

Estimado Padre o Guardián:

Por favor de completar la siguiente encuesta. Los resultados de ésta encuesta serán usados para determinar si son posiblemente elegibles para el Programa de Educación para Migrantes.

Nombre del niño: _____

Nombre del padre o guardián: _____

Dirección: _____

Teléfono: _____

1. ¿Se ha mudado usted en los últimos tres años **para trabajar o buscar trabajo** aunque haya sido por un tiempo corto? **SI** _____ **NO** _____

2. ¿Usted o su cónyugue **trabajan o han trabajado** en una actividad directamente relacionada an algunas de las siguientes? Por favor de marcar (✓) los aplicables:

- ☐ La producción o proceso de cosechas, productos de lechería, aves, polleras o ganado.
- ☐ Huertas de frutas.
- ☐ La cultivación o corte de árboles.
- ☐ Trabajo en Invernaderos o granjas de Césped
- ☐ Granjas de pescados o camarones
- ☐ Granjas de gusanos
- ☐ La pesca o proceso de mariscos (camarones, ostiones, cangrejos, pescados, etc.)

3. ¿De que ciudad, estado o país se mudaron? _____

4. ¿Que tipo de trabajo hizo usted o su cónyugue antes de mudarse aquí? _____

PICKENS COUNTY HIGH SCHOOL
NOTARIZED CHECK OUT FORM
2018-2019

Student's Name: _____ Grade: _____

The following person(s), including parents may check the student listed above, out of Pickens County High School. No one will be allowed to check out a student if his/her name does not appear on this list. Please do not write on the back of this form. **ONLY ONE FORM PER STUDENT SHOULD BE SUBMITTED TO THE MAIN OFFICE.**

**** A VALID ID MUST BE PRESENTED EACH TIME A STUDENT IS CHECKED OUT ****

NAME	RELATIONSHIP	TELEPHONE NUMBER
	.	

Parent/Guardian Signature

Witnessed this _____ day of _____

SEAL

Notary Signature

Commission Expires

PICKENS COUNTY HIGH SCHOOL

PHOTO/VIDEO/WEBSITE 2018-2019 RELEASE FORM

Dear Parent/Guardian,

On occasion our school or representative/employees of the Alabama State Department of Education wish to photograph, videotape, and/or interview individuals in connection with a school activity or project. One of the primary purposes of this photograph, videotape and/or interview is to enhance student learning, encourage excellence in teaching or recognize students that are excelling. Although the videotapes involve both the teacher and various students, the primary focus is on the instruction of or recognition of students.

In order to release photographs, video footage and/or comments that are posted on district school websites, we need written permission. To give your consent, please complete the form below.

I, _____ parent/guardian of _____,
(Parent/Guardian Name) (Student's Name)

Give permission for my child to be photographed, videotaped and/or interviewed by our school or representatives/employees of the Alabama State Department of Education for educational or public relation purposes. I authorize the use and reproduction of any and all photographs and/or videotapes of my child, without compensation to me or my child. All of these photographs or video recordings shall be the property, solely and completely of Pickens County High School. I waive any right to inspect or approve the finished photographs/videotapes, the soundtrack, script or printed matter that may be used in conjunction with them.

Parent/Guardian Signature: _____

Address: _____

Date: _____

Pickens County High School

2018-2019 Cell Phone Policy

Cell Phone Usage:

- Students will be allowed to bring cell phones to school.
- Phones may be used only with permission of school personnel.
- Phones must be out of sight and powered off unless directed by school personnel to do otherwise.
- Cameras, videos, text messaging, or any other function available on a cell phone that invades the privacy of another individual is expressly prohibited on school grounds at any time.

Consequences for Cell Phone Usage:

- 1st Offense: Phone will be confiscated and locked up in the office and student will be written up. Parents will be allowed to pick up the phone at the end of the school day, after 3:11 pm.
- 2nd Offense and any other offense: Phone will be confiscated and locked up in the office. Student will be written up and will be subject to suspension (in and/out of school).

School Personnel will NOT be responsible for replacing lost or stolen cell phones

Parent Printed Name

Student Printed Name

Parent Signature

Student Signature

INTERNET ACCEPTABLE USE POLICY

2018-2019

Pickens County High School will be offering access to the Internet. To gain access, each student must obtain parental permission as verified by the signatures on the attached form.

What is the Internet?

The Internet is a global network made up of many smaller contributing networks connecting thousands of computers throughout the world and millions of individual subscribers. Internet access is coordinated through a complex association of government agencies and regional and state networks. While there is an abundance of valuable information, with this access comes the availability of material that may not be considered to be of educational value in the context of the school setting.

What is possible?

Through the Internet, students can explore thousands of libraries, database, museums, and other resources. They can exchange personal communication with other users around the world. While the use of the Internet is primarily instructional in nature to reach on education goal, some students may find ways to access other materials. Unfortunately, some of these resources contain items that are illegal, defamatory, inaccurate, or potentially offensive. Most educators believe the benefits to students from access to the Internet exceed the disadvantages. Parents and guardians of minors are responsible for setting and conveying the standards their children should follow when using these resources. Therefore, we respect each family's right to decide whether or not to apply for access.

How should it be used?

The Internet should be used for research and education through the provision of unique resources and opportunities for collaboration among students, teachers, and administrators. Use of the Internet must be in support of this and consistent with the educational objectives of the school.

What is expected?

Students are responsible for appropriated behavior while using the Internet. Additionally, students are responsible for their actions while using the equipment and the resources. Use is a privilege, not a right, and may be revoked if abused. Vandalism or equipment or programs will result in punishment as defined in the Pickens County Board of Education Student Code of Conduct.

What are the privileges and rights of a user?

All users have certain privileges and rights. Infringement of or disrespect to the rights of others may result in the loss of Internet privileges. These rights include:

Privacy--All users have the right to privacy. However, if a user is believed to be in violation of these guidelines, a system administrator may review communications to maintain system integrity and to insure that students are using the system responsibly.

Safety--Any user who receives threatening or unwelcome communications should bring them to the attention of a system administrator or teacher.

Intellectual Freedom--Any statement of personal belief is implicitly understood to be representative of the author's individual point of view and not that of the school.

Inappropriate materials or language--No profane, abusive, or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior.

Equal Access--All users will be granted free and equal access to the Internet. Exploration of the Internet is encouraged relative to the purpose of research and education. No single user should monopolize the workstations connected to the Internet.

What are the guidelines?

1. Be prepared to be held accountable for your actions. Exemplary behavior is expected from all users at all times.
2. Do notify an adult immediately if you encounter materials that violate the Code of Conduct.
3. Do not use a computer or the Internet to hurt, attack or harm other people or their work.
4. Do not damage the computer or network in any way.
5. Do not degrade the performance of the network through posting of electronic chain letters or other useless information.
6. Do not use the Internet for illegal activities, i.e. threats, instructions on how to perform an illegal act, child pornography, drug dealing, purchase of alcohol, gang activities, etc.
7. Do not install software or download unauthorized files, games, programs, or other electronic media.
8. Do not violate copyright laws.
9. Do not view, send or display obscene, profane, lewd, vulgar, rude, disrespectful, threatening, or inflammatory language, messages or pictures.
10. Do not share your password with another person.
11. Do not reveal the personal address or phone number of you or anyone else.
12. Do not access other students' work, folders, or files.
13. Do not re-post non-academic personal communications without the original author's prior consent.

PICKENS COUNTY HIGH SCHOOL VEHICLE REGISTRATION FORM

Student Name: _____

Grade: _____

VEHICLE # 1:

Vehicle Make: _____ Model: _____

Year: _____ Tag Number: _____

VEHICLE # 2:

Vehicle Make: _____ Model: _____

Year: _____ Tag Number: _____



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____ - _____

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle)	Birth Date	Sex	School
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Address (Street)

Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom
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Name of Parent/Guardian (Last, First Middle)	Work Phone Number:
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Transportation
<input type="checkbox"/> Bus Rider Bus Number: <input type="checkbox"/> Car Rider <input type="checkbox"/> Special Needs Bus <input type="checkbox"/> After School

Part I – Health Information

Place your child receives health care: Physician's Name: _____ Address: _____ Phone: _____ <input type="checkbox"/> Community Health Center <input type="checkbox"/> Health Department <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> No Regular Place <input type="checkbox"/> Private Doctor /HMO	Your child's Insurance Information: <input type="checkbox"/> ALL KIDS <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____ <input type="checkbox"/> Private Insurance	Place your child receives dental care: Dentist's Name: _____ Address: _____ Phone: _____ <input type="checkbox"/> Community Health Center <input type="checkbox"/> Health Department <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> No Regular Place <input type="checkbox"/> Private Dentist /HMO
Preferred Hospital: _____		

Part II – Medical History Medical Equipment /Procedures Required at School

<input type="checkbox"/> Catheter	<input type="checkbox"/> Gastric Tube	<input type="checkbox"/> Nebulizer Treatments	<input type="checkbox"/> Oxygen Supplement	<input type="checkbox"/> Tracheostomy
<input type="checkbox"/> Vagal Nerve Stimulator (VNS)	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	
<input type="checkbox"/> Other <i>Please explain:</i>				

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____ - _____

Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	KNOWN HEALTH PROBLEMS If NO , go directly to the bottom of the page and provide parent/guardian signature If YES , and diagnosed by a physician, answer each question below.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood/Bleeding Problems: <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Nose Bleeds: <i>Please explain</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia: <i>Please explain</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cerebral Palsy: <i>Please explain</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cystic Fibrosis: <i>Please explain</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problems: <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Emotional/Behavioral/Psychological: <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Genetic / Rare Disorders: <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches: <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problems: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Condition: <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypertension (High Blood Pressure): <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney/ Bladder/ Urinary Problems: <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis: <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures/Convulsions: Type of seizure: _____ Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sickle Cell: <input type="checkbox"/> Anemia <input type="checkbox"/> Trait	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Shunt: <input type="checkbox"/> VP shunt <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Spina Bifida: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Diet: <i>Please explain:</i> _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problems: <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other Medical Conditions: <i>Please include <u>any</u> medications taken at home only.</i> _____	

Required Signatures

Signature of parent(s) or guardian: _____ Date: _____

Signature of school nurse: _____ Date: _____



ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD



School Year: _____ - _____

Backpack Safety: It's Time to Lighten the Load

When you move your child's backpack after he or she drops it at the door, does it feel like it contains 40 pounds of rocks? Maybe you've noticed your child struggling to put it on, bending forward while carrying it, or complaining of tingling or numbness.

If you've been concerned about the effects that extra weight might have on your child's still-growing body, your instincts are correct.

Backpacks that are too heavy can cause a lot of problems for kids, like back and shoulder pain, and poor posture. The problem has grabbed the attention of lawmakers in some states, who have pushed for [legislation requiring school districts to lighten the load](#).

While we wait for solutions like digital textbooks to become widespread, there are things you can do to help prevent injury. While it's common these days to see children carrying as much as a quarter of their body weight, the American Chiropractic Association recommends a [backpack weigh no more than 10 percent of a child's weight](#).

When selecting a backpack, look for:

- An ergonomic design
- The correct size: never wider or longer than your child's torso and never hanging more than 4 inches below the waist
- Padded back and shoulder straps
- Hip and chest belts to help transfer some of the weight to the hips and torso
- Multiple compartments to better distribute the weight
- Compression straps on the sides or bottom to stabilize the contents
- Reflective material

Remember: A roomy backpack may seem like a good idea, but the more space there is to fill, the more likely your child will fill it. Make sure your child uses both straps when carrying the backpack. Using one strap shifts the weight to one side and causes muscle pain and posture problems.

Help your child determine what is absolutely necessary to carry. If it's not essential, leave it at home.

Meningococcal Disease

What is meningococcal disease?

- Meningococcal disease is any illness caused by the bacteria *Neisseria meningitidis*.
- It is the leading cause of bacterial meningitis in children 2-18 years of age in U.S.
- Meningococcal disease can be very serious, even life-threatening in 48 hours or less.
- The two most severe and common illnesses caused by meningococcal bacteria include;
 - Meningitis - an infection of the fluid and lining around the brain and spinal cord
 - Septicemia - a bloodstream infection

What are the symptoms?

- Symptoms of meningococcal disease are similar to influenza (flu) and may include:
 - Sudden onset of a high fever
 - Headache
 - Stiff neck
 - Nausea
 - Vomiting
 - Increased sensitivity to light
 - Rash
 - Confusion
 - Severe aches and pain in the muscles, joints, chest or belly

How does meningococcal disease spread?

- Meningococcal disease is spread person to person by sharing respiratory secretions, through kissing or coughing, close or lengthy contact, and among people who share a room or live in the same household.
- Anyone can get meningococcal disease, but teens and college freshmen who live in residence halls are at increased risk.
- Some people can “carry” meningococcal bacteria in their nose and throat without getting meningococcal disease, but can still infect other people.
- Most cases of meningococcal disease are spread by people who “carry” the bacteria with no symptoms, appear to be random, and not linked to other cases.
- Meningococcal outbreaks can occur in communities, schools, colleges, prisons, and in other high risk populations.

Where can I find more information?

- Ask your doctor.
- Call the Alabama Department of Public Health, Immunization Division, at 1-800-469-4599.
- Go to cdc.gov and type meningococcal disease in SEARCH box.



Alabama Department of Public Health

Immunization Division, 201 Monroe St, Montgomery, AL 36104

1-800-469-4599 www.adph.org/imm 2/29/16

Meningococcal Vaccine

Who should get meningococcal vaccine?

- Meningococcal vaccine(s) is recommended for all preteens and teens.
- All 11 and 12 year olds should be vaccinated with serogroups A, C, W, and Y meningococcal conjugate vaccine (MCV4). A booster dose is recommended at age 16.
- Teens and young adults, 16 through 23 year olds, may also be vaccinated with a serogroup B meningococcal vaccine (SBMV), preferably at 16 through 18 years old.
- Both MCV4 and SBMV can be given at the same time, talk to your provider.
- Teens with HIV should get three doses of MCV4.
- People 55 years of age and older should get Meningococcal polysaccharide vaccine (MPSV4).

Who should be vaccinated because they are at increased risk?

- College freshmen living in dormitories.
- Laboratory personnel exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling or living where meningococcal disease is common, like Africa.
- Anyone with a damaged spleen or who had the spleen removed.
- Anyone with an immune system disorder.
- Anyone exposed during a meningococcal meningitis outbreak.

What are the vaccine side effects and risks?

- MCV4 and SBMV are safe, but side effects can occur.
- Most side effects are mild or moderate and do not affect daily activities.
- The most common side effects in preteens and teens occur where the injection is given and may include pain, tenderness, swelling, and hardness of the skin.
- Other common side effects may include nausea, feeling a little run down, and headache.
- Some preteens and teens may also faint after getting a vaccine.
- Reactions usually last a short time and get better within a few days.

Where can I find more information?

- Ask your doctor.
- Call the Alabama Department of Public Health, Immunization Division, at 1-800-469-4599.
- Go to cdc.gov and type meningococcal vaccine in SEARCH box.



Alabama Department of Public Health

Immunization Division, 201 Monroe St, Montgomery, AL 36104

1-800-469-4599 www.adph.org/imm 2/29/16

Influenza Disease

What is influenza disease?

- Influenza (flu) is a contagious respiratory illness caused by a virus.
- The virus infects the nose, throat, and lungs.
- It can cause mild to severe illness, hospitalization, and even death.

What are the symptoms?

- Anyone can get flu and it strikes suddenly and can last several days.
- Symptoms of flu disease may include:
 - Fever or feeling feverish/chills
 - Cough
 - Sore throat
 - Runny or stuffy nose
 - Muscle or body aches
 - Headaches
 - Fatigue (very tired)
 - Vomiting and diarrhea

How does influenza disease spread?

- Flu is spread by:
 - An infected person's droplets from cough, sneeze or talk enter the mouth, eye or nose.
 - Touching a surface or object with flu virus on it and then touching mouth, eyes or nose.
- An infected person can infect others 1 day before symptoms start and up to 5 to 7 days after symptoms start.
- Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.

How do I prevent the flu?

- Get a yearly flu vaccine.
- Wash your hands properly and often.
- Cover your cough and sneeze with arm.
- Clean and sterilize surfaces.
- Stay home if you are sick.

Where can I find more information?

- Ask your doctor.
- Call the Alabama Department of Public Health, Immunization Division, at 1-800-469-4599.
- Go to cdc.gov and type influenza in the SEARCH box.



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Influenza Vaccine

Who should get the influenza (flu) vaccine?

- The flu vaccine is recommended every year for everyone age 6 months or older.

Who should be vaccinated against influenza because they are at increased risk?

- Children 6 months of age through 5 years
- Adults 65 years of age or older
- Pregnant women
- Residents of nursing homes and other long-term care facilities
- People who have medical conditions including the following:
 - Asthma
 - Chronic lung disease
 - Heart disease
 - Blood disorders (such as sickle cell disease)
 - Kidney disorders
 - Liver disorders
 - Weakened immune systems due to disease or medication (such as HIV/AIDS or cancer)
 - People younger than 19 years of age who are receiving long-term aspirin therapy
 - People with extreme obesity

What are the common vaccine side effects and risks?

- Flu vaccines are safe, but some side effects can occur.
- Minor problems following the flu vaccine include soreness, redness, and/or swelling from the shot, hoarseness, sore, red or itchy eyes, cough, fever, aches, headache, itching, and fatigue.
- More serious problems may include Guillain-Barré syndrome (GBS) in fewer than 1 or 2 cases per one million people vaccinated, children receiving multiple vaccines slightly increase in fever with seizure.
- People who should not get the flu vaccine include anyone with severe, life threatening allergies, had GBS before, or not feeling well the day of vaccination.

Where can I find more information?

- Ask your doctor.
- Ask your school nurse.
- Call the Alabama Department of Public Health, Immunization Division, at 1-800-469-4599.
- Go to cdc.gov and type influenza in the SEARCH box.



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Sunscreen Use at School Policy and Recommendations

Students will be allowed to possess and use federal Food and Drug Administration regulated over-the-counter sunscreen at school and at school-based events. Any student, parent, or guardian requesting a school board employee to apply sunscreen to a student shall present the nurse a Parent Prescriber Authorization Form. The student, parent, or guardian are responsible for providing sunscreen.

Sunscreen must be: 1) safe for the age of a particular child; 2) in the original container; and 3) within the expiration date noted on the product 4) properly labeled and with the child's full name.

Aerosols, as well as, **combined** sunscreen and insect repellents **are prohibited**.

Sunscreens with chemicals like Oxybenzone are not recommended. Zinc Oxide or Titanium Dioxide are preferred chemical agents for sunscreen products.

Sunscreen/sunblock must provide a broad spectrum coverage (UVB and UVA protection) with an SPF of 15 or greater.

Prior to use at school, sunscreen should be applied to the child at least once at home to test for any allergic reaction.

A Prescriber/Parent Authorization Form signed by the parent/guardian must be completed prior to using sunscreen. This authorization form must be updated annually.

Recommendations:

Using sunscreen is just one part of a sun protection plan. Other methods to reduce exposure to the full spectrum of UV exposure includes:

1. Shade: avoiding the sun during peak times 10am-4pm, seeking shaded areas such as covered play areas or trees
2. Clothing: wearing protective clothing such as long-sleeved shirts and pants, clothes made of tightly woven fabric, clothing certified with UV factor information.
3. Hat: wide brimmed hat that shades the face, ears and the back of neck. Tightly woven fabric such as canvas. If wearing a baseball type cap, you should protect ears and the back of neck.

Sunscreen must be provided by a parent/guardian (labeled with the child's full name). The school will not stock sunscreen nor share one child's sunscreen with another student.

Application:

Sunscreen should be applied 20 to 30 minutes before going outdoors to be absorbed into the skin and to increase its effectiveness. Sunscreen should be re-applied every two hours while outdoors, or more often if the child is involved in water play or perspiring.

Sunscreen should be applied only to exposed areas of skin.

School-age children may apply sunscreen to themselves with adult supervision for proper application.

Sunscreen must be applied correctly in order to be effective. An adequate amount of sunscreen for application is generally 1-2 ounces.

Reflective areas (such as water and/or sandy areas) for prolonged periods of time should be avoided.

References: www.childrensal.org

https://www.cdc.gov/cancer/skin/basic_info/sun-safety.htm

Medication Policy/Procedure

- **Students are not to have prescription or over-the-counter medications in their possession during the school day or during school sponsored events.**
- **All medication** (prescription and over-the counter medication) requires a completed *School Medication Prescriber/Parent Authorization Form* to be kept on file in the nurse's office.
- Students are not allowed to transport any type of medication to and from the school.
- Medication must be transported by the parent/custodian unless other arrangements have been approved by the school nurse, (exceptions: asthma inhaler, insulin/diabetic supplies, and epipen, and only when authorized by the prescriber/physician and parent/custodian).
- Students must take medication only in the presence of the licensed nurse, trained Medication Assistant or parent/custodian, unless authorized to self-administer.
- Students will be allowed to carry (on their person) and/or self-administer medications prescribed for treatment of chronic health conditions only when the prescriber and custodial parent have so indicated and signed on the *School Medication Prescriber/Parent Authorization Form* and the school nurse has assessed the student's use of the medication is safe and appropriate for school use.
- Any change in medication, medication orders, to include a change in the medication prescribed, or a change in the existing medication dosage amount or schedule, etc. must be documented on a new medication authorization form, signed by the licensed prescriber/physician and parent/custodian. Medication discontinuation orders, to include the effective date, must be documented in writing by the prescriber. The parent/guardian must sign out and pick up any remaining doses of the discontinued medication stored at the school. The form can be faxed from the licensed prescriber's office to expedite the process. The stop date of the original medication order will be documented on the original authorization and daily medication record. The start date of the new medication order will be documented on the newly completed authorization form and daily medication record.

Prescription Medication

- Prescription medications will be administered only if a properly completed *School Medication Prescriber/Parent Authorization Form* (PPA) is thoroughly completed and signed by the licensed prescriber and parent/custodian.
- Prescription medications must be kept in a current pharmacy labeled container marked with the student's name, dosage, name of drug and directions for administration.

Over-the-counter Medication (OTC)

- All over-the counter medication must be delivered in a sealed manufacturers' labeled container with the student's name written in indelible ink on the container. No expired (by date on label &/or packaging) medications will be administered in the school setting.

- OTC medications will be administered in accordance with manufacturer recommendations for dosage by age and/or weight only.
- Four different over-the-counter (OTC) medications, Acetaminophen (Tylenol), Ibuprofen (Motrin or Advil), Diphenhydramine (Benadryl) and Dimenhydrinate (Dramamine) will be administered when the *School Medication Prescriber/Parent Authorization Form* (PPA) is completed, signed by the parent/custodian, and the specific reason for giving the medication is included where indicated on the PPA. These 4 medications may be kept on file in the nurse's office for the school year.
- All other OTC medications may be administered for 7 consecutive school days when the *School Medication Prescriber/Parent Authorization Form* (PPA) is completed, signed by the parent/custodian, and the specific reason for giving the medication is included where indicated on the PPA.
- After the 7 consecutive school days, the medication shall be picked up by the parent/guardian or a physician's signature is required.
- Per direction from the Alabama Board of Nursing and the Alabama State Department of Education, schools are prohibited from keeping a stock supply of any OTC medication.

Receiving and Returning Medication

- When medication is brought to the school, the trained Medication Assistant or licensed nurse will record the date and amount of medication received on the back of the Medication Administration Record (MAR) form. School personnel and parent/guardian will sign the entry in the space provided.
- When returning medication to the parent/guardian, the date and the amount of medication returned will be recorded on the back of the MAR form. The school nurse/Medication Assistant and parent/guardian will sign the entry in the space provided.
- Unused portions of medication must be picked up from school by the parent /guardian at the end of the school year. Unused portions not picked up will be disposed of by school personnel in the presence of a witness and documented on the back of the Medication Administration Record (MAR) Form.