

CENTRAL LAKE PUBLIC SCHOOLS
8190 WEST STATE STREET • P.O. BOX 128
CENTRAL LAKE, MICHIGAN 49622-0128
WWW.CLPS.K12.MI.US

AUTHORIZATION FOR RELEASE OF WRITTEN STUDENT RECORDS

I authorize the _____ (School) to release:

- (1) _____ all or any portion, including special education & disciplinary records
- (2) _____ designated information only as indicated below*

of the written school record of _____
(student or former student)

Birth Date: _____ to:

Student Records
Central Lake Middle/High School
PO Box 128 – 8190 W. State Street
Central Lake, MI 49622

This is in compliance with the “Family Educational Rights & Privacy Act of 1974”

SIGNATURE: _____
(Parent, Legal Guardian, or Adult Student) DATE

Federal Law 99:31: No parent signature is required for educational records sent to another educational agency. As the student’s records are necessary in program planning, we are thanking you in advance for your prompt reply.

Darcy M. Naumes
Counselor

Fax Number: 1-231-544-2903 or 6981



SUPERINTENDENT’S OFFICE
231/544-3141 TEL
231/544-2903 FAX

HIGH SCHOOL OFFICE
231/544-3341 TEL
231/544-2903 FAX

ELEMENTARY SCHOOL OFFICE
231/544-5221 TEL
231/544-6061 FAX

Remembering the Future
COUNSELORS
231/544-5566 HIGH SCHOOL
231/544-3022 ELEMENTARY

CENTRAL LAKE MIDDLE/HIGH SCHOOL ENROLLMENT FORM

PO BOX 128 - 8190 W. State St.
Central Lake, MI 49622
231-544-3341

STUDENT POWER SCHOOL
Username:
Password:

PARENT POWER SCHOOL
Username:
Password:

TODAYS DATE: _____

STUDENT'S LEGAL NAME: _____ Male / Female
(as on birth certificate) (Last) (First) (Middle)

SOCIAL SECURITY # _____ Grade: _____
Child's Enrolling in

BIRTHDATE: ___/___/___ AGE _____ PLACE OF BIRTH _____
(City) (State)

HOME PHONE: (____) _____ STUDENT CELL PHONE: (____) _____

PHYSICAL ADDRESS: _____
(Street) (City) (State) (Zip)

MAILING ADDRESS: _____
(Street) (City) (State) (Zip)

SCHOOL DISTRICT OF RESIDENCY _____
If not Central Lake, you must apply for School of Choice at your legal school district. YES or NO

Temporary Residency Status (Please check box if applicable)

- Living with Relatives/Friends Motel/Hotel Other Location
Student Not covered Student covered by McKinney-Vento Act Follow-up required

PLEASE REMEMBER TO INFORM THE SCHOOL OF ANY CHANGES TO YOUR ADDRESS,
PHONE NUMBER, OR ANY OTHER PERTINENT INFORMATION

Race (P - Primary, S - Secondary): Amer. Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White, non Hispanic Hispanic

Primary Language: _____ Primary Home Language: _____

State Law requires that every student enrolled the first time in a District must have a certified copy of their birth certificate on
file or other reliable proof as determined by the Central Lake School District of the student's identify and age and an affidavit of
why they can't produce a certified copy of the birth certificate.

I understand the above and will comply within 30 days. Parent's Signature Required if a certified birth certificate not available Date

Birth Certificate Verified Yes/No

LAST SCHOOL ATTENDED: _____ DATE LEFT: _____ GRADE COMPLETED: _____

SCHOOL ADDRESS: _____
(Street/PO Box) (City) (State) (Zip)

Contact Person: _____ Phone # _____

Has your child attended Central Lake School previous: Yes / No If so, what year? _____

Has your child ever been suspended/expelled from any school: Yes / No If Yes, why and date(s)? _____

Special Services your child received at previous school: Special Education Speech OT/PT 504 Other
If checked, please provide a copy of current individual education plan (IEP) or other documentation.

If Special checked, a Temporary Special Services Form must be filled out

STUDENT NAME: _____

Page 2

LEGAL PARENT/GUARDIAN INFORMATION – living with

RELATIONSHIP: _____

LAST NAME: _____

FIRST NAME: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____ Ext.: _____

EMPLOYER: _____

EMAIL: _____

RELATIONSHIP: _____

LAST NAME: _____

FIRST NAME: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____ Ext.: _____

EMPLOYER: _____

EMAIL: _____

Receive Mailings: Yes No Living With: Yes No

If divorced, please provide a copy of custody portion of papers.

ADDITIONAL PARENT INFORMATION – Non-Custodial Parent

RELATIONSHIP: _____

LAST NAME: _____

FIRST NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

City

State

Zip

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____ Ext.: _____

EMPLOYER: _____

EMAIL: _____

RELATIONSHIP: _____

LAST NAME: _____

FIRST NAME: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____ Ext.: _____

EMPLOYER: _____

EMAIL: _____

Receive Mailings: Yes No Has custody: Yes No

Can non-custodial parent pick child up from school? Yes No (If no, please attach court documentation)

The undersigned hereby acknowledges that the information provided on this form is true and accurate. *The undersigned understands that it is his/her responsibility to inform the school office if and when any of the information set in this form changes.*

Parent or Guardian Signature (Student if 18 or over) _____

Date _____

OFFICE USE ONLY

Date CA-60 Requested: _____ Date CA-60 Received: _____ Temporary Service School of Choice Lunch Application Internet Policy Birth Certificate Immunization Records: (missing shots: _____)

STUDENT NAME: _____

EMERGENCY CONTACT INFORMATION

If we are unable to contact you, please list at least two contacts

NAME: _____ RELATIONSHIP TO STUDENT: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

WORK PHONE: _____ PLACE OF WORK: _____

EMAIL: _____ COMMENTS: _____

NAME: _____ RELATIONSHIP TO STUDENT: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

WORK PHONE: _____ PLACE OF WORK: _____

EMAIL: _____ COMMENTS: _____

NAME: _____ RELATIONSHIP TO STUDENT: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

WORK PHONE: _____ PLACE OF WORK: _____

EMAIL: _____ COMMENTS: _____

SIBLINGS:

Name	Age/Grade	Lives With

If there are more siblings, please list them on the back

I authorize Central Lake Public Schools to use my student's picture in the district website, yearbook, newsletters, advertisements and district promotional material. Yes / No

Parent/Guardian Initials: _____

LOCKER #: _____ LOCKER COMBO: _____ BUS #: _____ BUS DRIVER: _____

STUDENT RESIDENCY: _____ COUNTY CODE: _____ ENROLLMENT DATE: _____ FTE: _____

STUDENT NAME: _____

Page 4

MEDICAL INFORMATION

Allergies – Include insect stings, medication, etc. What should the school do if you cannot be reached, name of doctor, medication needed, etc.

- Rheumatic Fever Heart Condition Epilepsy Severe eye difficulty Severe Hearing difficulty
 Diabetes Mellitus Asthma ADD/ADHD Other _____

Does your child require any special treatment in school because of any of the above conditions listed in the previous section?

Yes / No

Parent's/Guardian Signature _____

Please add any condition present in your child that is not listed above: _____

If you answered yes to the conditions listed above, please bring in a statement from your physician giving type of difficulty and recommendations.

Is your child on medication that needs to be administered during school time by school personnel? Yes / No

If you answered yes to the above question, the following must be filled out by the Parents and the Physician, according to State Law, before any school personnel can be involved in giving medication in school.

Date: _____

I authorize school personnel, who are willing, to administer medication to _____ as

prescribed by _____ beginning _____

to _____ to _____

I understand this is a voluntary service, and I will not hold school personnel or the school responsible.

PARENT/GUARDIAN SIGNATURE

Date

Medication(s) to be given: _____

Desired Effect: _____

Special Instructions, if any: _____

PRINT PHYSICIAN'S NAME/Phone #

PHYSICIAN SIGNATURE

Date

Insurance Co. _____ Contract/Group# _____ Insurance Co. _____ Contract/Group# _____

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I authorize the school principal or his/her designee to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed and to take all other necessary reasonable actions to provide for my child's health and safety. This authorization is valid for the current school year or until such time as I withdraw the authorization in writing.

PARENT/GUARDIAN SIGNATURE

Date

CENTRAL LAKE PUBLIC SCHOOL

RESIDENCY VERIFICATION AFFIDAVIT

According to State Attorney General Opinion No.5925, school districts have the right to request proof of pupil residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student and is the residence of the student.

If you are living in the home of another person without a rental agreement, that person must sign this document and prove their residency.

Verification of residency may be made with two (2) of the following: (check which is used)

<input type="checkbox"/> Driver's License, State I.D. or Voter Registration	<input type="checkbox"/> Purchase Agreement (if it denotes residency)	<input type="checkbox"/> Moving Bill
<input type="checkbox"/> Insurance Form	<input type="checkbox"/> Property Tax Payment	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Lease Agreement	<input type="checkbox"/> Mortgage Receipt	<input type="checkbox"/> Other (specify)

PLEASE READ CAREFULLY

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Central Lake Public School district, the student will be PROHIBITED from attending the Central Lake Public School.

Further, the district will require payment of tuition for the time in attendance as a non-resident and will take any legal steps to recover same.

Student (s) Name _____ Date _____

Parent or Guardian Signature _____ Date _____

Signature of Person With Whom Residing (If Applicable) _____ Date _____

Street Address _____ City/State/Zip _____

Signature of Staff Person Enrolling Student _____

*Central Lake Public School
Internet Acceptable Use Policy*

Student _____
(Please print name)

The following terms and conditions must be read by student, parents, and teacher responsible for setting up and using an Internet account through the Central Lake Public Schools. After having read the conditions and terms set forth in both policies, and signing an agreement to the conditions and terms set forth in both policies, you may begin using the Internet under supervised conditions. Violation of the agreement may result in any or all of the penalties listed:

1. Loss of computer privileges for semester or school year.
2. Suspension from school.
3. Paying for damages, in replacement dollars, including servicing of equipment for damages by misuse and violation of this agreement.
4. Vandalism may also bring criminal prosecution.

GOALS:

The goal of the Internet is to establish collaboration and exchange of information between and among individuals and between other schools and institutions. Central Lake Public Schools, through the use of the Internet, encourages personal growth with technology, information gathering skills, and communication skills.

RESPONSIBILITIES:

Each user must recognize the responsibility in having access to vast services, sites, systems, and people; therefore, the user is responsible for their own actions in accessing network services.

Users have a responsibility to other users of the network to be as knowledgeable as possible about the areas of the Internet that they are using. The user will abide by the policies and procedures of all networks and systems that are accessed.

It is the users responsibility to keep a log of all time spent on the Internet using their accounts and should include the date, time, and description of their activity.

It is the users responsibility to periodically check their e-mail and delete their messages as soon as possible to avoid overloading the network system, the system will be cleaned by the network administrator every two weeks.

PENALTIES:

The use of the Internet is a privilege, not a right, which may be revoked at any time for abusive conduct. The penalties listed above will also apply to all abuses of the Internet. Such abuses include, but are not necessarily limited to:

1. Placing unlawful information on the system.
2. Use of abusive or objectionable language in either public or private messages.
3. The sending of chain letters or broadcast messages to lists or individuals which would cause congestion or interfere with the work of others.
4. The sending or receiving of pornographic or inappropriate materials or text files dangerous to the integrity of the network.

Users have the responsibility for all materials used under their accounts. Failure to report any of the above violations will result in the termination of their account and other possible penalties.

All users will be expected to obey the copyright laws.

I have read and understand all of the above. I agree to abide by all rules and regulations of the Central Lake Public Schools, and any network I may use along the way.

Parent

Date

Parents e-mail address

Student

Date

Students e-mail address

Network Administrator/Teacher

Date

STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY *

The Central Lake Public Schools is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 - 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building _____

1. Is your child's native tongue a language other than English?

Yes No

What is that language? _____

2. Is the primary language¹ used in your child's home or environment a language other than English?

Yes No

What is that language? _____

Signature of Parent or Guardian

Address

Date

¹"Primary language" means the dominant language used by a person for communication.

* Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066.

NOTICE OF ENROLLMENT IN SPECIAL EDUCATION

Enrolling School Information – All Information Is Required Prior to Submission

Student Name:	Previous School Attended:
UIC Number:	Enrolling District/Building:
Birthdate:	Parent/Guardian:
Grade:	Telephone:
Race/Ethnicity:	Gender:
Special Education Teacher Assigned:	
County of Residence:	If Other Chosen – List:

Parent Permission for Release of Information and Consent to Bill Medicaid

Parent Permission to Release Information:
 I give permission for _____ School District to release my child's current IEP, MET report, including parent consent for evaluation to _____ School District.

Parent Consent to Bill Medicaid – Check one of the following:
 I provide consent to release my child's records and submit claims to the Michigan School-Based Services Medicaid office and billing agencies. I understand that consent is voluntary and that if I choose to revoke my consent my child will continue to receive IEP services.
 I do not provide consent to release my child's records and submit to the Michigan School-Based Services Medicaid office and billing agencies.

Parent/Guardian Consent (REQUIRED) _____ Date _____

Student Transfers From Another District

Date IEP and MET report received by district: _____

REQUIRED: Attach current IEP and MET report of student who enrolls from a district OUTSIDE Char-Em ISD.

The district will implement the Individualized Education Program (IEP) developed at _____ (previous school district) on _____ (date).

OR

The student will receive the following offer of a Free Appropriate Public Education (FAPE) until an Individualized Education Program Team (IEPT) meeting is held within thirty (30) school days from special education enrollment date (date of district administrator signature on this notice).

PROGRAM/SERVICE: (Type of classroom – e.g., Elementary/Secondary Resource Room, MoCI classroom)
Program: _____
Sessions Length: _____ Session Per Week: _____ Provider Name: _____

RELATED SERVICE:
Service: _____
Sessions Length: _____ Session Per Week: _____ Provider Name: _____

Administrator/District Designee (REQUIRED) _____ Date _____

Fax information to Linda Johnson at 231.547.5621 and place copy of documentation in CA student's 60

Student Enrolls From a District OUT OF STATE

Student attended a school outside of Michigan. IMMEDIATELY forward a copy of this Notice of Enrollment in Special Education form, IEP and MET to the school psychologist.

Reevaluation IEP will be held within 30 school days from date of district administrator signature.

CENTRAL LAKE PUBLIC SCHOOLS

8190 WEST STATE STREET • P.O. BOX 128

CENTRAL LAKE, MICHIGAN 49622-0128

WWW.CLPS.K12.MI.US

Student's name: _____ Grade: _____

Please answer BOTH parts A and B.

Part A. Is this student **Hispanic/Latino**? (*Choose only one*)

No, not **Hispanic/Latino**

Yes, **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rico, South or Central American or other Spanish culture or origin, regardless of race).

Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, **please answer Part B** by marking one or more lines to indicate what you consider your student's (or your) race to be.

Part B. What is the student's race? (*Choose one or more*)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America).

Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam).

Black or African-American (A person having origins in any of the black racial groups of Africa).

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands).

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

Parent/Guardian Signature: _____ Date: _____



Remembering the Future

SUPERINTENDENT'S OFFICE

231/544-3141 TEL

231/544-2903 FAX

HIGH SCHOOL OFFICE

231/544-3341 TEL

231/544-2903 FAX

ELEMENTARY SCHOOL OFFICE

231/544-5221 TEL

231/544-6061 FAX

COUNSELORS

231/544-5566 HIGH SCHOOL

231/544-3022 ELEMENTARY

CENTRAL LAKE PUBLIC SCHOOLS

8190 WEST STATE STREET • P.O. BOX 128

CENTRAL LAKE, MICHIGAN 49622-0128

WWW.CLPS.K12.MI.US

Parental Rights under FERPA For Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible student") certain rights with respect to the student's education records. These rights are:

(1) The right in inspect and review the student's education records within 45 days of the day the School receives a request for access.

Parents or eligible student should submit to the School principal (or appropriate school official) a written request that identifies the record (s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate.

Parents or eligible students may ask the School to amend a record that they believe is inaccurate. They should write the School principal (or appropriate school official), clearly identify the part of the record they want changed, and specify why it is inaccurate. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

(Optional) Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. (NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request).

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the *School District* to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901

(NOTE: In addition, a school may want to include its directory information public notice, as required by # 99.37 of the regulations, with its annual notification of rights under FERPA.)



Remembering the Future

SUPERINTENDENT'S OFFICE

231/544-3141 TEL

231/544-2903 FAX

HIGH SCHOOL OFFICE

231/544-3341 TEL

231/544-2903 FAX

ELEMENTARY SCHOOL OFFICE

231/544-5221 TEL

231/544-6061 FAX

COUNSELORS

231/544-5566 HIGH SCHOOL

231/544-3022 ELEMENTARY

Family Educational Rights and Privacy Act (FERPA)
Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Central Lake Public Schools, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, Central Lake Public Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Central Lake Public Schools to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Central Lake Public Schools to disclose directory information from your child's education records without prior written consent, you must fill out an Exclusion Form in the Counselor's office by September 12, 2013. Central Lake Public Schools has designated the following information as directory information: (Note: an LEA may, but does not have to, include all the information listed below).

- | | |
|--------------------------|--|
| -Student's name | -Participation in officially |
| -Address | recognized activities and sports |
| -Telephone listing | -Weight and height of members of |
| -Electronic mail address | athletic teams |
| -Photograph | -Degrees, honors, and awards |
| -Date and place of birth | received |
| -Major field of study | -The most recent educational agency or |
| -Dates of attendance | institution attended |
| -Grade level | |

These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the *No Child Left Behind Act of 2001* (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the *National Defense Authorization Act for Fiscal Year 2002* (P.L. 107-107), the legislation that provides funding for the Nation's armed forces.

**CENTRAL LAKE PUBLIC SCHOOL
VARICELLA (CHICKENPOX) VACCINATION
PROOF OF IMMUNITY**

Proof of immunity: A parent's statement that their child has had Varicella (chickenpox) disease is sufficient documentation.

My child, _____ has had

Varicella (chickenpox) disease at _____ years of age.

Date

Parent's Signature

Cc:
Local Health Dept. #3
Child's School File

INFORMATION FOR PARENTS



Michigan Department
of Community Health



Human Papillomavirus, Meningococcal & Other Vaccines for Pre-Teens and Teens

Vaccines are not just for infants. In fact, they protect older children and adolescents from serious diseases. As children get older, the immunity provided by childhood vaccines can wear off. Children also develop risks for more diseases as they enter pre-teen years. For these reasons, they need vaccinations.

Human Papillomavirus (HPV)

- HPV causes cervical cancer in women and anal cancer and genital warts in men and women.
- HPV is a common sexually transmitted infection and often has no symptoms.
- HPV vaccine protects against most but not all causes of cervical cancer in women.
- Vaccination against HPV is usually started at 11-12 years of age. Three doses of vaccine are recommended for girls and boys.
- This vaccine is very effective against several types of HPV and works best if given before exposure to HPV.
- The most common side effect is soreness where the shot was given.

Meningococcal Disease

- Meningitis affects the brain and spinal cord.
- It can lead to brain damage, severe disabilities or death.
- Common symptoms include a fever, rash, headache, or stiff neck.
- It is spread through close contact: coughing, kissing and sharing food or drinks.
- Meningococcal vaccine can protect children and teens.
- Some children develop redness and pain where the shot was given.
- The first dose should be given at the 11-12 year old check up; the second dose should be given at 16 years of age.

Pertussis or Whooping Cough

- Pertussis can cause severe coughing and choking, making it difficult to breathe or eat.
- The cough often lasts for 3 months or more – making it hard to sleep, go to school or do other activities.
- It is spread by coughing, sneezing or close contact with an infected person.
- Tdap vaccine protects against whooping cough along with diphtheria and tetanus. This vaccine is very effective in preventing all 3 diseases.
- Tdap vaccine is usually given at the 11-12 year old visit.
- Children may develop some redness and pain where the shot was given.

The Michigan Department of Education, in cooperation with the Michigan Department of Community Health is required by law (MCL 380.1177a) to develop and make available to schools information on meningococcal meningitis and human papillomavirus. In addition, the Michigan Department of Community Health is required by law (MCL 333.9205b) to identify materials about human papillomavirus and immunization and to notify schools of the availability of the materials, and encourage schools to make the information available to parents.

MCL 380.1177a <http://legislature.mi.gov/doc.aspx?mcl-380-1177a>

MCL 333.9205b <http://legislature.mi.gov/doc.aspx?mcl-333-9205b>

November 29, 2011

Influenza OR "Flu"

- The flu is an infection of the nose, throat, and lungs. It is spread by coughing, sneezing, or talking.
- Children with the flu develop a high fever, headache, dry cough, sore throat and achy muscles very quickly. Each year, many children die from flu or its complications.
- Places where children are in close contact, such as classrooms, make it easier for flu to spread.
- Everyone 6 months of age and older should have flu vaccine every year.
- There are 2 types of vaccine: a shot and a nasal spray. Both types of flu vaccines are safe.
- The most common side effect is soreness where the shot was given or a stuffy nose after the nasal spray.

Pre-teens and teens are recommended to have the following vaccines if they have not already had them:

- 1-2 doses of meningococcal vaccine (MCV4)
- 3 doses of human papillomavirus vaccine (HPV)
- 1 dose of tetanus, diphtheria, pertussis vaccine (Tdap)
- 3 doses of hepatitis B vaccine (hep B)
- 2 doses of hepatitis A vaccine (hep A)
- 2 doses of measles, mumps, rubella vaccine (MMR)
- 2 doses of chickenpox vaccine (Var)
- At least 3 doses of polio vaccine (IPV or OPV)
- Flu vaccine every year in the fall or winter months

Paying for Vaccines

Check to see if your health insurance will pay for these vaccines. If your child does not have health insurance or does not have health insurance that covers the cost of vaccines, ask your health care provider or local health department about the Vaccines for Children (VFC) program. Eligible children, 18 years of age and younger, may receive publicly-purchased vaccine through the VFC program.

For More Information

- ▶ Contact your health care provider or local health department
- ▶ Michigan Department of Community Health • www.michigan.gov/immunize
- ▶ Michigan Department of Community Health • www.michigan.gov/teenvaccines
- ▶ Centers for Disease Control (CDC) • www.cdc.gov/vaccines
- ▶ Vaccine Education Center • www.chop.edu/vaccine
- ▶ Vaccines for Children program • www.cdc.gov/vaccines/programs/vfc

The Michigan Department of Education, in cooperation with the Michigan Department of Community Health is required by law (MCL 380.1177a) to develop and make available to schools information on meningococcal meningitis and human papillomavirus. In addition, the Michigan Department of Community Health is required by law (MCL 333.9205b) to identify materials about human papillomavirus and immunization and to notify schools of the availability of the materials, and encourage schools to make the information available to parents.

MCL 380.1177a <http://legislature.mi.gov/doc.aspx?mcl-380-1177a>

MCL 333.9205b <http://legislature.mi.gov/doc.aspx?mcl-333-9205b>

November 29, 2011