

Notes from Nurse Siniard

Madison City First Class PreK

Alabama Blue Cards/Immunization Records

Hard copies of each child's Immunization Certificate is *required* to be on file at the School building. (The certificate may be blue or white.)

Parents are to bring a current (date not expired) ***Immunization of Certificate (COI) to Open House on Monday, August 2nd 3:00-6:00.***

*Madison City Schools policy:

Attention Parents of New Students: Your child(ren)'s REGISTRATION is NOT COMPLETE until you bring A HARD COPY of the Certificate of Immunization (COI) to the school. Uploading a copy is NOT sufficient! We do not print COI from ImmPRINT. You must get the COI from your child's doctor, clinic, or health department.

Alabama Department of Public Health
Certificate of Immunization

TEST TEST
Child's Name (last, middle, first) DOB SEX

Parent/Guardian Name (last, middle, first)

Immunization Record Table:

Vaccine	Dose	Date	Status
DTaP (DTaP 1st)	1st		
DTaP (DTaP 2nd)	2nd		
DTaP (DTaP 3rd)	3rd		
DTaP (DTaP 4th)	4th		
DTaP (DTaP 5th)	5th		
MM (MM 1st)	1st		
MM (MM 2nd)	2nd		
MM (MM 3rd)	3rd		
MM (MM 4th)	4th		
MM (MM 5th)	5th		
MM (MM 6th)	6th		
MM (MM 7th)	7th		
MM (MM 8th)	8th		
MM (MM 9th)	9th		
MM (MM 10th)	10th		
MM (MM 11th)	11th		
MM (MM 12th)	12th		
MM (MM 13th)	13th		
MM (MM 14th)	14th		
MM (MM 15th)	15th		
MM (MM 16th)	16th		
MM (MM 17th)	17th		
MM (MM 18th)	18th		
MM (MM 19th)	19th		
MM (MM 20th)	20th		
MM (MM 21st)	21st		
MM (MM 22nd)	22nd		
MM (MM 23rd)	23rd		
MM (MM 24th)	24th		
MM (MM 25th)	25th		
MM (MM 26th)	26th		
MM (MM 27th)	27th		
MM (MM 28th)	28th		
MM (MM 29th)	29th		
MM (MM 30th)	30th		
MM (MM 31st)	31st		

Notes: A licensed physician or qualified employee of the Alabama Department of Public Health is responsible for the content of this certificate. All dates must include the month, day, and year. The signature of the physician or qualified employee must be on the back of the certificate or sent via fax to the appropriate location.

The certificate is valid until the date and time of the child's next immunization, and the date of the child's next immunization must be recorded on the back of the certificate. The certificate is valid until the date and time of the child's next immunization, and the date of the child's next immunization must be recorded on the back of the certificate.

Signature of Physician/Qualified Employee: _____ Date: _____

The scanned copy is acceptable for online registration only. **A printed copy--not a copy of a picture of the Immunization Certificate--is required for the student's folder.**

The Hard copy must have the center watermark, child's name, expiration date at the heading "Immprint" (See Example)



Individual Health Plans

For some, not all, health issues, ex: Asthma-requiring medication, Seizure, Food Allergies-requiring an EpiPen, and Diabetes, I will need a parent to come in and complete an *Individual Healthcare Plan (IHP)*

I ask that you contact me and set up a time to do so. Email me at psiniard@madisoncity.k12.al.us to schedule a time for this. We will

also complete the IHP at that time (plan on at least 30 mins.)

Daily Medications

If your student will require medication for use during school hours, please have student's doctor complete the attached PPA form. I cannot accept "use as directed" from the doctor. A reason for the medication use must be stated on the PPA also. You will bring this form and the medication (in the medication box or bottle from the pharmacy) to school and sign the med in with the school nurse.



I ask that you contact me and set up a time to do so. Email me at psiniard@madisoncity.k12.al.us to schedule a time for this. We will also complete the IHP at that time (plan on at least 30 mins.)

FOR AFTER SCHOOL CARE students at Rainbow: You will need a separate PPA and medication to signed in there for use during Afterschool care hours. **Rainbow PreK classes will contact the Rainbow school nurse to sign in meds there.**



PPA.pdf



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395.1 KB

FOOD ALLERGENS THE BIG-8



Food Allergies

If student has a **food allergy or intolerance**, please have student's **doctor complete the attached Diet Rx form**. This is required by the State Dept, especially for the cafeteria to substitute milk.

Be sure to also let the classroom teacher know as well.



diet_prescription_for_meals_at_school.pdf



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72.5 KB

Religious Dietary Restrictions

For **religious food restrictions**, please provide the school nurse with a letter from your local religious leader.



Peanut Aware School

The PreK Center is **PEANUT AWARE**, not **peanut free** meaning that we ask that parents to consider peanut/nut alternatives for lunch and snacks because we do have peanut/nut allergic students. Students are allowed to bring peanut/nut food items in their lunch and for snack. If you have questions about lunch/snack, contact your student's teacher. The cafeteria does not serve peanut or nut containing foods. Please let the teacher know of any food issues in addition to the school nurse.

Guidelines for Illness

Please follow these guidelines for students:

1. If they are sick, please keep them home; even if he/she was sick the night before.
2. Address any symptoms or concerns with your child's doctor, before sending you child to school.
3. Do not give your child fever reducing medication before sending them to school. This only covers up the symptoms, *they could still be contagious!*
4. In the event that your child becomes sick at school:
 - Please make sure that we can contact you immediately.
 - Plan ahead, have a back-up emergency contact who can pick up your child if you cannot come to pick them up *within the hour*.
 - Make sure that you have given us emergency contact numbers which are up-to date.



How to know when to keep a child home.

I need to stay home if...					
I have a fever	I am vomiting	I have diarrhea	I have a rash	I have head lice	I have an eye infection
Temperature of 100 or higher	Within the past 24 hours	Within the past 24 hours	Body rash with itching or fever	Itchy head, as five head lice	Redness, itching, and/or "crusty" drainage from eye
I am ready to go back to school when I am...					
Fever free for 24 hours without the use of fever reducing medication (i.e. Tylenol, ibuprofen)	Free from vomiting for at least 2 solid meals	Free from diarrhea for at least 24 hours	Free from rash, itching, fever, or I have been evaluated by my doctor if needed	Treated with appropriate lice treatment at home and examined by nurse	Evaluated by my doctor and have a note to return to school
					Released by my medical provider to return to school with a note
Please call your school with any questions or concerns					

District Health Services Page

Follow this link to the MCS District website for health services and updates from District Nurse Bonnie.



Nurse Siniard

I am the PreK nurse and clerical aid. It is a wonderful job!!! I have been with Madison City Schools since 2018. I previously worked 6 years as a school nurse for Huntsville City Schools. The safety and well-being of our students are my main concerns. I look forward to a great year!!

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