



Middle/High School Health Forms Cover Sheet

Welcome to our schools.

Please complete the attached forms today. These forms provide the health information needed to allow your student to enroll in school:

1. Immunization & Health Assessment Requirement Statement
2. Release of Information Permission for Kansas Immunization Registry
3. Health intake information

Leave completed packet with office or school nurse.

Did you bring a copy of your student's immunization record with you? If yes, we will make a copy for your student's file. (The school nurse will review as time allows and let you know if additional boosters are need for school.)

Take the Health Requirements Reminder Packet with you. It in includes:

1. The sport physical form (Pre-Participation Physical Evaluation)
2. The Kansas Certificate of Immunization (list of required immunizations for school by age)
3. Information about other health policies including medication, illness, vision and hearing screening.

Notification Statement of Non-discrimination:

The Olathe Public Schools prohibit discrimination on the basis of race, color, ethnicity, national origin, sex, disability, age, religion, sexual orientation or gender identity in its programs, activities or employment, and provides equal access to the Boy Scouts and other designated youth groups to its facilities as required by: Title IX of the Education Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, the Equal Access Act of 1984 and other relevant state and federal laws as amended. Inquiries regarding compliance with applicable civil rights statutes related to race, ethnicity, gender, age discrimination, sexual orientation, gender identity or equal access may be directed to Staff Counsel, 14160 S. Black Bob Road, Olathe, KS 66063-2000, phone 913-780-7000. All inquiries regarding compliance with applicable statutes regarding Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act and the Americans with Disabilities Act may be directed to the Assistant Superintendent of Support Services, 14160 S. Black Bob Rd. Olathe, KS 66063-2000, phone 913-780-7000. Interested persons including those with impaired vision or hearing, can also obtain information as to the existence and location of services, activities and facilities that are accessible to and usable by disabled persons by calling the Assistant Superintendent of Support Services. (03/19)



Parent Notice of Immunization Grades 6 – 12

Students Name _____

Immunizations

Kansas regulations (K.S.A. 72-5208 through 72-5211a) require every pupil enrolling for the first time in a Kansas school to present proof that the pupil has received required immunizations. The Kansas Certificate of Immunization lists immunization requirements based on age and grade level.

Proof of **one** each of **DTaP, IPV, MMR, Hepatitis B, and Varicella**, must be presented prior to admission **and then**, according to our district policy, additional boosters received prior to

- The second Monday in October for students enrolled thru August 31
- The second Monday of January for student enrolled September 1 thru November 30
- The second Monday of April for student enrolled December 1 thru March 31

Parent/Guardian Signature of Notice _____

Date _____

Student is transferring from

Name of School

City

State

For school nurse use:

Date Student Started School _____