Dear Parents:

Welcome to the 2016-2017 school year! I look forward to working with you and your school to ensure that your child is fully prepared for the school year.

The American Academy of Pediatrics recommends that students receive physical examinations upon entering Kindergarten, 3rd, 6th, 9th, and 11th grades. This also includes any new admissions to the school regardless of grade, or any student with an incomplete health record. If your child has asthma, we require a copy of their asthma action plan and rescue medications. Children with allergies are highly encouraged to have an allergy action plan and epi-pen on file at school for emergency purposes. Medication administration forms are also required for any medications that are administered during school hours. It is imperative that you discuss with your school any specific health concerns or needs your child may experience.

As of 2016, all incoming 8th graders are required to have a Tdap and MCV (Meningococcal conjugate vaccine) before beginning school. However, if your child has received a Tetanus booster within the last two school years, or a MCV another shot is not needed. If a student has been to their private physician or health care provider, the exam should have been given within the last year. Ask the physician or health care provider to complete the attached medical examination form and be sure to talk with him or her about making sure your child’s immunizations are up to date. Please return it immediately to the school. The information provided will become part of your child’s permanent school health record.

If you have any questions, feel free to contact me. Thank you in advance for your time and cooperation regarding your child’s health exam and immunization record.

Sincerely,

Angela Buchanan, RN BSN
Public Health Nurse II
(314) 657-1414
January 2016

Dear Immunization Provider:

The Missouri Department of Health and Senior Services recently revised the Code of State Regulations, Immunization Requirements for School Children, 19 CSR 20-28.010. This rule establishes the minimum immunization requirements for children enrolled in Missouri public, private, and parochial, or parish schools. The revised rule can be found at http://s1.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-28.pdf.

Effective beginning the 2016-2017 school year the following new requirements will be implemented:

- Meningococcal conjugate vaccine (MCV) will be required for all incoming eighth (8th) grade students;
- All incoming twelfth (12th) grade students will be required to have two doses of MCV, unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose shall be required; and
- Exemption forms shall be provided on the original Department of Health and Senior Services’ form. The following exemptions are allowed for students enrolled in grades Kindergarten to twelfth grade and may be obtained by contacting a medical provider, local public health agency or the department’s Bureau of Immunizations.
  - Medical Immunization Exemption – Form Imm.P.12
  - Religious Immunization Exemption – Form Imm.P.11A
  - Immunizations In Progress – Form Imm.P.14

Immunizations are the most successful and cost-effective public health tools for preventing disease and death. You can beat the back to school rush by immunizing your patients throughout the year. Utilize every health care visit as an opportunity to vaccinate: well child check-ups, camp, sports, and travel physicals.

For additional information or questions, contact the Bureau of Immunizations at 573.751.6124.

Sincerely,

Cathy Sullivan, Chief
Bureau of Immunizations

www.health.mo.gov

Healthy Missourians for life.
The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.
2016-2017 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (http://www.cdc.gov/vaccines/schedules/index.html).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due. The student is in compliance as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the ACIP recommendations.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

<table>
<thead>
<tr>
<th>Vaccines Required for School Attendance</th>
<th>Doses Required by Grade</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>K 1 2 3 4 5 6 7 8 9 10 11 12</td>
</tr>
<tr>
<td>DTaP/DTP/DT¹</td>
<td>4+ 4+ 4+ 4+ 4+ 4+ 4+ 4+ 4+ 4+ 4+ 4+ 4+</td>
</tr>
<tr>
<td>Tdap²</td>
<td>1 1 1 1 1 1 1 1 1 1 1 1 1</td>
</tr>
<tr>
<td>MCV (Meningococcal)³</td>
<td>3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+</td>
</tr>
<tr>
<td>IPV (Polio)⁴</td>
<td>2 2 2 2 2 2 2 2 2 2 2 2 2</td>
</tr>
<tr>
<td>MMR⁵</td>
<td>3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+ 3+</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2 2 2 2 2 2 2 2 2 2 2 2 2</td>
</tr>
<tr>
<td>Varicella⁶</td>
<td>No doses required, however vaccination is highly recommended</td>
</tr>
</tbody>
</table>

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday. Maximum needed: six doses.
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required. If a student received a Tdap, the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.
3. Grade 8: One dose of MCV is required.
4. Kindergarten-6 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
5. First dose must be given on or after twelve months of age.
6. Kindergarten-6 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.
7. 7-11 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.
Immunization services are available at any of the following federaly funded Health Centers:

Family Care Center-Carondelet
6313 Michigan Ave 63111
(314)351-5190

People's Health Center I
5701 Delmar 63112
(314)367-7848

St. Louis Comprehensive I
5471 Dr. Martin Luther King Dr 63112
(314)367-5820

Family Care Center-Forest Park
4352 Manchester 63110
(314)531-5444

People's Health Center II
7200 Manchester 63143
(314)781-9162

St. Louis Comprehensive II
4411 North Newstead 63115
(314)781-9929

The following Health Centers are in the Grace Hill system. Call (314)421-4949 to make appointments at any of these Health Centers.

Grace Hill Neighborhood Health Center
2600 Hadley St. 63016

Soulard Family Health Center
2028 South 12th St. 63104

St. Stephen's Neighborhood Health Center
14th & Park 63104

Water Tower Health Center
4414 N. Florissant 63107

Grace Hill South
3400 S. Jefferson 63118

FOR RECORDS OF IMMUNIZATIONS RECEIVED AT THE HEALTH DEPARTMENT CALL (314)612-5289
### Asthma Action Plan

**General Information:**
- **Name:**
- **Emergency contact:**
- **Physician/healthcare provider:**
- **Physician signature:**
- **Phone numbers:**
- **Date:**

#### Severity Classification
- Intermittent
- Moderate Persistent
- Mild Persistent
- Severe Persistent

#### Triggers
- Colds
- Smoke
- Weather
- Exercise
- Dust
- Air Pollution
- Animals
- Food
- Other

#### Extension
1. Premedication (how much and when)
2. Exercise modifications

### Green Zone: Doing Well
**Symptoms**
- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps well at night

**Peak Flow Meter**
- More than 80% of personal best or

**Control Medications:**
<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much to Take</th>
<th>When to Take It</th>
</tr>
</thead>
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</table>

Contact physician if using quick relief more than 2 times per week.

### Yellow Zone: Getting Worse
**Symptoms**
- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Wake at night

**Peak Flow Meter**
- Between 50% and 80% of personal best or

Contact physician if using quick relief more than 2 times per week.

### Red Zone: Medical Alert
**Symptoms**
- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

**Peak Flow Meter**
- Less than 50% of personal best or

Ambulance/Emergency Phone Number:

Continue control medicines and add:
<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much to Take</th>
<th>When to Take It</th>
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Call an ambulance immediately if the following danger signs are present:
- Trouble walking/talking due to shortness of breath.
- Lips or fingernails are blue.
FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS

LUNG
Short of breath, wheezing, repetitive cough

HEART
Pale, blue, faint, weak pulse, dizzy

THROAT
Tight, hoarse, trouble breathing/swallowing

MOUTH
Significant swelling of the tongue and/or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. INJECT EPINEPHRINE IMMEDIATELY.
2. Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
   - Consider giving additional medications following epinephrine:
     » Antihistamine
     » Inhaler (bronchodilator) if wheezing
   - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
   - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
   - Alert emergency contacts.
   - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE
Itchy/runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea/discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:
1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand:

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic:

Antihistamine Dose:

Other (e.g., inhaler-bronchodilator if wheezing):

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS
1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS
1. Remove the outer case.
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

<table>
<thead>
<tr>
<th>RESCUE SQUAD:</th>
<th>DOCTOR:</th>
<th>PHONE:</th>
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OTHER EMERGENCY CONTACTS

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PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

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