Wellington

Dear New Family (Grades K-12),

Welcome to Wellington! The forms in this packet give me information about your child's health, so I can provide the very best care.

Please complete these forms according to the schedule listed below and return them to me, the division office, or drop them off in the Admissions Office. **Ohio law requires that parents provide the immunization record and a copy of the birth certificate of each new student, prior to the first day of school.**

Page	Name of Form	Who Completes	When Is It Due
Page 1	School Health Record and Optional Consent for Pain Reliever	Parents	**Before 1st Day of School**
Page 2	Immunizations and Physical Exam	Healthcare provider	**Before 1st Day of School**
Page 3	Dental Exam (optional)	Dentist	Whenever possible
Not in packet	Copy of Birth Certificate	Parents provide copy	**Before 1st Day of School**

At the beginning of this school year, you will be asked to complete an electronic emergency contact form. It is important that this be completed quickly, in the event that your child is ill or injured at school. Please contact me if I can be of assistance with any health concern.

Sincerely,

Kim Dunn RN, BSN, MS
Licensed School Nurse
614-324-1661

Wellington School Health Record

_____

Child's Name (Last, First, Middle) Date of Birth Grade

Is there anything about your child that we need to know to better understand him / her?

List any diseases, serious injuries, allergies or asthma that your child has had and give dates (year only).

List any medications or treatments your child receives at home. Are any required at school?

OPTIONAL CONSENT FOR PAIN RELIEVER IF NEEDED (K-12)
With parent permission, children may receive a pain reliever at school for complaints such as headache, menstrual cramps, pain related to orthodontic braces, and other common discomforts. I give the school nurse permission to administer a pain reliever (Tylenol or ibuprofen) to my child, if needed, in the appropriate dose.

→ _____ _____

Parent Signature Date

The Wellington School
Physical Exam Report
(A physical exam is required for new, Little Jag, and PK students only)

Student's Name_____ Grade_____
Healthcare provider, check one:
_____ Exam entirely within normal limits
_____ Abnormalities as follows:
Can student carry out a full program of school work?
Yes _____ No _____
Restrictions:

Healthcare Provider's Signature _____Date _____

IMMUNIZATIONS Not all date boxes will be filled. A separate list may be attached.

	Mo Day Yr	Mo Day Yr	Mo Day Yr	Mo Day Yr	Mo Day Yr	Mo Day Yr
DTaP/DT/Td	/ /	/ /	/ /	/ /	/ /	/ /
Polio	/ /	/ /	/ /	/ /	/ /	/ /
Hepatitis B	/ /	/ /	/ /	/ /	/ /	/ /
MMR	/ /	/ /	/ /	/ /	/ /	/ /
Varicella	/ /	/ /	/ /	/ /	/ /	/ /
Tdap (7th grade)	/ /	/ /	/ /	/ /	/ /	/ /
Meningococcal (7th & 12th)	/ /	/ /	/ /	/ /	/ /	/ /
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Screening Tests	Date	Results
Muscle Balance		
Farsightedness		
Color		
Distance Acuity		Right Left
Hearing		Right Left

The Wellington School
Dentist's Report

Student's Name _____ Grade _____

The following services have been performed:
(Please check all that apply)

_____ Radiographs

_____ Oral prophylaxis

_____ Fluoride treatment

_____Restorations

The following statements are applicable:
(Please check all that apply)

_____All necessary services have been performed

_____ No restorative services are required at this time

_____Further treatment is indicated

_____ Future appointments have been arranged

Comments:

_____ _____

Dentist's Signature **Date**