

# Texas Department of Health Immunization Requirements for 2018-19

## Village Parkway Christian School

*Guidelines may be subject to change by Texas Department of Health.*

### Pre-K 3

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|                |   |
|----------------|---|
| DTaP .....     | 4 doses   |
| Hib.....       | 3 doses   |
| Polio.....     | 3 doses   |
| MMR.....       | 1 dose  |
| Varicella..... | 1 dose <u>If child has had chicken pox, please fill out the varicella form in school office</u> |
| Hep B.....     | 3 doses by 18 months (1 <sup>st</sup> at birth)   |
| HepA.....      | 2 doses   |
| PCV.....       | 4 doses minimum (1 after 12 months of age)  |

### Pre-K 4

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|                |  |
|----------------|--|
| DTaP .....     | 5 doses (1 dose on or after 4 <sup>th</sup> birthday)  |
| Hib.....       | 3 doses  |
| Polio.....     | 4 doses (1 dose on or after 4 <sup>th</sup> birthday)  |
| MMR.....       | 2 doses (2 <sup>nd</sup> dose on or after 4 <sup>th</sup> birthday)                              |
| Varicella..... | 2 doses <u>If child has had chicken pox, please fill out the varicella form in school office</u> |
| Hep B.....     | 3 doses (2 <sup>nd</sup> dose on or after 4 <sup>th</sup> birthday)                              |
| HepA.....      | 2 doses  |
| PCV.....       | 4 doses  |

### Kinder to 3<sup>rd</sup> Grade

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|                |  |
|----------------|--|
| DTaP .....     | 5 doses  |
| Polio.....     | 4 doses  |
| MMR.....       | 2 doses (1 dose on or after 4 <sup>th</sup> birthday)  |
| Varicella..... | 2 doses <u>If child has had chicken pox, please fill out varicella form in school office</u> (1 dose on or after 4 <sup>th</sup> birthday) |
| Hep B.....     | 3 doses  |
| HepA.....      | 2 doses  |
| PCV.....       | 2 doses  |

### 4<sup>th</sup> to 5<sup>th</sup> Grade

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|                |  |
|----------------|--|
| DTaP .....     | 5 doses  |
| Polio.....     | 4 doses  |
| MMR.....       | 2 doses  |
| Varicella..... | 2 doses <u>If child has had chicken pox, please fill out varicella form in school office</u> |
| Hep B.....     | 3 doses  |
| PCV.....       | 1 dose   |
| TDAP.....      | 1 dose 11-12 years of age  |

### Legend

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|           |  |
|-----------|--|
| Hep B     | Hepatitis B  |
| DTaP      | Diphtheria, Tetanus, Pertussis   |
| Comvax    | Combined doses of HepB and Hib, 3 dose series, <u>must</u> be documented as Comvax |
| Hib       | Haemophilus influenzae type b  |
| MMR       | Measles, Mumps, Rubella  |
| Varicella | Chicken Pox  |
| PCV       | Pneumococcal   |
| Hep A     | Hepatitis A  |
| TDAP      | Tetanus, Diphtheria, Acellular Pertussis   |

»The influenza vaccine is recommended yearly for all age groups.

»All children who are enrolled in a Texas school MUST meet these minimum requirements in order to attend.

»To be a valid certificate the record must include the date (month/day/year) and a physician signature or clinic stamp for each shot administered.

»Proof of immunization must be presented to the school office within 30 days of the date the immunization was due. A child may not return after this grace period until valid proof is submitted.

**Please bring your child's immunization record to the school office as soon as possible each time they receive a vaccine.**

»If your child's physician advises that an immunization be given at a later age than listed, please obtain a signed note from the physician that states 1) the child's name and date of birth 2) the name of the vaccine 3) when the vaccine will be given and 4) the reason the vaccine will be given at a later date.

### **Medication Policy**

1. Parent/Guardian is encouraged to schedule the administration of student medication in such a manner that medication required at school is kept to a minimum.
2. Medication must be delivered to the school office by parent/guardian. Students are not permitted to carry medications to the office or keep any in their bags/backpacks/desk or pockets. This includes cough drops, vitamins, or any over the counter medications (OTC).
3. A medication permission form must be signed by a parent/guardian for all prescription or OTC medications to be administered by school personnel. In addition, it is required that written physician authorization be obtained for any OTC medications required at school
4. Medication permission forms must be renewed every school year at the beginning of the current school year. No permission forms from the previous year will be honored.
5. All medications must be in its original container and be properly labeled. A properly labeled prescription medication is one with the pharmacy label stating the student's name, name of medication, dosage to be administered, doctor's name, and the date the prescription was filled. OTC medications must be in the original container. PHARMACY LABELS MUST BE DIRECTLY ON INHALERS AND EPI-PENS IF THEY ARE NOT IN THE ORIGINAL BOX. Medication provided as samples from the physician's office must have the child's name, prescribing information, and physician's name written on the medication by the physician.
6. No expired medication will be accepted or administered.
7. All student medication will be stored in a locked cabinet in the school office.
8. An Emergency Action Plan is required for all students taking an inhaler or nebulizer medication. The Asthma Action Plan must be signed by the parent/guardian and the physician.
9. A Food Allergy Action Plan is required for any student with a food allergy. It requires a physician statement and signature.
10. It is the responsibility of the student to report to the office to take his/her medication.
11. Only empty medicine bottles will be sent home with a student. Parent/guardian must pick up bottles with medication left in them. Any medication not picked up within 2 weeks of given notice will be disposed of.
12. School personnel shall administer any medication.