

Allen County Non Public School Association

New Students Grades 1-8 Health Forms 2025-2026

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All forms are required and should be returned to the school office no later than the first day of school.

***The only exception is the medication consent and that should be returned only if medication is required for school day use**

General Health Information

Physicals/Health Questionnaire: All students new to our school are required to have a recent physical signed by their physician along with the “Health Questionnaire” form filled out by the parents/guardians. **These forms must be submitted to the school office no later than the first day of school.**

CHIRP: As required by IC 20-34-4-6, we report immunizations to the State Department of Health. This report is currently done online through CHIRP (Children and Hoosier Immunization Registry Program) and we will need a consent signed for each child in order to report this information to the state. **This form needs to be submitted to the school office no later than the first day of school.**

Immunizations: IC 20-34-4-2 requires that **ALL** students have the required immunizations **PRIOR** to, **and on file with, the school before the first day of school.** These immunizations need to be given according to the ACIP (Advisory Committee on Immunization Practices) and the Indiana State Department of Health, this includes proper intervals between each required dose.

The only exception to this rule is a signed “Medical Exemption” form filled out by your child’s physician (IC 20-34-33), or a “Religious Objection” form signed by the parents/legal guardians (IC 20-34-3-2) stating that it is against your family’s religious beliefs. Please contact the nurse if you need either of these forms.

Unfortunately, if this is not completed by the first day of school, you will receive a letter excluding your child from school until the immunizations have been obtained and proper paperwork has been filed.

When your child is ill: Children with fever, diarrhea, vomiting or other symptoms of illness should stay at home, and, if indicated, be evaluated by the doctor for diagnosis and appropriate treatment. **Any fever of 100.4 degrees or above means that your child must stay home for at least 24 hours (free of fever and without the use of acetaminophen or ibuprofen).** This means that if your child was sent home from school the day before with a fever, they need to wait **at least 24 hours** before they will be admitted back to school.

Medications: We will only administer FDA approved over-the-counter (OTC) and prescription medications prescribed to your child. These medications need to be brought to school by an adult **in their original package** and accompanied by the medication consent form. Medication brought in to school will only be available during school hours. Our school policies are in accordance with IC 20-34-3-18. All medication will be kept in a locked cabinet with the nurse, or trained staff member dispensing according to the package instructions. Students are not to have medication with them at any time. The only exception to this is if your child needs emergency medication (ex. insulin, an inhaler or an epinephrine injection) **and the proper paperwork is filled out** and on file with the school. (Forms may be found in the school office.) If needed, this form requires a signature from your child’s physician and is only for their EMERGENCY medication. These policies are in place to keep your child and others in the building as safe as they can be during the school day. A reminder that all cough drops are considered OTC medication and need to be kept in the school office for your child’s use. Please read our full medication policy on the reverse side of the “Medication Consent” form.

Please understand that NO medication can be sent home with your child.

Health Screening Information

During the school year, the following health screenings will take place as part of the health services to your child, and fulfillment of the health screening laws of the State of Indiana. Some students will receive referral letters from the school nurse as the result of these screenings.

HEARING SCREENING

Hearing screenings will be conducted according to IC 20-34-3-14, on all students in grades **1-4-7, and 10** as mandated by the state. We will also check all students new to the school, and any others by special request. The school nurse, or our ACNPSA lead hearing screeners, will conduct this screening. Re-checks will be done at least 2 weeks later on students who have questionable results and referral letters will be sent to those who do not meet the required thresholds on these rechecks. The school nurse will also notify the teachers of those students that referral letters are sent to.

PLEASE COMPLETE AND RETURN ALL REFERRAL FORMS TO THE ATTENTION OF THE SCHOOL NURSE.

VISION SCREENING

Both far and near vision screening will be conducted according to IC 20-34-3-12 for all students in grades **3-5-8**. We will also check all students by special request. The school nurse, or our ACNPSA lead vision screeners, will conduct this screening. This Indiana Law also requires that **either K or grade 1** be examined by an eye professional, so we have decided to send all of our kindergarten students for the FREE exam that local eye doctors have offered to us. Re-checks will be done on students who have questionable results and referral letters will be sent to those who do not meet the minimum requirements on these rechecks. The school nurse will also notify the teachers of those students that referral letters are sent to.

PLEASE COMPLETE AND RETURN ALL REFERRAL FORMS TO THE ATTENTION OF THE SCHOOL NURSE.

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CHIRP Consent Form

The Indiana State Department of Health maintains an electronic immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter and view immunization data with this method of electronic documentation. CHIRP ensures that the most up-to-date record of immunizations is available to all health care providers. The Indiana Department of Education mandates that all schools within the state of Indiana utilize CHIRP to document annual immunization reports. We are required to submit these immunization reports to maintain our accreditation. We need your consent via this form to add your child to our school data. The Indiana Department of Education's attorney Dana Long, collaborating with the Indiana State Department of Health, has prepared the consent attached to this document.

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 immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a childcare center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy planning, a licensed child placing agency, and a college or university. 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, as a parent/legal guardian to the below stated child, give _____ School permission to release in addition to immunization data, the following information concerning my child to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Signature

Date

Printed Name of Parent(s)/Guardian(s)

Address

City, State and Zip Code

Printed Legal Name of Child

Birthdate of Child

Grade _____

PLEASE RETURN AT REGISTRATION OR BEFORE FIRST DAY OF SCHOOL

Allen County Non Public School Association

HEALTH QUESTIONNAIRE

(Parent/Guardian needs to complete)

Please Print

Student _____ Grade _____ Date of Birth ____/____/____

Address _____

Phone Number _____ Student lives with _____

Father's name _____ Mother's name _____

Health History

Check all that apply to your child

- | | | |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD (circle) | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Allergy (specify) | <input type="checkbox"/> GI/GU Issues | <input type="checkbox"/> Seizures |
| Seasonal _____ | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Tuberculosis |
| Food _____ | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Vision Impairment |
| Other _____ | <input type="checkbox"/> Measles/Mumps/Rubella | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Mononucleosis | Other _____ |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Physical Handicaps | Other _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pneumonia | Other _____ |
| <input type="checkbox"/> Chronic Ear Infections | <input type="checkbox"/> Rheumatic Fever | Other _____ |

Any checks made above, please give explanations and dates of diagnosis:

Has your child had an infectious/communicable disease other than those listed above? Please explain, giving relevant dates:

Does your child require the use of an EPI-PEN for allergic reactions? _____

CONTINUED ON REVERSE

(revised ACNPSA 2/25)

Please be specific and include the month/year:

Severe Illnesses: _____

Severe Injuries: (head injury, fractures, etc.): _____

Diagnostic Procedures: _____

Hospitalizations: _____

Surgical Procedures: _____

Is there any other information about your child's health status that you think the school should know which may be relevant to your child's health and safety or the health and safety of others in the school environment?

Please list any condition that should be considered in planning your child's school day:

Physician's Name: _____ Phone # _____

Dentist's Name: _____ Phone # _____

Eye Doctor's Name _____ Phone # _____

To the best of my knowledge the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the school of any changes in my child's health status that are relevant to the information requested by this form.

Parent/Guardian signature

Date

(revised ACNPSA 2/25)

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PHYSICIAN CERTIFICATE OF EXAMINATION FORM

(To be completed by your child's physician)

Name _____ Date of Birth ____/____/____

Allergies _____

Current Medications

1. _____	Dosage _____	Time _____
2. _____	Dosage _____	Time _____
3. _____	Dosage _____	Time _____

Height _____ Weight _____ B/P _____ Pulse _____

Eyes _____

Ears _____

Nose _____

Throat _____

Chest/Lungs _____

Heart _____

Abdomen _____

Hernia _____

Extremities _____

Musculoskeletal _____

Neurological _____

Skin _____

Lab Work (If indicated)

Hematocrit _____

Hemoglobin _____

Lead Level _____

Sickle Cell _____

Urinalysis _____

Other _____

Tuberculin Test (if indicated)

Type of test _____

Date _____

Results _____

Is this student physically fit to participate in all physical education programs?

Yes _____ No _____ If no, please explain _____

Please list any conditions that should be considered in planning this child's school day:

CONTINUED ON REVERSE

(revised ACNPSA 2/25)

IMMUNIZATION HISTORY

*****PLEASE ATTACH A COPY OF THE CHILD'S FULL*** IMMUNIZATION
RECORD**

All students must have an immunization record in the school office before the first day of school. This student MAY NOT attend school without a record of having received the required immunizations listed below. The only exception is to have a medical or religious exemption form filed with the school office.

The following immunizations are the minimum requirement by the State of Indiana for

Kindergarten – 5th Grades

DTaP (5) IPV (4) Hepatitis B (3) MMR (2) Varicella (2) Hepatitis A (2)

6th - 8th Grades

Previous listed plus additional Tdap (1) and MCV4 (1)

(These are the minimum doses that are necessary. All minimum ages and intervals for each vaccination as specified in the CDC guidelines must be followed to be considered valid in the State of Indiana.)

Printed or Stamped name of the Physician completing this form

Physician's signature

Date

(revised ACNPSA 2/25)

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STUDENT MEDICATION INFORMATION AND CONSENT FORM

I have read and understand the medication policies as indicated on the reverse side.

****Medications forgotten to be given at home will not be given at school, ONLY medications that fall within school hours will be given.**

For Prescription Medication(s)

Please administer to **my child (printed name)** _____, the medication as prescribed below by my child's healthcare provider. The label affixed to the medication bottle/package will meet the requirement for the physician's written order.

AND / OR

For Over-The-Counter Medication(s)

Please administer to **my child (printed name)** _____, the medication as described below.

(REMINDER: Prescription and over-the-counter medications must be kept in the original container with the pharmacy or brand label affixed. Medications will only be given as either prescribed by the practitioner or the FDA instructions that are found on the OTC medication label.)

NO MODIFICATIONS OF DOSAGE OR FREQUENCY WITHOUT THE WRITTEN CONSENT BY THE CHILD'S HEALTHCARE PROVIDER.

MEDICATION	Dosage amount and/or # of tabs	Time to Be given at school	Date medication is to be discontinued	Reason for medication	Precautions/ Side Effects
1.					
2.					
3.					
4.					

Parent/Guardian Signature

Date

FULL MEDICATION POLICY ON REVERSE SIDE

(revised ACNPSA 2/25)

*MEDICATION POLICIES AND
WRITTEN CONSENT FOR ADMINISTRATION OF MEDICATION*

In order to protect the health and welfare of the students and school staff alike, Indiana laws require that parents/guardian's consent, in writing, to the administration of medication. For the school nurse, volunteer school nurse, or a staff member to administer

medications to your student, the medication form on the reverse side must be completed and signed. Please carefully read the school policies regarding medication administration during school hours.

1. The school must have on record a written order from the prescribing physician/practitioner and written consent from the parent/guardian for prescription medications. There must be a written request from the parent/guardian for Over-the-Counter (OTC) medications before they will be administered to a student at school. **(NOTE: The label on the prescription bottle/package will meet the requirement for physician's written order.)**
2. Medications prescribed and/or OTC meds should be kept in the original container with the pharmacy or brand label affixed. The label must include the following: Student's name, name of medication, dosage of medication, and prescribing physician/ practitioner (if applicable).
3. Herbal medications will only be given with a signed form from your doctor telling how much and when they can be administered. (The form is available at registration and in the school office.)
4. Medication brought to the school must be checked in at the office and kept in a locked cabinet.
5. The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child's medication to the school.
6. The school nurse/assigned staff member must be aware of the purpose for which the student is receiving the medication, and be trained on "Medication Administration Procedure" by ACNPSA nurse.
7. In specific cases, the school nurse/assigned staff member may require the parent/guardian to come to the school to administer the medication.
8. No school employee, other than the school nurse, will give injections, unless appropriate training has been given.
9. All prescribed medication will be administered strictly in accordance with the written order of the physician/practitioner. The dosage may be changed only if the school is provided with the written order of the physician/practitioner authorizing the change. The school secretary/staff cannot take a physician order over the phone.
10. Over-the-Counter medication will not be administered in any manner inconsistent with the instructions on the brand label, unless the school receives a written order from a physician/practitioner authorizing such administration.

IC 20-34-3-18 Indiana State Code reads that a school corporation MAY NOT send home with a student medication that is possessed by a school for administration during school hours or at school functions. Medication that is possessed by a school for administration during school hours or at school functions for a student in grades kindergarten through grade 8 may be released only to:

The student's parent/guardian OR an individual who is at least 18 years of age **and**, designated, **in writing**, by the student's parent/guardian to receive the medication.

A school corporation may send home medication that is possessed by a school for administration during school hours or at school functions with a student in grades 9-12 if the student's parent/guardian provides **written permission** for the student to receive the medication.