

JUNCTION SCHOOL DISTRICT PUPIL REGISTRATION**FOR OFFICE USE ONLY:** Stu. #: _____ Perm ID #: _____ GRADE: _____LEGAL NAME: _____
LAST FIRST MIDDLE

BIRTHDATE: ____/____/____ SEX: M F NONBINARY GENDER _____

BIRTH CITY: _____ STATE: _____ COUNTRY: _____

PARENT/GUARDIAN: _____
NAME RELATIONSHIP PHONE-HOME/CELL PHONE-WORK EMPLOYER/OCCUPATION

STUDENT RESIDES WITH: Y / N

E-MAIL ADDRESS: _____

PARENT/GUARDIAN: _____
NAME RELATIONSHIP PHONE-HOME/CELL PHONE-WORK EMPLOYER/OCCUPATION

STUDENT RESIDES WITH: Y / N

E-MAIL ADDRESS: _____

PHYSICAL ADR: _____ MAILING ADR: _____
STREET CITY STATE ZIP STREET CITY STATE ZIP

DOES YOUR CHILD HAVE AN IEP OR 504 PLAN

☐ YES, IEP ☐ YES, 504 ☐ NO IEP OR 504 PLAN

PARENT EDUCATION LEVEL (PLEASE CHECK ONE):

☐ 1 = NOT A HIGH SCHOOL GRADUATE ☐ 2 = HIGH SCHOOL GRADUATE ☐ 3 = SOME COLLEGE☐ 4 = COLLEGE GRADUATE ☐ 5 = GRADUATE SCHOOL/POST GRADUATE TRAINING

IS STUDENT HISPANIC OR LATINO?

☐ NO, NOT HISPANIC OR LATINO☐ YES, HISPANIC OR LATINO**PLEASE CONTINUE TO ANSWER THE FOLLOWING BY CHECKING ONE OR MORE BOX TO INDICATE STUDENT'S RACE.**ETHNICITY: ☐ 1 = AMERICAN INDIAN/ALASKA NATIVE ☐ 2 = ASIAN INDIAN ☐ 3 = BLACK/AFRICAN AMERICAN ☐ 4 = WHITE ☐ 5 = CAMBODIAN
☐ 6 = CHINESE ☐ 7 = FILIPINO ☐ 8 = GUAMANIAN ☐ 9 = HAWAIIAN ☐ 10 = HMONG
☐ 11 = JAPANESE ☐ 12 = KOREAN ☐ 13 = LAOTIAN ☐ 14 = OTHER ASIAN ☐ 15 = OTHER PACIFIC ISLANDER
☐ 16 = SAMOAN ☐ 17 = TAHITIAN ☐ 18 = VIETNAMESEHOME LANGUAGE: ☐ 00 = ENGLISH ☐ 01 = SPANISH ☐ 02 = VIETNAMESE ☐ 03 = CANTONESE ☐ 04 = KOREAN ☐ 05 = FILIPINO
☐ 09 = KHMER ☐ 10 = LAO ☐ 12 = ARMENIAN ☐ 23 = HMONG ☐ 29 = RUSSIAN ☐ 99 = OTHERENGLISH LANGUAGE FLUENCY: ☐ 1 = ENGLISH ONLY ☐ 2 = FLUENT ENGLISH PROFICIENT (FEP)☐ 3 = REDESIGNATED FLUENT ENGLISH PROFICIENT (R-FEP) ☐ 4 = LIMITED ENGLISH PROFICIENT (LEP)**CHILDREN OF FAMILY**

NAME	BIRTHDATE	BOY	GIRL	NAME	BIRTHDATE	BOY	GIRL

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As a legal custodian of _____, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Junction School District, its employees, and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-Ray, or treatment provided in relation to this authorization shall be my responsibility.

***PLEASE NOTE:** Junction School District cannot give medication to your child without a Medication Release from signed by a doctor or parent. **Please contact the school office.**

SPECIAL INFORMATION: If your child has any of the following health problems, please check or state below:

- | | | | | |
|--|------------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> HEMOPHILIA | <input type="checkbox"/> ALLERGY | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> SEIZURES | <input type="checkbox"/> HEAT |
| <input type="checkbox"/> CHRONIC DIZZINESS | <input type="checkbox"/> EMOTIONAL | <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> NOSE BLEEDS | <input type="checkbox"/> SENSITIVITY TO CERTAIN DRUGS |
| <input type="checkbox"/> OTHER: _____ | | | | |

PERMISSION FOR EMERGENCY CARE- Information as of (date) _____. If I cannot be reached at home or business, contact any of the following individuals:

1. Name: _____ Relationship to child: _____ Phone: (____) _____
2. Name: _____ Relationship to child: _____ Phone: (____) _____
3. Name: _____ Relationship to child: _____ Phone: (____) _____

In the event of any emergency, you have my permission to attempt to obtain treatment from: Dr. _____ Phone: (____) _____ or any physician selected by the school who will provide emergency treatment.

It is understood that the named physician may refuse to provide emergency treatment without additional authorization from the parent or guardian.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

According to appropriate grade level schedules, all children will receive vision, hearing, and dental screening. You have the right to refuse these services for your child. Unless you notify the office in writing, your child will be screened at no expense to you. My 7th grade daughter/8th grade son may participate in the free scoliosis screening. Yes _____ No _____

I (we) the parent /guardian are active in the Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, or active duty or full-time Nation Guard). Yes _____ No _____

FOR SCHOOL USE ONLY- PLEASE DO NOT ENTER INFORMATION BELOW

DISTRICT MOBILITY: _____ SCHOOL MOBILITY: _____ SPED SERVICES: _____ GATE: _____ NSLP: _____

DATE OF ENROLLMENT: ____/____/____ GRADE: _____ LAST SCHOOL ATTENDED: _____

CUM REQUESTED: ____/____/____ CUM RECEIVED: ____/____/____ CONF. FILE: Y N

Enrollment Packet Checklist

- ☐ Proof of Address
- ☐ Copy of Birth Certificate
- ☐ Proof of Completed Immunizations
- ☐ Completed Physical Form
- ☐ Completed Enrollment Packet

Please call us the school at
530 547 3276
with any questions about these
required documents!

Junction Elementary School District

Clay Ross, Superintendent

Junction School
9087 Deschutes Rd.
Palo Cedro, CA 96073
Phone: (530) 547-3276
Fax: (530) 547-4080
www.junctionesd.net



Christopher Nelson, Principal

Board Members:
Hope Bjerke
Ken Parisot
Clint Snyder
Kelly Lindblom
Kristen Knott

HOME LANGUAGE SURVEY

Directions to Parents and Guardians:

The *California Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language do *you* (the guardian) most frequently use when speaking with your child?

4. Which language is most often spoken by adults in the home? _____

Signature of Parent/Guardian

Date

Name of Student

Grade

Age

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Kristen Knott

Student's Name: _____ Date: _____

Dear Parent/Guardian,

So we may better serve your child, please answer the following questions:

	<u>YES</u>	<u>NO</u>
1. My child was previously enrolled in a special program. If known, what is the name of the program? _____	_____	_____
2. My child was seeing a Speech Therapist	_____	_____
3. My child was in an Instrumental Music Program	_____	_____
4. My child needs to wear eyeglasses in school	_____	_____
5. My child can be released to either parent If no, are custody papers on file in child's records?	_____	_____
6. My child has behavior problems in school	_____	_____
7. My child was in a GATE or MGM Program	_____	_____
8. My child has a hearing problem	_____	_____
9. My child has special needs If yes, please indicate: _____	_____	_____
10. Is English the primary language spoken in the home? If the answer is no please explain: _____	_____	_____

Parent/Guardian's Signature: _____

Comments: _____

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TRANSPORTATION INFORMATION

Child's Name: _____ Grade: _____

First Name or Nickname Child answers to: _____

Parent/Guardian Name: _____

Home Address: _____

Street

City

State

Zip

Primary Phone Number: _____ Secondary Phone Number: _____

Address your child will be going to after school:

Street

City

State

Zip

Please draw a map showing the nearest crossroads:

Signature of Parent/Guardian

Date

NOTE: It is Junction's policy to return any child under 3rd grade to school when someone is not able to meet the child at the bus stop. This is for your child's safety.

Junction Elementary School District

This document is intended to address the McKinney-Vento Assistance Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

Student: _____ (Male___ Female___)

Birthdate: ____/____/____ Grade: _____

1. Do you and your student lived in a fixed, regular, adequate nighttime residence? **Yes**___ **No**___ (If you circled "Yes," stop here. You may need to provide a utility bill in your name as proof of residence. If you circled "No," please continue with this form.)

2. Do you and the student live in:

- ☐ shelter
- ☐ motel/hotel
- ☐ temporarily with another family in a house, mobile home, or apartment
- ☐ in a car or RV
- ☐ at a campsite
- ☐ transitional housing
- ☐ other location: _____

3. The student lives with:

- ☐ one parent
- ☐ two parents
- ☐ a qualified relative
- ☐ friend(s)
- ☐ an adult that is not the legal guardian
- ☐ alone with no adult(s)

4. I am:

- ☐ the parent/legal guardian of the above-named student
- ☐ a qualified adult relative of the above-named student (Relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____

Street

[p;"City

Zip

Mailing Address: _____

Street

City

Zip

Telephone: (____) _____ Cell Phone: (____) _____

For School Use Only

Date Received: ____/____/____

____ Student not covered by McKinney Vento Act

____ Student covered by McKinney-Vento Act

____ Follow-up required

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TRANSITIONAL KINDERGARTEN ACKNOWLEDGEMENT

In accordance with District Board Policy, I understand that my child is participating in the Transitional Kindergarten program and will be in Kindergarten the following school year. I understand that Transitional Kindergarten students who show proficiency/mastery of Kindergarten standards may be promoted directly to first grade if the teacher, school administrator, and parent all believe it to be in the child's best interest.

Student Name

Date

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

School Representative Signature

Date

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To: _____

From: _____

Fax: _____

Pages: _____

Phone: _____

Date: _____

REQUEST FOR RECORDS

The following students have enrolled in our school. Please send the cumulative and confidential records, including psychological, health, speech, and all Special Education Materials.

Last Name	First	M.I.	Birthdate
-----------	-------	------	-----------

Last Name	First	M.I.	Birthdate
-----------	-------	------	-----------

Send to:

Junction Elementary School District
9087 Deschutes Rd.
Palo Cedro, CA 96073

Please Fax the following documentation:

X – Birth Certificate
X – Immunization Records
X – IEP or 504 Plan

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Board Members:

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Ken Parisot
Clint Snyder
Kelly Lindblom

February, 2022

Dear Parent or Guardian:

Re: New immunization requirements for 2016

Under a new law known as SB 277, beginning January 1, 2016 exemptions based on personal beliefs, including religious beliefs, will no longer be an option for the vaccines that are currently required for entry into child care or school in California. Most families will not be affected by the new law because their children have received all required vaccinations. Personal beliefs exemptions on file for a child already attending child care or school will remain valid until the child reaches the next immunization checkpoint at kindergarten (including transitional kindergarten) or 7th grade.

For more information about SB 277, please see the Frequently Asked Questions available at: <http://www.shotsforschool.org/laws/sb277faq/>.

For more information about school immunization requirements and resources, please visit the California Department of Public Health's website at www.shotsforschool.org, or contact your local health department or county office of education.

Thank you for helping us to keep our children and community healthy.

Sincerely,

A handwritten signature in purple ink that reads "Chris Nelson". The signature is written in a cursive, flowing style.

Christopher Nelson

Principal

Junction Elementary School District

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Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at (fill in appropriate local contact information, available at <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>.)
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.benefitscal.com/>.
3. For additional resources that may be helpful, contact your local public health department at (fill in appropriate local contact information, available at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>).

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

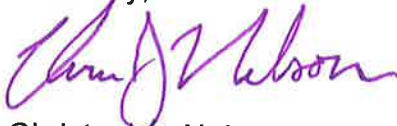
- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact Jessica Snyder at 530-547-3276 or by email at jsnyder@junctionesd.net.

Sincerely,



Christopher Nelson
Principal

Junction Elementary School District

Clay Ross, Superintendent

Junction School

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Fax: (530) 547-4080

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Clint Snyder

Kelly Lindblom

Estimado Padre, Madre o Tutor:

Para asegurarse de que su hijo esté listo para la escuela, el estado de California, de acuerdo a la Sección 49452.8 del Código de Educación de la Ley estatal, ahora requiere un chequeo dental para su hijo antes del 31 de mayo en el caso de que curse su primer año en una escuela pública, ya sea primer año o kindergarten. Los chequeos dentales que se hayan realizado dentro del período de 12 meses previo al inicio del año escolar también son válidos. La ley especifica que la evaluación debe ser realizada por un profesional de salud dental registrado o con licencia.

Lleve la forma aquí incluida (Oral Health Assessment/Waiver Request) al consultorio dental, ya que será necesaria para la evaluación del niño. Si no puede llevar a su hijo a un chequeo dental, por favor indique la razón en la Sección 3 de esa forma. Puede obtener más copias de la forma en la escuela de su hijo en la página Web del Departamento de Educación de California <http://www.cde.ca.gov/ls/he/hn>. La ley de California requiere que las escuelas mantengan la privacidad de la información de salud de sus estudiantes. La identidad de su hijo no estará señalada en ningún reporte que sea producto de este requisito.

Estos son algunos recursos para ayudarle a encontrar un dentista y completar este requisito para su hijo:

1. **Medi-Cal/Denti-Cal**, su número telefónico gratuito y su página Web pueden ayudarle a encontrar a un dentista que acepte Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. Para registrar a su hijo en Medi-Cal/Denti-Cal, contacte a la agencia local de servicios sociales en <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>.
2. **Healthy Families**, su número telefónico gratuito y su página Web pueden ayudarle a encontrar a un dentista que acepte el seguro Healthy Families o para registrar a su hijo en el programa llame a: 1-800-880-5305 o visite la página <http://www.benefitscal.com/>.
3. Para recursos adicionales que puedan ser de ayuda, contacte el departamento local de salud pública en <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

¡Recuerde, su hijo no está saludable ni listo para la escuela si tiene una mala salud dental!
Aquí hay algunos consejos importantes para ayudar a que su hijo se mantenga saludable:

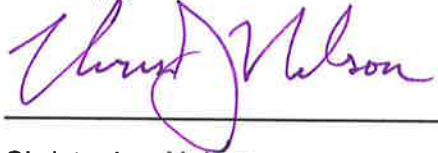
- Lleve a sus hijos al dentista dos veces al año.
- Escoja alimentos saludables para toda la familia. Los alimentos frescos son normalmente los más saludables.
- Haga que sus hijos se cepillen los dientes por lo menos dos veces al día con una pasta de dientes que contenga fluoruro.
- Limite las sodas y los dulces.
 - Las sodas y los dulces contienen mucho azúcar, que causa las caries y reemplaza importantes nutrientes en la dieta de sus hijos. Las sodas y los dulces también contribuyen a los problemas de peso, que pueden dar pie a otras enfermedades, como la diabetes. ¡Entre menos dulces y sodas, mejor!

Los dientes de leche son muy importantes. No se trata sólo de dientes que eventualmente se caerán. Los niños necesitan esos dientes para comer de manera apropiada, hablar, sonreír y para sentirse bien con ellos mismos. Los niños que tienen caries pueden tener dificultades para comer, pueden dejar de sonreír y dejar de poner atención y de aprender en la escuela. El deterioro dental es una infección que no sana y que puede ser dolorosa cuando se deja sin tratamiento. Si las caries no son atendidas, los niños pueden enfermarse al grado de requerir atención médica de emergencia y sus dientes adultos pueden presentar un daño permanente.

Hay muchas cosas que influyen en el progreso y éxito de los niños en la escuela, entre ellas está la salud. Los niños deben de estar saludables para aprender y los niños con caries no son niños saludables. ¡Las caries son prevenibles, pero afectan a los niños en mayor medida que cualquier otra enfermedad crónica!

Si tiene preguntas sobre el nuevo requisito de chequeo dental de las escuelas, por favor llame a **Jessica Snyder 530-547-3276 jsnyder@junctionesd.net**

Atentamente



Christopher Nelson

Principal



Kindergarten Parents!

Kids need shots to start kindergarten and need a complete health check-up for school.

Get your child ready to learn and do his or her best!

Make an appointment for a check-up and have the doctor fill out the attached form.

Take the form back to school.

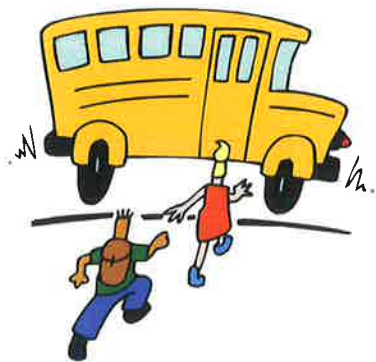
Money problems? You may qualify for a free exam. Talk to your doctor or call 225-5122. Your child is all set!

Questions? Need help finding a doctor? Shasta County Public Health, Child Health & Disability Prevention Program (CHDP) can help!

**Call CHDP at 225-5122
Or 1-800-300-5122**



**Shasta County
Health & Human
Services Agency**



Padres de Niños Preescolares!

os niños necesitan tener sus vacunas y un examen general antes de empezar la escuela.

Ayude a sus niños / as a estar listos para aprender y para que puedan desempeñar lo mejor de ellos.

Haga una cita para que el médico examine a su niño /a
Y asegúrese que el médico le entregue el formulario completo.
Después que el médico le entregue el formulario llévelo a la escuela.

¿Tiene usted problemas de dinero?

Sus hijos talvez pueden calificar para un examen gratis.
Pregúntele a su médico o Llame al 225-5122

Al completar el formulario su hijo ya esta listo para inscribirse al primer grado!

Preguntas??

¿Necesita ayuda en cómo encontrar un médico?
El Departamento de Salud Pública del Condado de Shasta y (CHDP)
El Programa de Salud para Niños y Prevención para los Incapacitados los pueden ayudar.

Llámenos a (CHDP) al 225-5122
O al 1- 800 -300 -5122



Shasta County
Health & Human
Services Agency

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
------------------	--	--	--

_____ Licensed Dental Professional Signature	_____ CA License Number	_____ Date
--	-----------------------------------	----------------------

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- ☐ I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ Other _____ ☐ None
- ☐ I cannot afford a dental check-up for my child.
- ☐ I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ►

Signature of parent or guardian

Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child's first school year.
Original to be kept in child's school record.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregelo a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD**EXAMEN DE SALUD**

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/Td (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)

y

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD**RESULTADOS Y RECOMENDACIONES**

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- ☐ El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- ☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

☐ Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Firma del examinador de salud

Fecha

*de ser indicado

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhcs.ca.gov/services/chdp

RENUNCIA VOLUNTARIA PARA RECIBIR UN EXAMEN DE SALUD PARA INGRESAR A LA ESCUELA

NOMBRE DEL NIÑO/DE LA NIÑA—Apellido		Primer Nombre		Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DIRECCIÓN—Número/Calle	Ciudad	Zona Postal	ESCUELA	Maestro(a)	

PADRE/MADRE O GUARDIÁN:

Si desea que su niño(a) no reciba el examen de salud requerido por la ley de California antes de ingresar a la escuela, por favor llene este formulario. **FIRMELO Y DEVUELVALO A LA ESCUELA** donde será guardado en forma confidencial.

AVISO: EL FIRMAR ESTA RENUNCIA VOLUNTARIA NO DISPENSA PARA QUE EL NIÑO/LA NIÑA RECIBA LAS INMUNIZACIONES REQUERIDAS POR LA LEY DE CALIFORNIA PARA LOS NIÑOS EN LA ESCUELA. TAMBIÉN, EL FIRMAR ESTE FORMULARIO NO LE NEGARÁ A SU NIÑO(A) EL DERECHO A RECIBIR LOS EXÁMENES DE LA VISTA Y EL OÍDO HECHOS POR LA ESCUELA.

Se me ha informado acerca del examen de salud recomendado por los respectivos profesionales y requerido por la ley del estado. Se me ha informado también acerca de los lugares donde mi niño(a) puede recibir un examen de salud y sobre los diferentes niveles de ingresos para recibirlo sin costo alguno.

Por favor marque uno de los siguientes casilleros:

- ☐ Escojo que mi niño(a) no reciba el examen de salud que es uno de los requisitos para ingresar a la escuela.
- ☐ Me gustaría que mi niño(a) reciba un examen de salud, pero estoy incapacitado(a) para obtenerlo.

Razón (vea Health and Safety Code, Sección 124085): _____

Firma del padre/madre o guardián

Fecha

SI DESEA MÁS INFORMACIÓN CONSÍGALA EN LA ESCUELA O EN SU DEPARTAMENTO LOCAL DE SALUD.
CHDP website: www.dhcs.ca.gov/services/chdp

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last		First	Middle	DATE OF BIRTH—Month/Day/Year
ADDRESS—Number, Street	City	ZIP Code	SCHOOL	Teacher

PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. ***SIGN AND RETURN THIS FORM TO THE SCHOOL*** where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER ***DOES NOT*** EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

- ☐ I choose not to have my child receive a health examination as part of the school entry requirement.
- ☐ I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): _____

Signature of parent or guardian

Date

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.

CHDP website: www.dhcs.ca.gov/services/chdp

**Shasta County Health & Human Services
Public Health Branch**

Immunization Clinic Schedule

**2650 Breslauer Way
(530) 225-5591**

Monday 8:00 – 11:00 a.m. and 1:00 – 4:30 p.m.

Tuesday 8:00 – 11:00 a.m. and 1:00 – 4:30 p.m.

Wednesday 8:00 – 11:00 p.m.

Thursday 4:00 – 6:30 p.m.

Friday 8:00 – 11:00 a.m.

No Appointments Necessary



State of California—Health and Human Services Agency
California Department of Public Health




KAREN L. SMITH, MD, MPH
Director and State Health Officer

EDMUND G. BROWN JR.
Governor

July 2, 2015 (letter revised August 24, 2015)

TO: Interested Parties

FROM: Sarah Royce, M.D., M.P.H, Chief 
Center for Infectious Diseases
Division of Communicable Disease Control, Immunization Branch

SUBJECT: **Senate Bill 277**

Governor Brown signed Senate Bill (SB) 277 on June 30, 2015. Effective January 2016, SB 277 will:

- No longer permit immunization exemptions based on personal beliefs for children in child care and public and private schools;
- Permit personal belief exemptions submitted before January 1, 2016 to remain valid until a pupil reaches kindergarten or 7th grade;
- Remove immunization requirements for:
 - Students in home-based private schools
 - Students enrolled in an independent study program who do not receive classroom-based instruction
 - Access to special education and related services specified in an individualized education program

Students in the above categories will still need to provide immunization records to their schools before entry, and schools will still need to report to the California Department of Public Health (CDPH) the immunization status of all students at the existing checkpoints of child care, kindergarten and 7th grade;
- Allow medical and personal beliefs exemptions from any new immunization requirement initiated by CDPH for attendance at school or child care.

Additional information about the implementation of SB 277 will become available by 2016.

The language of SB 277 is available at
https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB277.

The Governor's signing message is available at
http://gov.ca.gov/docs/SB_277_Signing_Message.pdf.

Immunization laws currently in effect may be found at
<http://www.shotsforschool.org/immunizationlaws/>.

Immunization Law SB 277 Requiring All Age Appropriate Immunizations at Check points starting at Childcare, Kindergarten and 7th Grade

Medical Exemption FAQ

What's required for a medical exemption to a required immunization?

A parent or guardian must submit a written statement from a licensed physician (M.D. or D.O.) which states:

- That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated.
- Which vaccines are being exempted.
- Whether the medical exemption is permanent or temporary.
- The expiration date, if the exemption is temporary.

May other practitioners, besides licensed physicians (M.D.s and D.O.s), provide a medical exemption to a required immunization?

No. Only a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) may provide a medical exemption.

In contrast, the other categories of licensed or credentialed practitioners in California previously authorized through 2015 to sign requests for personal beliefs exemptions (e.g., Nurse Practitioner, Physician Assistant, Naturopathic Doctor, or School Nurse) may not provide medical exemptions.

Is there a standardized form for medical exemptions?

No, but the documentation must include the elements described in question 17.

Are licensed physicians required to assist in requests for medical exemptions?

A licensed physician may provide a medical exemption but is not required to do so. Parents or guardians seeking medical exemptions should check with physicians in advance to clarify their policies on medical exemptions.



Medi-Cal Dental Services

Child Health & Disability Prevention Program (CHDP)

These CHDP providers may have room for Medi-Cal patients. Some offices may have age limits on children.
Please call the office for specific information.

If you would like help locating other dentists in Shasta County, please call Medi-Cal at 1-800-322-6384.
For information about insurance coverage or the Child Health & Disability Prevention Program, call (530) 225-5122.

ANDERSON

Anderson Family Dental Center
2801 Silver St.
(530) 365-3147

Shasta Community Health Center
Dental Clinic
2965 East St.
(530) 365-3147

BURNEY

Pit River Health Services
36977 Park Ave.
(530) 335-3651

Mountain Valleys Health Centers
Burney Dental Center
20615 Commerce Way
(530) 999-9031

ROUND MOUNTAIN

Hill Country Community Clinic
29632 Hwy 299 E.
(530) 337-5750

REDDING

David Lee, D.D.S.
2138 Court St.
(530) 241-1129
(Children 16+)

Li Min Hou, D.D.S.
1627 Hilltop Dr., Suite A
(530) 223-2989
(Extractions/dentures only)

Lila Wilson, D.D.S.
2100 Hilltop Dr., Suite A
(530) 605-3350
(Children ages 4-12)

Redding Rancheria Tribal Health
Dental Clinic
1441 Liberty St.
(530) 226-1750
(Native Americans and their households)

Shasta Community Health Center
Dental Clinic
1400 Market St., Room 8103
(530) 247-7253

Western Dental Centers
1350 Churn Creek Rd., Suite 135
(530) 224-9700

Western Dental Centers
1667 Hilltop Dr., Suite E
(530) 223-5500

Candace L. Crowden, RDHAP
2051 Hilltop Dr., Suite A-02
(530) 945-4029
(Home visits)

Hill Country Health and Wellness
Dental Clinic
2710 Eureka Way, Suite 1
(530) 337-6244

SHASTA LAKE CITY

Shasta Community Health Center
4215 Front St.
(530) 276-9129

RED BLUFF

Northern Valley Indian Health, Inc.
2500 Main St.
(530) 529-2567, ext. 4
(All patients welcome)

Greenville Rancheria Dental
343 Oak St.
(530) 528-3488
(All patients welcome)



Child Health & Disability Prevention Program (CHDP)

(530) 225-5122

Medi-Cal/VSP Eye Doctors

These optometrists may have room for Medi-Cal patients. Some offices may have age limits on children.
Please call the office for specific information.

ANDERSON

Daniel Bernet, O.D.
2890 Ventura St.
(530) 365-6471
VSP/Medi-Cal

COTTONWOOD

Michael Farrar, O.D.
3650 Main St., Ste C
(530) 347-7347
VSP/Medi-Cal

FALL RIVER MILLS

Bill B. Brown OD
43124 State Hwy
299 E (530)
336-5220
VSP/Medi-Cal

PALO CEDRO

Palo Cedro Eye Care
9372 Deschutes Rd.
(530) 547-2020
VSP/Medi-Cal

REDDING (Continued)

Cooper and Link
3241 Churn Creek Rd.
Redding, CA 96002
(530) 222-2020
VSP/Medi-Cal

Enterprise Optometry
Center Mitch Martin, O.D.
3080 Victor Ave.
(530) 222-3166
VSP/Medi-Cal

Janani Lannin, O.D.
1950 Court St.
(530) 241-0778
VSP/Medi-Cal

Julie L. Gussenhoven
3416 Bechelli Lane
(530) 222-1422
VSP/Medi-Cal

Kristy L. Davis
2515 Park Marina Dr. Ste
201 (530) 222-7271
VSP/Medi-Cal

REDDING (Continued)

Shasta Eye Medical
Group 3190 Churn Creek
Rd. (530) 223-2500 *VSP/
Medi-Cal*

Thomas Ward, O.D. 2132
Eureka Way
(530) 244-4234
VSP/Medi-Cal

Site for Sore Eyes
555 E Cypress Ave. (530)
722-9992
VSP

Costco Vision Center
1300 Dana Dr.
(530) 222-3166
VSP

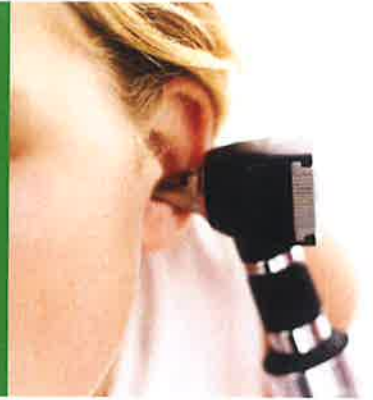
SHASTA LAKE

Dan's Optical
4624 Shasta Lake Dam
Blvd. (530) 275-8581
VSP/ Medi-Cal



Shasta County
Health & Human
Services Agency

Child Health & Disability Prevention Program (CHDP) (530) 225-5122



Audiologists accepting Medi-Cal

These Audiologists ***may not*** be accepting new clients ***please call*** to find out.

Audiology Associates

Rita McWilliams, Au.D.
3328 Churn Creek Rd. Ste. A
Redding, CA 96002
(530) 221-7380

Audiology Services

Angela Batini, M.S.
2510 Airpark Dr. Ste 101
Redding, CA 96001
(530) 241-6656

Redding Hearing Institute

499 Hemsted Dr. Ste. A
Redding, CA 96002
(530) 226-3320



Updated 5/2019

What Does CHDP Offer?

The CHDP Program helps prevent or find health problems through regular, no cost, health check-ups. A check-up includes:

- Health and developmental history
- Physical exam
- Vaccines
- Oral health assessment and referral to a dentist by age 1
- Nutrition screening
- Developmental and behavioral screenings
- Vision screening
- Hearing screening
- Health education
- Lab tests: anemia, lead and tuberculosis
- Referral to Women, Infants, and Children (WIC) program for children up to age 5

Other Services

The CHDP program can help you find:

- Dentists that accept Medi-Cal Dental for the care of your child's teeth
- Medical specialists
- Behavioral health services

Diagnosis and treatment can be paid for as long as your child has Medi-Cal.

Information

Contact your local CHDP office for more information about CHDP or if you need:

- Access to medical and dental doctors
- Help setting up an appointment
- Transportation resources
- Behavioral health services

You can find your local CHDP office by visiting the California Department of Health Care Services website at:
www.dhcs.ca.gov/services/chdp

**Shasta County HHSA Public Health Branch
Child Health and Disability Prevention Program
2615 Breslauer Way
Redding, CA 96001**



Governor, Gavin Newsom
State of California

PUB 183 (English, 8/19)

English

Child Health and Disability Prevention (CHDP) Program

**Early and Periodic Screening,
Diagnostic and Treatment
(EPSDT)**

Medical and Dental Health Check-ups



FREE

**For Babies, Children, and Youth
under age 21 with Full Scope
Medi-Cal or under age 19 with
Low Family Income. No proof of
legal status is required to receive
CHDP services.**

Why Get Health Check-ups?

Health check-ups are important for all children and youth. Health check-ups are a time to:

- Find and address medical, dental and behavioral health problems
- Get vaccines
- Ask your doctor questions

Health check-ups can be used for foster care, sports, camp or school entry.



Who Qualifies?

- Children and youth under age 21 who are eligible and/ or enrolled in Medi-Cal.
- Children and youth under age 19 with family income less than or equal to the current Federal Income Guidelines.
- No proof of income or legal status is required for CHDP services.

Babies and Toddlers Birth through 3 years

Regular health check-ups keep your baby happy and healthy. You will find out about your baby's growth, weight, health, and vaccinations. At your baby's health check-up your baby needs to:

- Be tested for lead and anemia
- Be screened for behavioral and developmental health
- Have a vision acuity screening beginning at age 3
- See a dentist for exams and fluoride varnish application every 6 months starting by age 1 or as soon as their first tooth comes in

In addition, your baby is eligible to:

- Receive 3 applications of fluoride varnish every year from your CHDP doctor to prevent cavities



Keep your child healthy by going to health check-ups.

During health check-ups the doctor can find and treat problems before they become serious.

School Children 4 through 12 years

Your child needs to be healthy and ready to learn. State laws require children to be up-to-date on their vaccines. Your child needs to receive the following services:

- Lead test before age 6
- Behavioral and developmental health screenings
- Hearing and vision screenings
- Dental exam every 6 months
- Fluoride application 2 times per year by your dentist and 3 times per year from your CHDP doctor until age 6

Teens and Young Adults 13 through 20 years

Teens need health check-ups too! This is a chance to make sure your teen is growing and developing well physically and emotionally. It is a time for you or your teen to ask the doctor questions. Your teen also needs to see a dentist every 6 months.





Children will not be enrolled
unless an immunization record
is presented and
immunizations are up-to-date.



No se inscribirá a los niños
a menos que se presente el
comprobante de vacunación
y las vacunas estén al día.

Keep Our School Healthy



- **Teach kids to cover their cough.**



- **Teach kids to wash hands for 20 seconds, often, with soap.**



- **Prevention through Vaccination.**

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations.*