

Dear CDH Parent/Guardian,

Welcome! The following information is to help you understand **health-related** issues and requirements at Cretin-Derham Hall. CDH's health services are provided by St. Paul Public Schools, Independent School District #625. A licensed School Nurse/Registered Nurse is assigned to CDH approximately 3 days/week.

IMMUNIZATIONS:

Minnesota State Law requires all students in school to be fully immunized. Vaccination records must be provided prior to the first day of school. CDH/MDHrequired shots:

- 3 DTaP/TD (Diphtheria, Tetanus, Pertussis)
- 3-4 Polio. *Last Polio vaccine must be on or after the 4th birthdate.
- 2 MMR (Measles, Mumps, Rubella)
- 2 Varicella (Chicken Pox)
- 3 Hepatitis B
- 1 Tdap (age 11 or older)
- 1 Meningococcal (age 11 or older), with a second #2 booster dose prior to 12th grade.

Certain Immunization Legal Exemptions are Possible:

1. Medical: A Physician must sign a "medical contraindication" to immunization statement.
2. Conscientious: A parent must sign a notarized "conscientious objection to immunization" statement.
3. Laboratory confirmed disease history: documentation must be provided to school nurse.
4. See below or this link for a form that can be used for exemption documentation
<https://www.health.state.mn.us/people/immunize/basics/readyc.pdf>

HEALTH CONDITIONS:

Please notify the school nurse directly if your student has asthma, diabetes, seizure disorder, history of allergic reaction or any other health conditions that may affect your student during school.

MEDICATIONS:

The school must be notified if a student needs to keep or carry medications at school. Parent/guardian and Health Care Provider will need to sign consent for prescription medication. (Form NP-25 available below or from the nurse office)

PHYSICAL EXAMS:

CDH requests that all incoming ninth graders and transfer student have a current physical on file before the start of the school year. Please submit physical along with Immunization records to the Admissions office or the School Nurse. Athletics requires separate documentation for Sports Physicals. Contact Athletics for requirements.

Please feel free to call the Licensed School Nurse at 651-696-3346 or the main office for questions.

Cretin Derham Hall Students Medications Policy

Cretin Derham Hall's Health Services are provided by St. Paul Public Schools, Independent School District #625

The Board of Education of St. Paul Public Schools recognizes that the diagnoses and treatment of illness, prescribing of medications or home remedies are not a school responsibility. The Board recognizes that some learners require administration of medications or certain medical procedures to be performed in order to benefit from the educational experience.

Medications that must be administered during the school day in order for a student to attend school shall be administered by the school nurse or a designee of the principal. Medications must be supplied by the parent or guardian and brought to school in the original, labeled, unexpired container.

Upon written recommendation of the prescribing health professional and custodial parent or guardian and consultation of the school nurse, a student may be allowed to self administer medication that is prescribed for longer than two weeks, provided that the school nurse has developed a written care plan.

The school nurse shall be notified in writing when medication must be administered during the school day. For medication prescribed for a period of two weeks or longer, a written order, signed by a prescribing health professional and the custodial parent or guardian is required. Such orders must be renewed annually or whenever medication, dosage, administration changes. For medication prescribed for less than two weeks, a written request signed by custodial parent or guardian is required.

Medications that can be administered to the student appropriately before or after school, will be the responsibility of the parent(s) or guardian.

Controlled substances (such as Ritalin, Adderall, and some pain medications) must always be kept in a locked cabinet and shall never be carried by a student or self-administered.

Students may bring ibuprofen and acetaminophen for personal use as long as they carry a note with parental/guardian permission with them. Over the counter medications may not be shared and must be stored in the original container. A student's privilege to possess and use nonprescription pain relievers may be revoked if it is determined the student is abusing the privilege.

Please call the school nurse with questions 651-696-3346 or email at rkumher@cdh.org



Authorization for the Administration of Medication for Non-Public Schools

HIPAA-Compliant Authorization for Exchange of Health & Education Information

Student: _____ DOB: _____ Male Female
 School: _____ CIF: _____
 Parent/Guardian Name: _____ Phone (Home/Work/Cell): (____) _____
 Address: _____

To Be Completed By Practitioner Licensed To Prescribe			
Clinic Name: _____	Licensed Practitioner: _____		
Complete Address: _____			
Phone: (____) _____	Fax: (____) _____	Effective date: _____	
Medication/Treatment: _____	Dosage	Route	Frequency
Diagnosis: _____	ICD-10 #: _____		Discontinuation date: _____
Signature of Practitioner Licensed to Prescribe _____		Date _____	

Authorization:

1. Legally, you may refuse to sign. If you refuse, we will not be able to provide the services.
2. Information regarding this order will only be given to Saint Paul Public Schools professional staff who need this information for your child's/adolescent's safety and education.
3. The prescribing Health Care Provider (HCP) may **release information to and/or request information from** SPPS professional staff related to the authorized service(s).
4. SPPS professional staff may **release information to and/or request information from** the prescribing HCP related to the service(s).
5. I understand that:
 - This authorization takes effect the day that I sign it and expires one year from the date of my signature.
 - I may revoke this authorization at any time by giving written notification.
 - Health records, once received by the school district, may no longer be protected by Health Insurance Portability and Accountability Act (HIPAA), but they will become education records protected by Family Educational Rights and Privacy Act (FERPA).
 - Educational records, once received by another individual or agency, may no longer be protected by FERPA, but may be protected by HIPAA.
 - This information, except as allowed by law, may not be re-disclosed without my consent (*Parental or eligible student, if over 18*).
 - A photocopy/fax or electronic copy of this authorization, which has not been altered, will be treated in the same manner as the original.

 Signature of Parent/Guardian (____) Daytime Phone _____ Date _____

Return to:

School Health Office at: Cretin Ditchem Hall
 School Nurse: _____ Phone: 651-696-3346 Fax: 651-696-3394

Are Your Kids Ready?

Child Care and Early Childhood Programs Immunization Law

Children are required to receive immunizations before enrolling in child care and early childhood programs in Minnesota or submit an exemption. This requirement applies to all licensed child care centers, family child cares, certified license exempt child cares, and early childhood programs such as preschool, school readiness plus, voluntary prekindergarten, and early childhood special education. Look for your child's age group in the chart below and see how many total doses of each vaccine are needed for their age.

Required Immunizations	3-4 months	5-6 months	7-15 months	16-23 months	24 months to kindergarten
Hepatitis B (Hep B)	2 Doses	2 Doses	3 Doses	3 Doses	3 Doses
Diphtheria, tetanus, and pertussis (DTaP)	1 Dose	2 Doses	3 Doses	3 Doses	4 Doses
Polio (IPV)	1 Dose	2 Doses	2 Doses	2 Doses	3 Doses
Pneumococcal (PCV)	1 Dose	2 Doses	3 Doses	3 Doses	
Haemophilus influenzae type b (Hib)	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose
Measles, mumps, rubella (MMR)				1 Dose	1 Dose
Varicella (chickenpox)				1 Dose	1 Dose
Hepatitis A (Hep A)					1 Dose

Note: The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

Recommended but not required for child care or early childhood programs

Influenza (flu), COVID-19, respiratory syncytial virus (RSV), rotavirus and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizations. For more information visit [CDC: Vaccine Schedules For You and Your Family \(www.cdc.gov/vaccines/imz-schedules/index.html\)](https://www.cdc.gov/vaccines/imz-schedules/index.html).

Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of child care/early childhood program or submit an exemption.
- Submit a copy of your child's immunization record to their child care, early childhood program, or school. You can get a copy of their record from the clinic or find their record on [Find My Immunization Record \(www.health.state.mn.us/people/immunize/miic/records.html\)](https://www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.



[Vaccines for Infants, Children, and Adolescents \(www.health.state.mn.us/people/immunize/basics/kids.html\)](https://www.health.state.mn.us/people/immunize/basics/kids.html)

Contact Immunization Program at 651-201-5503 or 1-800-657-3970 for alternate format.
ID# 80154 (08/2024)



CHILD'S NAME (FIRST, LAST): _____ CHILD'S DATE OF BIRTH: _____

Medical and non-medical exemptions

Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.

1. Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
2. Obtain signatures for exemptions or history of chickenpox disease.

Required Immunizations	Medical	Non-Medical
Hepatitis B (Hep B)		
Diphtheria, tetanus, and pertussis (DTaP)		
Polio (IPV)		
Haemophilus influenzae type b (Hib)		
Measles, mumps, rubella (MMR)		
Varicella (Chickenpox)		
Hepatitis A (Hep A)		

Medical exemption: A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant. By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____
(of health care practitioner)

Date: _____

Non-medical exemption: A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves and others.

By my signature I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

Signature: _____ Date: _____
(of parent/guardian)

Non-medical exemptions must also be signed and stamped by a notary:

Notary Stamp

This document was acknowledged before me on

_____ (date),

by _____
(name of parent or guardian)



Notary Signature: _____

State of _____

County of _____

History of chickenpox (varicella) disease: If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form.

My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year _____

Signature: _____ Date: _____

(of health care practitioner, representative of a public clinic, or parent/ guardian)