



Health Checklist, Requirements, and Info From the School Nurse

Your student's health is an important part of their progress.
This checklist is part of ensuring we have everything in place to help them succeed!

Immunization Records

State law **requires** a certificate of immunization at the time of school enrollment. *The immunization card with dates must be at school before your child will be allowed to attend classes.* Bring a completed immunization card, which includes the kindergarten immunizations, to the administration building or the school of attendance. The school nurse can validate the cards to assure records of immunizations are complete.

Kindergarten students need a DTap, Polio, MMR, & Varicella before they can start school.

7th graders must have a Tdap & Meningococcal before they can start school.

12th graders must have a Meningococcal before they can start school.

Kindergarten Physical

Your student will need to have a kindergarten physical completed as required by Newton Community School District. The physical form for the physician to fill out is provided in this packet.

Initial Health Information Form

This form will help your school nurse identify your student's health needs to better provide appropriate & safe health care while at school. This form is included in this packet & needs to be filled out by parents/guardians regarding student health & growth.

Certificate of Vision Screening

Vision screenings are a state requirement for kindergarten & 3rd grade students. The form is included in this packet, as well as a list of local providers.

Dental Screenings

Dental screenings are a state requirement for kindergarten & 9th grade students. The screening form is included in this packet, as well as a list of providers.

Sick Students

Families can use this handout to help in decision making when your student doesn't feel well. When keeping your student home due to illness please let your building secretary know, this can be done over the phone or via ParentSquare. We appreciate as much detail as you're willing to share, so we can track health trends in the building and across the district.

Medication Policy

If it is necessary for your student to take medication at school, please ask your school's nurse for the proper forms to fill out. The policy is included in this packet for your reference.

Submit Your Completed Packet

Once you have all the completed documents, please return them to the district office,
EJH Beard Administration Center | 1302 1st Ave W | 641.792.5809 | www.newtoncsd.org

EJH Administration Center | 641.792.5809

Emerson Hough | 641.792.3982

Berg Middle School | 641.792.7741

Thomas Jefferson | 641.792.2498

Newton High School | 641.792.5797

Woodrow Wilson | 641.792.7311

WEST Academy | 641.792.0335



Newton Community School District Elementary Physical Form

Student Name _____ Date of Birth _____

Parent/Guardian _____

Family Physician _____

Date of Visit _____ Blood Pressure _____

Height _____ Weight _____

Temp _____ Pulse _____ Respiration _____

Allergies:

Food, please be specific _____

Medications, please be specific _____

Environmental, please be specific _____

Do any of the above require treatment with emergency medication? _____

If so, please specify what symptoms are to be treated: _____

Medication _____ Dose _____ Frequency _____

Current Medication:

Prescriptions _____

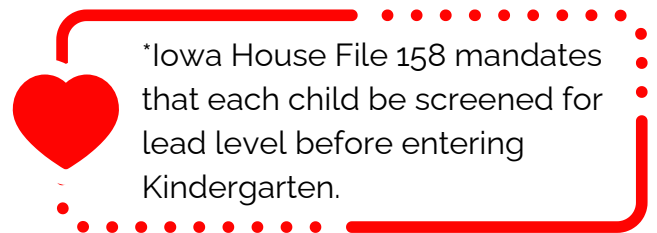
Over the Counter _____

Diagnosis:

Has this child been tested for lead? Yes No

Date of screening _____

Result of screening _____





Newton Community School District Elementary Physical Form

Visual Acuity:

Right Eye _____ Left Eye _____ Referral to Eye Dr: Yes No

Dental Condition:

- No obvious problems Requires urgent dental care
 Requires dental care Referral made to dentist

Physical Exam:

General Appearance _____
Nutrition _____
Skin _____
Eyes _____
Ears _____
Nose/Throat _____
Heart/Lungs _____
Abdomen _____
Extremities _____
Developmental Screening _____

Any other significant health history, including surgeries, injuries, etc:

Can this child participate in physical education class or recess without limitations?

Yes No, please explain _____

Examining Physician _____

Date _____

Newton Community School District
Attention Melinda Robertson
1302 1st Ave W
Newton, Iowa 50208
Phone 641.792.5809, Option 2 | Fax 844.494.8063



Newton Community School District Health Form from Parents

Student Name _____ Date of Birth _____

Parent/Guardian _____ School Building _____

Does your child have any of the following diagnoses?

ADD/ADHD Migraines Diabetes Seizures Eczema

Heart Condition Other _____

Is your child potty trained? Yes No

Allergies (medications, foods, or environmental): Yes No

Please list _____

Surgeries or hospitalizations, please include age:

Serious injuries, please include age:

Current Medications & Purpose:

Any prescription medication that will be given during the school day:

Does your child wear glasses? Yes No Other eye problems _____

Does your child have a known hearing problem? Yes No

Family Doctor _____ Date of Last Visit _____

Medical Specialists _____ Date of Last Visit _____

Dentist _____ Date of Last Visit _____

Eye Doctor _____ Date of Last Visit _____

Parent Signature _____ Date _____



Newton Providers

Vision Providers:

The Eye Care Center of Newton
100 N 4th Avenue West
Newton, Iowa 50208
641.792.7900

Appointment Required
Will Accept Insurance - VSP, Avesis
Will Accept Medicaid -
Iowa Total Care, Wellpoint
Cost if no insurance: \$140 - \$175

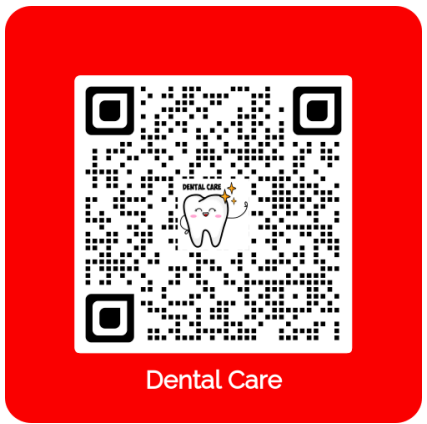
Newton Eye Clinic
111 1 Ave E
Newton, Iowa 50208
641.792.7375

Appointment Required
Will Accept Insurance
Will Accept Medicaid -
Iowa Total Care, Wellpoint
Cost if no insurance: \$75

Walmart Vision Center
300 Iowa Speedway Drive
Newton, Iowa 50208
641.791.5332

Appointment Required
Will Accept Insurance - BCBS, VSP
Will NOT Accept Medicaid
Cost if no insurance: \$125

Dental Providers:



Scan for Area Providers
Can be Filtered by Insurance,
Medicaid, or Uninsured

Physicals:

Please contact your primary doctor to schedule an appointment for a physical as soon as possible, their schedules fill up quickly.

*If you do not have insurance, please contact Emma Morris at Newton Clinic, 641.792.2112. She will arrange for you to see a doctor there at no cost.



Sick Students & Medication Policy

Attendance is important & students learn best when they are in school regularly. But, sickness happens, this is when your student should stay home & when they should return.

Students should stay home if:

- They have a fever of 100.0 degrees or higher
- They have vomited in the last 24 hours
- They have had diarrhea in the last 24 hours
- Unexplained rash

Students should return when:

- They they are fever free without the use of fever reducing medication (Tylenol/Ibuprofen)
- They have **not** vomited in the last 24 hours
- They have **not** had diarrhea in the last 24 hours
- Any unexplained rashes have been evaluated by a doctor

All medications given at school must have the written authorization from the parent/guardian. The written medication form will be kept on each student receiving medications. These forms are available at school in the nurse's office.

*Any medications that are not picked up by the parent/guardian at the end of the school year will be disposed of by the School Resource Officer.

Prescription Medication:

- Must be in a bottle labeled from the pharmacy, with the student's name
- The dosage to be given must be stated
- The name of the medication to be given must be stated
- Time of day medication is to be given must be stated
- Medication must be transported to & from school by an adult

Non-prescription Medication:

- Must be in a labeled container
- State for what reason it is to be given
- State when the medication is to be given
- Cough drops may be provided by parents/guardians but they must be kept in the health office
- Medications must be transported to & from school by an adult

*Red Pride
Lives Here*

