



RANCHO SOLANO PREPARATORY SCHOOL

Dear Parents/Guardians,

Attached, you will find several forms that need to be completed and returned as soon as possible for your student(s). Please fill out the forms completely, front and back, and return no later than before their first day of school. We kindly ask that they all be delivered to your campus nurse personally, or that they are handed to a staff member at the front desk to be placed in their mailbox. *(Please note: we do require new copies of these forms, even if you have filled them out in previous years.)*

Please submit the following forms to the Nurse:

1. **Emergency Contacts and Health Information (Attached):**

- Please fill out all highlighted portions and sign (total: 2 pages). A hard-copy of this form is required to be kept in your student's file by State Licensure.

2. **Current Immunization Records:**

- Please attach a copy of the current immunization records for your student(s). If in another language, the record must be transcribed into English before they can be accepted. **No student will be admitted without current immunization records on file before the first day of school**, in accordance with Arizona State Law A.R.S.&15-871-& 15-874
- For more information regarding immunization requirements please visit: <http://www.azdhs.gov/phs/immunization/school-childcare/requirements.htm> If you are searching for a location to have vaccinations completed, you may also visit: <http://www.vaccines.gov/getting/where/>

3. **Medical Information and Consent to Dispense Medications (Attached):**

- Please fill it out in order to give permission to administer the listed medications if needed while your student(s) is on campus. If you wish to not give permission, please mark "DO NOT dispense" before returning.

Please contact your campus nurse, if at any point changes need to be made to your students' health records.

We are excited to be involved in your child's education and in meeting their health needs throughout the year. Please feel free to come to us with concerns or questions you may have at any time. Also, we look forward to getting to know you and your family. So, please do not hesitate to stop in, even just to say hello!

Lastly, we want to thank you in advance, for your assistance in getting the health office prepared for your student(s) for the school year.

Cheers, to an exciting and healthy school year!!

Warm Regards,

Jackie Martin, BSN, RN

Middle & Upper School Nurse

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**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes **Name of Insurance Company:**

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:



Student's Name (please Print): _____ Birthdate: _____ Student's grade: _____

Known Allergies: _____

Current Medications: _____

Health Concerns to Be Aware Of: _____

Vision Problems: _____

Hearing Problems: _____

THE FOLLOWING ITEMS ARE AVAILABLE IN THE HEALTH OFFICE FOR USE IN THE EVENT OF ILLNESS OR INJURY. PLEASE CHECK THE BOX FOR EACH ITEM WE MAY USE FOR YOUR CHILD: *Please note: If your child will need any other medications that are not listed below (such as prescription medications, certain over the counter medications, etc.) during the school day, there is an additional medication form that needs to be filled out, and the medication will need to be provided for your student. Please contact your campus Nurse for more information. **** Will not be offered to Pre-K Students*****

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|---|--|--|
| <input type="checkbox"/> HYDROGEN PEROXIDE | <input type="checkbox"/> ANTI-ITCH CREAM or LOTION | <input type="checkbox"/> ACETAMINOPHEN (TYLENOL) ** |
| <input type="checkbox"/> ANTIBIOTIC OINTMENT | <input type="checkbox"/> VASELINE/AQUAPHOR | <input type="checkbox"/> IBUPROFEN (ADVIL/MOTRIN) ** |
| <input type="checkbox"/> STERILE EYE WASH/ DROPS | <input type="checkbox"/> COUGH DROPS | <input type="checkbox"/> BENADRYL** |
| <input type="checkbox"/> CUTTER DEET-FREE BUG REPELLENT | <input type="checkbox"/> SUNSCREEN | <input type="checkbox"/> TUMS ANTACID** |

CHILD'S WEIGHT _____ DOSAGE: GIVE DOSAGE RECOMMENDED FOR WEIGHT & AGE
 OTHER _____

I give permission for the above checked items to be used if necessary. I acknowledge that school personnel are not responsible for any ill effects that might occur. I hereby authorize any hospital/doctor/EMS/behavioral health personnel to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be my responsibility.

Parent/Guardian Name

Parent/Guardian Signature

Date