



PARK RIDGE-NILES  
SCHOOL DISTRICT 64

# 2023-2024 Student-Parent Handbook



This handbook is intended as a convenience for District 64 families and staff by summarizing selected information about procedures, services and programs.

District 64 is governed by Board of Education policies, which are available publicly online at [d64.org](http://d64.org) or at the District Office.

BOE policies and this handbook may be amended during the year without notice.

# School Health Services

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This section of the handbook contains a guide to the health services offered to your child in School District 64. Students are in school to learn, and because they must be healthy to learn, their health is an important focus.

Although a child's health is primarily the responsibility of the parents, health services are provided at our schools to support and enhance that endeavor. For students with known medical conditions, and as health concerns arise during the school year, we work with parents and school staff to make the necessary accommodations to support the child's successful performance in the school setting.

We encourage you to become familiar with the school health services described in this section. Communication with your school's building nurse is encouraged. We invite you to join our efforts to provide a safe and healthy learning environment for all children of District 64.

Check our [Health Services page](#) for frequent updates.

## Program Overview

### **Vision**

The District 64 School Health Staff work together with parents, students, staff, and community to promote individual responsibility for healthy lifestyles in the interest of achieving and maintaining the personal well-being necessary for enjoying successful, satisfying lives.

### **Mission**

The purpose of the District 64 School Health Program is to advance disease prevention and encourage health promotion among parents, students, and staff in an effort to promote increased health awareness and responsible behavior by each and every individual.

### **Beliefs**

- Good health promotes good learning.

- Students are our primary focus.
- The health office is a safe, supportive, inviting place.
- Responsibility for student health is shared among parents, staff, community, and students themselves.
- Students must come to school physically and emotionally ready to learn.
- Students and staff must take an active, personal interest in their health.
- Students can learn to make informed, healthy lifestyle choices.
- The overall health status of the nation depends on individuals' responsibility for their own health destiny.

## **Staff**

To provide optimum health services to District 64 students, families and staff, health services are provided in each school during the school day. A Certified School Nurse oversees care at all schools to address concerns regarding student health care that are within the scope of school nursing practice. A Building Nurse is assigned to each school health office to respond to student and staff health concerns.

### **Certified School Nurse**

Certified School Nurse (CSN) training includes both Professional Educator and Registered Nursing. School nursing applies medical and nursing knowledge to all children in a school setting. It requires awareness of public health regulations and a scope of practice that extends beyond the children to the family, staff, and community.

### **In accordance with these requirements, Certified School Nurses:**

- identify students with medical conditions
- collaborate with parents, healthcare providers and Building Nurses to develop individual healthcare plans
- attend parent/staff meetings to address student medical concerns
- interview parents to obtain student/family health information for educational evaluations
- obtain community resources for students/families with financial need
- coordinate vision/hearing screenings
- participate in the special education process
- provide training and implementation of OSHA directives regarding health delivery safety measures
- assist in classroom presentations and discussions

- facilitate presentations for health-related topics

### **Building Nurses**

Building Nurses have a range of responsibilities, including to:

- provide routine and emergency care to ill and injured students/staff
- administer medications and treatments to students as needed
- develop individual student health care plans as needed
- maintain the school health office and health records
- organize and participate in health screenings
- compile statistical data for state year-end reports
- prepare for and attend Outdoor Education trips (elementary schools)
- coordinate field trips with teaching staff to plan for student health care needs
- consult with the Certified School Nurse as needed

### **Health Office Contacts**

- School Health Services Facilitator and Certified School Nurse
  - Andrea Zito, R.N., PEL-CSN - 847-318-5439 - [azito@d64.org](mailto:azito@d64.org)
- Carpenter School - [CA-nurse@d64.org](mailto:CA-nurse@d64.org)
  - Phone: 847-318-4371 Fax: 847-318-4201
- Field School - [FI-nurse@d64.org](mailto:FI-nurse@d64.org)
  - Phone: 847-318-4386 Fax: 847-318-4202
- Franklin School - [FR-nurse@d64.org](mailto:FR-nurse@d64.org)
  - Phone: 847-318-4391 Fax: 847-318-4203
- Jefferson Early Childhood Center - [JE-nurse@d64.org](mailto:JE-nurse@d64.org)
  - Phone: 847-318-5441 Fax: 847-318-5442
- Roosevelt School - [RO-nurse@d64.org](mailto:RO-nurse@d64.org)
  - Phone: 847-318-4236 Fax: 847-318-4205
- Washington School - [WA-nurse@d64.org](mailto:WA-nurse@d64.org)
  - Phone: 847-318-4361 Fax: 847-318-4247
- Emerson Middle School - [EM-nurse@d64.org](mailto:EM-nurse@d64.org)
  - Phone: 847-318-8115 Fax: 847-318-8701
- Lincoln Middle School - [LI-nurse@d64.org](mailto:LI-nurse@d64.org)
  - Phone: 847-318-4219 Fax: 847-318-4210

Automated External Defibrillators available at all schools and the District 64 offices. District 64 encourages parents and staff to learn more about AEDs and hands-only cardiopulmonary resuscitation (CPR) by [viewing a short video](#) available thanks to the Illinois High School Association (IHSA).

## Health and Illness Guidelines

District 64 follows Illinois Department of Public Health and Cook County Department of Public Health guidelines in matters of communicable disease. The Health Department determines procedures for physician referral, school exclusion, and parent notification. Notification of the health office when your child is ill is helpful in determining concerns for the school population, and for your child's prompt return to school.

Students requiring care in the school health office will be evaluated, treated, and monitored by the Building Nurse, based on Illinois Department of Health Guidelines and according to the scope of their nursing practice. Further monitoring in the health office and/or throughout the school day, in collaboration with teaching staff, may be necessary. The Building Nurse will notify parents, principal, the Certified School Nurse, and Emergency Medical Services, as needed.

## Illness and Injury at School

Students who become ill or are injured at school will be referred to the school health office. **Students should not leave the building or call, text or email home themselves. Injured or ill students must be dismissed from the school health office.**

Accidents occurring on the bus, on school grounds, or in the school building should be reported to the Building Nurse, a teacher, or the office immediately. Accidents that occur after school during school-sponsored activities should be reported to the office the following day.

**Head Injuries:** Health staff members follow specific procedures for treatment of head injuries. Any student injured at school, no matter how minor the head injury, should be evaluated in the health office. Depending on the severity of the symptoms, the Building Nurse may refer the student for further assessment and/or call 911. Minor injuries may require application of an ice pack, and rest. In all cases, parents will be notified of the injury, receive a Head Injury Notice detailing the incident, and what signs/symptoms they should be aware of. A student who has suffered a concussion, whether at school or outside of school, must return with a completed Concussion Healthcare Plan, on which the healthcare provider has indicated academic and activity restrictions, and return to activity dates. Return to physical activity/sports participation cannot be

implemented until academic restrictions have been lifted. These forms can be found on our [District 64 Health Services page](#).

## Student Accident Insurance

District 64 offers student accident insurance to all District 64 students at no additional cost. The plan provides medical coverage for all accidents occurring during school-sponsored and supervised activities, including all sports. This supplemental plan pays the reasonable and customary charges not paid by other insurance for any covered accidental bodily injury. If there is no other family medical insurance, this plan will provide the primary insurance for the covered accident. There is no deductible.

In the event of an accident during the school day or a school activity, claim forms can be accessed through [www.k12specialmarkets.com](http://www.k12specialmarkets.com)

- select Claim Forms
- select Illinois
- select Park Ridge-Niles District 64

It is the responsibility of the parent/guardian to obtain the form and complete the process.

In addition, parents may purchase non-school related accident coverage as well as dental accident coverage that goes beyond the school day. Enrollment forms may be accessed through [www.k12specialmarkets.com](http://www.k12specialmarkets.com).

- select Enroll Now
- select Illinois
- select Park Ridge-Niles District 64.

## Sick or Well? Helpful Hints for Parents

A common problem confronting parents occurs when their child complains of not feeling well on a school day. A decision must be made to keep the child at home or to send him or her to school. The following guidelines are designed to assist parents in caring for a child with common symptoms until a healthcare professional can be contacted for consultation.

**Fever:** A fever is a warning that all is not right with the body. A child with an oral temperature of 100 degrees or higher should be kept at home. Your child will not be

allowed to return to school until he or she has been free of fever for 24 hours without fever-reducing medication (e.g., Tylenol, Advil, etc.).

**Stomach and Abdominal Discomfort:** If your child has a persistent stomach ache and/ or abdominal pain, keep him or her home until you have consulted the health care professional. A child with vomiting or diarrhea cannot return to school until they are 24 hours free of vomiting or diarrhea without the use of medication. Although a child may feel better immediately afterwards, further monitoring at home is important.

**Colds:** A child with a significant sore throat, persistent cough, excessive nasal discharge, and/or irritated, draining eyes should recuperate at home. Contact your healthcare professional for advice.

**Rash:** A rash may be the first sign of one of many childhood illnesses, allergic reaction, or a more serious condition. A rash may cover the entire body or may appear in only one area. Do not send a child with a rash to school until your healthcare provider has seen and diagnosed the rash. A child with a rash at school will be sent home and must be evaluated by a medical professional, according to Health Department rules and regulations. Safety for all in the school setting is accomplished by diagnosis of the cause of the rash and determination that it is not contagious to others. A note from the healthcare provider is required for the child to return to school. If your child has a chronic skin condition, a note from your healthcare provider describing this diagnosis will help to avoid requests for future evaluations.

**Communicable Diseases:** District 64 follows communicable disease guidelines from the Illinois Department of Public Health and Cook County Department of Public Health. Students presenting with symptoms of illness such as rash, eye drainage, or fever, and influenza symptoms will be sent home. Exclusion from school will depend on health department criteria and a healthcare provider's determination that the student is sufficiently recovered. Please refer to the [Communicable Disease Information chart](#), and consult with your child's health care provider. Certain communicable diseases are reportable to the local health department, and in some cases schools must inform the child's school contacts (other students and staff) about the disease. Illnesses such as influenza, strep throat, chicken pox, conjunctivitis, and Fifth Disease should be reported to your child's school office. When reporting a case of influenza, please be prepared to supply the following details to school staff: whether influenza was formally

diagnosed by the healthcare provider, which type of influenza was diagnosed, and whether treatment (i.e., Tamiflu) was prescribed.

### Communicable Disease Information Chart

DISEASE & SYMPTOMS	INCUBATION/ COMMUNICABILITY	SCHOOL EXCLUSION	SPECIAL INFORMATION
<b>CHICKEN POX:</b> Red rash, characterized by blister like lesion in center which becomes a scab; mild elevation in temperature; malaise.	10-21 days/ 5 days before, through 6 days after first lesions appear.	May not return to school sooner than 5 days after appearance of first lesions and/or before all lesions are scabbed.	The use of aspirin-containing compounds is not recommended as there has been a statistical relationship between its use and the occurrence of Reye's Syndrome.
<b>CONJUNCTIVITIS</b> :Inflammation and swelling of mucous membranes surrounding eye; purulent discharge from eye	24-72 hours/ Duration of active infection.	May not return to school sooner than 24 hours after initiation of medical treatment and/or before all drainage is cleared up. Physician note indicating clearance to return to school is required.	Extreme contagion during acute phase of infection; mode of transmission consists of direct and indirect contact with eye and nasal discharges of infected persons. Good hygiene, especially hand washing and sanitary disposal of eye and nasopharyngeal secretions, cannot be overemphasized.
<b>STREPTOCOCCAL INFECTIONS:</b> (Strep Throat/Scarlet Fever) Fever, sore throat, exudates on tonsils, swelling of anterior cervical lymph nodes of neck. Fine bright red rash is indicative of Scarlet Fever.	1-3 days/ Untreated cases 10-21 days; once on antibiotics first 24-48 hours.	Child may return to school following 24 hours of antibiotic therapy providing accompanying symptoms have subsided.	Necessity for completing a full course of antibiotic therapy cannot be overemphasized.
<b>VIRAL GASTROENTERITIS:</b> Stomach ache, nausea, vomiting, diarrhea, fever	Incubation variable, usually 1-4 days. Communicability: variable, during diarrheal illness, and for one to several days following resolution of symptoms. Transmitted person-to-person via fecal-oral route; also spread by sharing contaminated food/drinks.	Child should remain home from school until free of symptoms for 24 hours.	Reinforce proper hand hygiene: washing with soap and water after using restroom, and whenever hands are visibly soiled.
<b>MRSA (Methycillin Resistant Staphylococcus Aureus)</b>	Incubation variable, commonly 4-10 days. Communicability: as long as lesions drain, or a carrier state persists. Transmitted person to person by direct contact with nasal discharges or purulent skin lesions.	Child must remain home from school until 24 hours after treatment begins.	Keep lesions covered; reinforce importance of proper handwashing and emphasize strict personal hygiene.
<b>FIFTH DISEASE:</b> Low grade or no fever and a distinct facial rash (slapped-cheek appearance); frequently associated with lace-like rash on trunk and extremities. Sore throat, respiratory symptoms and abdominal complaints may precede onset of rash.	4-21 days/ Period of infectiousness generally 1 week before appearance of a rash.	Child must be fever-free for 24 hours before return to school. If rash was present, physician must provide a written confirmation that the rash was due to Fifth Disease.	Should use good hand and sneeze/ cough hygiene. Women who are pregnant should be advised of possibility of acquiring the infection, with potential risk to the fetus. People with certain anemias are also at risk for developing serious illness.



<p><b>CORONAVIRUS (COVID-19):</b> Fever, chills, cough, shortness of breath/difficulty breathing, fatigue, muscle/body aches, headache, loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, diarrhea</p>	<p>Incubation variable, commonly 2-14 days after exposure. Communicability: varies, generally 5-10 days after onset of symptoms/positive test. Date of symptoms/positive test=day 0.</p>	<p>Child must isolate at home for a minimum of 5 days from onset of symptoms (or positive test if symptomatic).</p>	<p>Positive individuals can be contagious up to 10 days and should wear a mask days 6-10 if returning to school. Children must be free of fever, vomiting, and diarrhea for 24 hours without the use of medication and symptoms must be improving before they can return to school.</p>
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Your child will be evaluated if any of the above described communicable disease symptoms exist. You will be notified if it is determined that your child must be taken home for treatment/recovery. Mild to moderate temperature elevations are considered along with accompanying symptoms when a decision is made to send a child home from school. A child with an elevated temperature should remain at home until the temperature has been in the normal range **for 24 hours without fever-reducing medication (e.g., Tylenol, Advil, etc.).**

For your child’s complete recovery from illness, to prevent the spread of communicable diseases in the school setting, and to foster positive attitudes about academic achievement in our children: **ill children must remain at home, and well children should be in school.**

## Procedures

### Picking Up a Sick Child from School

Sick children need to go home as soon as possible, for their comfort and safe observation, and for the health of well children. We understand that coming to school to pick up a sick child may cause an inconvenience and require a parent to leave work immediately. We thank you for your cooperation in this matter. Please give careful consideration to the selection of people who can act as emergency contacts should your child need to be picked up and make sure their information is entered into Powerschool when registering. If those contacts change, please notify your school office.

### School-Sponsored Activities

If your child plans to participate in a school-sponsored activity (for example, clubs, sports in which the student is a participant, musical groups) before or after regular school hours and requires accommodations for health-related issues, please notify the

School Health Office at least two weeks prior to the start of the activity. Doing so will allow school health staff ample time to arrange for supervision of your child.

### **Activity Restriction**

Students who require any kind of activity restriction due to illness or injury will be excused, upon written parent request, for a period of up to three days. Recess participation will be restricted. Beyond that time, it is necessary to have a written request from the healthcare provider detailing the health concern, the extent of the restriction, and the date that full physical activity may be resumed. Children restricted from physical education by a healthcare provider (M.D., D.O., A.P.N., or P.A.) must have written authorization to be outdoors during recess. They will be confined to a designated “safe area” on the playground, if available. Otherwise, students will remain indoors with the lunch supervisor during the lunch recess and with an adult during school recess. Middle school students will be advised of activity modifications on an individual basis. Appropriate arrangements will be made for the student during recess and physical education. In addition, students restricted from physical education due to illness or injury also may not participate in school-sponsored sports/physical activity. Students with a physical education restriction in place from a healthcare provider must provide written permission to resume physical education in order to participate in the extracurricular activity.

Students with, but not limited to casts, splints, sutures, boot, crutches or wheelchairs, may not participate in physical education, recess, or school-sponsored sports/physical activities until such appliance or sutures are removed and written clearance is provided by the healthcare provider. Students wearing soft splints and soft braces for preventative purposes may participate in physical education with written permission from the healthcare provider. Students on crutches or scooters or in wheelchairs must have healthcare provider documentation outlining parameters for use and devices must be provided by parents. These restrictions also apply to school-sponsored activities.

### **School Absence**

When a child is absent, for safety reasons and in compliance with state law, a parent is requested to notify the school office within the first hour of school. If this information is not communicated, school personnel will call parents to confirm the absence. Please make certain that all phone numbers on file at school are correct and kept up to date.

Absence from school for five consecutive school days requires a healthcare provider's note to return to school. In addition, children will not be readmitted to school without such a note following any serious injury or illness, eye infections, skin rashes, hospitalization, surgery, or emergency room visit due to illness or injury at school. The healthcare provider must document the reason for the absence, provide written permission for the student to return to school, and detail any restrictions and necessary accommodations. If needed, a meeting may be held with you and school staff to develop a plan for your child's transition back to school. In addition, school staff may request healthcare provider documentation when ongoing, frequent absences occur. Your healthcare provider may fax or email required documentation to the school health office. Please see page 85-86 for email addresses, phone, and fax numbers.

For your child's complete recovery from illness, to prevent the spread of communicable diseases in the school setting, and to foster positive attitudes about academic achievement in our children, please keep ill children at home and send well children to school.

**A student who is or will be absent for an extended period of time because of a medical condition may be eligible for instruction at home or in the hospital. Please contact your school principal for details.**

## **Chronic Health Conditions**

If your child has a chronic health condition that may require special care or accommodations at school, please notify the Building Nurse in the school health office. If needed, an Individual Health Care Plan will be developed. The basis of the care plan may serve as the basis for a Section 504 plan or as part of an Individualized Education Program.

Examples of chronic health conditions include epilepsy, respiratory and cardiac conditions, orthopedic impairments, and diabetes. District 64 has procedures in place to implement the Care of Students with Diabetes Act. Forms for various health conditions and medication/treatment authorization are available on the [District 64 Health Services page](#).

## School Policies: Medication

The purpose of administering medications in school is to help students maintain an optimal state of health in conjunction with their academic program. Most medications can be timed to be taken at home. If it becomes necessary for your child to take medication at school, a Medication Authorization Form (MAF) must be completed by you and by your healthcare provider in order for all medication (prescription or over-the-counter) to be administered at school. In addition to the MAF, students with food allergies who require emergency medication must have an Food Allergy Action Plan on file, students with asthma must provide a completed Asthma Action Plan, and students requiring emergency seizure medication must submit a completed Seizure Action Plan. Medication Authorization Forms, Food Allergy Action Plans, Asthma Action Plans, and Seizure Action Plans may be obtained from the health office or the [District website's Health Services page](#).

Medication must be provided in a labeled prescription bottle or in the original packaging in the case of over-the-counter medications. Illinois law requires that the prescription label (on the box) of the asthma inhaler be provided to the school, which will serve as healthcare provider authorization. The pharmacy label must include the student name, medication name, dose, and time of dose. All medication will be kept in the health office (except for authorized self-administered asthma and allergy medications described below). The intent of these guidelines is to reduce the number of medications given in school, and at the same time, ensure safe and therapeutic administration for students who require them. Medication prescribed for the duration of the school year will require a new School Medication Authorization Form, and, if indicated, an Allergy Action Plan, Asthma Action Plan, or Seizure Action Plan at the beginning of each new school year. Please note that making changes to medication dosages or discontinuing medications requires written authorization by the prescriber. Parents are responsible for delivering and picking up medication when it is no longer required in school. Medication not picked up by the parent will be disposed of in the presence of a witness. Controlled-substance medication must be dropped off/picked up by a parent/guardian, and a medication count verified with the building nurse.

## **Undesignated Medication**

### **EpiPen Supply**

The District maintains a supply of undesignated epinephrine autoinjectors (“UEAs”) at each school. These UEAs may be administered by trained personnel to treat a student who has a diagnosed life-threatening allergy, but whose own epinephrine auto injector has expired or is not available. In addition, a UEA may be administered to any student that the Building Nurse or trained personnel in good faith believes is experiencing an anaphylactic reaction, even though the parent has not provided a signed Medication Authorization Form, or otherwise granted permission to administer the epinephrine auto injector. The District, its staff and agents, and the physician authorizing the stock supply are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the use of the UEA. Parents wishing to opt out of the use of UEAs should contact the school health office.

### **Asthma Medication**

The District maintains a supply of undesignated asthma medication in the name of the District and provides or administers them as necessary according to State law. Undesignated asthma medication means an asthma medication prescribed in the name of the District or one of its schools. A school nurse or trained personnel, as defined in State law, may administer an undesignated asthma medication to a person when they, in good faith, believe a person is having respiratory distress. Respiratory distress may be characterized as mild-to-moderate or severe. Each building administrator and/or his or her corresponding school nurse shall maintain the names of trained personnel who have received a statement of certification pursuant to State law.

### **Opioid Antagonists**

The District maintains a supply of undesignated opioid antagonists in the name of the District and provides or administers them as necessary according to State law. Opioid antagonist means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration. Undesignated opioid antagonist is not defined by the School Code; for purposes of this policy it means an opioid antagonist prescribed in the name of the District or one of its schools. A school nurse or trained personnel, as defined in State law, may administer an undesignated opioid antagonist to a person when they, in good faith, believe a person is having an opioid overdose. Each building administrator and/or

his or her corresponding school nurse shall maintain the names of trained personnel who have received a statement of certification pursuant to State law. See the [website for the CCDPH](#) for information about opioid prevention, abuse, public awareness, and a toll-free number to provide information and referral services for persons with questions concerning substance abuse treatment.

**Opting Out of Undesignated Medication Use (Epinephrine, Asthma Medicine, Opioid Antagonists)**

Parents requesting that his or her student shall not be administered any or all of these drugs under any circumstances must submit a written request to the health office.

**Cough drops** are considered over-the-counter medication, and must be treated as any other medication in school. If your child is coughing enough to require medicated lozenges for relief, he/she may be contagious to others and may be unable to focus on academic work. Please discuss this with your healthcare provider and provide the necessary documentation to administer medication in school. A bottle of water is an acceptable substitute and is safer and healthier than cough drops.

Illinois law allows students to possess and self-administer an epinephrine injector and/or asthma medication prescribed for use at the student's discretion, provided the student's parent/guardian has completed and signed a Medication Authorization Form (MAF). A student may also self-administer medication required under a qualifying plan, provided the MAF has been completed and signed. A qualifying plan includes an Asthma Action Plan, an Individual Health Care Action Plan, an IL Food Allergy Action Plan, a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act.

In the case of an asthma inhaler, the parents/guardians must provide the school with the prescription label, which must include the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered. For students to be able to self-carry and/or self-administer an epinephrine auto-injector, written authorization from the student's physician/physician assistant/advanced practice nurse must be on file in the school health office. The written authorization must include the name and purpose of the epinephrine auto-injector, the prescribed dosage, and the time(s) at which or the special circumstances under which the epinephrine auto-injector is to be administered. Written authorization must be submitted by the parent/guardian every year before

students will be allowed to self-carry and/or self-administer asthma medication or an epinephrine auto-injector. Because children sometimes forget to bring this medication with them, it is recommended that a backup supply be provided to the school health office.

The District and its employees and agents are exempt from liability or professional discipline from any injury arising from a student's self-administration of medication, including asthma medication or epinephrine injectors, or medication required under a qualifying plan. In the event that an epinephrine injector or Narcan is used, 911 will be called and parents will be notified.

## **School Policies: Food Safety and Food Allergy Management**

District 64 recognizes the increasing prevalence of severe allergic reactions among students and staff. Every food-allergic reaction has the possibility of developing into a life-threatening reaction and even with proper treatment, complications can occur. Anaphylaxis (severe allergic reaction) can occur within minutes or hours after exposure to the allergen. Some individuals may react to just touching the substance, while for others, consumption of a minute amount of that food can cause a reaction.

Symptoms of food allergy reactions vary by individual, and may include: itching, skin rash (hives), skin flushing, hoarse voice, throat tightness, coughing, sneezing, runny nose, difficulty breathing, wheezing, vomiting, diarrhea, stomachache, and a sense of fear.

Our Medical Advisory Board cautions that it is necessary for staff, students, and parents to understand that a peanut/nut-free environment is impossible to achieve, and to expect it to harbor a false sense of security where allergenic substances are concerned. The measures described below represent the District's efforts to provide a safe learning environment, and to promote awareness and mutual support for critical health issues among students, staff and parents.

The District's Food Allergy Management and Wellness guidelines state that the no peanut/nut policy applies to any food served to students in the classroom as part of the curriculum. No peanut/nut products will knowingly be served or used during class/instructional time. In keeping with these guidelines, no food will be served during classroom events or for rewards or incentives. Food served during a school-sponsored

event before or after school hours must follow the food allergy guidelines (peanut/nut free). Guidelines for serving these foods must conform to the City of Park Ridge environmental health policy, which directs that only foods prepared by a commercial establishment, such as a bakery, grocery store, or other licensed establishments, or prepared in a commercial, licensed kitchen may be served. Homemade, home-baked or home-prepared items may not be served to students at school.

**Cooperation from parents is essential. Therefore:**

- Parents should not send peanuts/nuts and their products to the classroom for snack time or times when lunch is eaten in the classroom. Unlike the lunch room, classroom desks are not cleaned daily and peanut/nut residue could pose a problem for a highly sensitive child. Labels must be read to check for listing of peanuts/nuts, and for disclaimers such as “processed on shared machinery,” or “manufactured in/ with peanuts/nuts,” etc.
- In the lunchroom: Children may continue to bring lunches with nut products (such as peanut butter and jelly sandwiches) to school. Peanut/nut-safe lunch tables at the elementary schools are designated for allergic children and their friends who opt to abstain from those products. Arrangements at the middle schools are handled on an individual basis to accommodate student needs.
- The availability of food served in the District 64 elementary hot lunch program and the middle school cafeterias requires that parents decide which foods are appropriate for their child. Nutritional information for food offered by Quest (the District 64 food service provider) is available on the menus provided by Quest for each school. Please use this information to guide your choices. In addition, elementary school PTO/As may contract with vendors other than Quest for their fundraiser pizza days; please contact those vendors directly to obtain information on the nutritional content of their products.
- Field trips present special challenges to maintain a safe environment outside of school grounds. Parents are strongly encouraged to pack a no-nut lunch if possible.
- Parents should not send food treats to school for their children’s birthdays.

**School Policies: Animals in the Classroom**

Pets and children can be a wonderful combination. We know that a great deal of learning can take place as children observe and care for animals and that these real life experiences can provide meaningful learning opportunities for students. However, we



also know that animals and reptiles can carry disease and that increasing numbers of children and staff members have allergies that are aggravated by the presence of animals or reptiles. Therefore, animals will be kept in classrooms only for a specific period of time when related to a particular unit of study. Parents will be notified in advance to ask if their children have any allergies to a proposed animal. Teachers will follow specific guidelines to ensure the desired learning activity will result in a positive experience for all.

## **School Screenings**

No school official or staff member shall subject a student to a non-emergency, invasive physical examination or screening as a condition of school attendance. The term "invasive physical examination" means any examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing/vision screening according to [Board policy 7:15](#).

### **Vision Screening**

The purpose of a school vision screening program is to identify students with visual impairments. Visual problems can and do affect the educational, social and emotional development of children. Early detection of vision problems assures the child the opportunity to take the best advantage of his/her educational program. Impaired vision is most damaging in primary grades because it is at these grade levels that the foundations for learning are taught. Elementary children in grade 2 are screened annually, as are students in grade 8 and other mandated groups. Kindergarten students are required to submit documentation of a [complete vision examination](#) by a licensed eye-care provider.

Vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. Your child is not required to undergo vision screening if an optometrist or ophthalmologist has completed and signed a report form indicating that an examination has been administered within the previous 12 months, and that evaluation is on file in your child's health record. Children determined to need further vision evaluation will be referred in a letter sent home to the parent, indicating the area of visual deficit identified.

## **Hearing Screening**

The purpose of a hearing screening and threshold testing is to identify students with hearing losses that may affect their educational, emotional, social, speech and/or language development. Five to ten percent of the school population does not pass hearing tests. Even mild hearing losses may be educationally and medically significant. Elementary children in grades K-3 are screened annually, as are students in other mandated groups. Children who require further hearing evaluation will be referred in a letter sent home to the parent, indicating the area of hearing deficit identified.

## **Toileting**

District 64 is committed to a safe and healthy learning environment that supports positive experiences for students. All children who meet the age and residency requirements are welcomed in the classroom, regardless of their mastery of toileting and self-care skills. Students may enter school with varying toileting skills and District 64 is supportive in meeting individual toileting needs and developing the capacity to use the bathroom independently. Staff will maintain student privacy and dignity for all students, including those that require assistance.

## **District 64 Wellness Plan**

In the past 30 years, the number of overweight children has increased significantly. Recognizing the role school can play in addressing fitness, federal law requires every public school district to formulate and implement a local wellness policy. In 2008, the District 64 Board of Education adopted [Policy 6:50 School Wellness](#) that addresses goals in these key areas:

- Quality of food served at school
- Increased physical activity
- Teaching good nutrition
- Encouraging staff wellness
- Engaging parents

Teachers and staff members, students, Board members, District and school administrators, PTO/As and families all have important roles in making wellness goals a reality. Community feedback regarding the Wellness Plan and its goals is welcomed.

The District Wellness Council meets to set wellness goals, evaluate activities, seek ways to promote health and wellness, and identify ways to support the School

Wellness Teams. School Wellness Teams, which include teachers and other school staff, are the action-oriented groups that make the implementation of the District Wellness Plan and other health priorities possible.

## **School Health Requirements**

Download copies of exam forms at our [District 64 Health Services page](#). Forms must be uploaded into Powerschool under Health Office Document Submission.

### **Physical Examinations**

In order to comply with state legislation for school enrollment, all children entering early childhood, speech therapy program, kindergarten, sixth grade or students new to the District must present proof of a current physical exam prior to admission. All components of the [Certificate of Child Health Examination](#) including the parent portion must be completed in order to be accepted by the school. Failure to comply with these requirements by **October 15** will result in a student's exclusion from school until the required health forms are presented to the District.

### **Immunization Schedule**

All children without established contraindications should receive diphtheria-tetanus-pertussis (DTP), polio, measles-mumps-rubella (MMR), Haemophilus influenza type B, and Pneumococcal vaccines in accordance with recommended schedules. A tetanus-diphtheria (TD) booster should be administered at age 4 to 6 years and every 10 years thereafter. All students entering grades 6, 7, or 8 shall show proof of receiving one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose. Children entering school at any grade level must show proof of having received two doses of live mumps vaccine and two doses of live rubella vaccine. Hepatitis B series, administered at the state-designated intervals, is required for students entering preschool and grade 6. Any child entering kindergarten or grade 6 for the first time shall show proof of having received two doses of varicella (chicken pox) vaccine. The first dose must have been given on or after the child's first birthday, and the second dose no less than 28 days after the first dose. In lieu of vaccine, healthcare provider documentation of the known disease is acceptable. All students entering grade 6 must show proof of having received one dose of Meningococcal Conjugate Vaccine (MCV4), with dose administered on or after the 11th birthday. While influenza vaccination is not required for school entry, annual immunization is recommended for everyone 6 months of age

and older. The complete immunization schedule and additional information on these vaccines [is on the website](#).

**Why Immunize?** - The benefits of vaccines to prevent these diseases are greater than the possible risks for most people. A person who receives vaccines benefits from the protection they provide. When many people are vaccinated, everyone benefits because the chance for spread of disease is reduced. For those who do not receive immunizations, the risk of contracting disease is very real. Vaccines are available for viruses that still exist, and for the non-immunized person there is significant possibility of becoming seriously ill as well as a carrier of contagious disease.

**Dental Requirement** - All Illinois children in kindergarten, second, and sixth grades are required to have an [oral health examination](#). The examination must be performed by a licensed dentist. Proof of examination, conducted within 18 months, must be submitted **by May 15** of the school year. This requirement may be waived due to undue burden or lack of access to a dentist; a waiver form is available on the District Health Services web page.

**Vision Requirement** - All children enrolling in kindergarten and all students new to Illinois public schools for the first time are required to have [an eye examination](#). Each child is to present proof of having been examined by a physician licensed to practice medicine in all its branches or a licensed optometrist, within one year prior to enrollment. Presentation of a completed eye examination report must be submitted before October 15 of the school year. Failure to present proof by October 15 requires proof of an appointment for a scheduled eye examination within the next 60 days following October 15. This requirement may be waived due to undue burden or lack of access to an eye care professional. A waiver form is available on the District Health Services web page.

## Special Health Notifications

Further information on the following programs can be obtained from the Director of Facility Management (847-318-4313):

- **Lawn Care Management**— Illinois law (Structural Pest Control Act, Child Care Act and Lawn Care Products Application and Notification Act) requires all school districts and day care centers to offer employees and parents/guardians an opportunity to opt in to a notification system when pesticides and lawn care

chemicals are being used outside around the school facilities and grounds. If you elect to opt into the program, you will be notified at least four business days in advance of a chemical application for either pest control or lawn care. District 64 is committed to minimizing the use of chemicals for both pest control and lawn care, but at times it may be necessary for the proper maintenance of the facility. If you would like to receive written notification via email prior to the application of any pest control materials subject to the notification requirements, please select this option on the annual PowerSchool/Infosnap student registration or notify District 64 at 847-318-4308.

- **Integrated Pest Management Program**—The Illinois legislature passed SB0527 and SB0529 amendments to the Structural Pest Control Act and the Illinois Pesticide Act that affect how pests, mice, ants, etc. are controlled in schools. The legislation affects the schools in basically two ways: 1. All Illinois schools are required to adopt a pest control process called Integrated Pest Management or IPM. 2. Schools are required to notify staff, students and parents prior to certain types of pest control applications. Integrated Pest Management places emphasis on inspection and communication with the school administration. The focus of the program is to identify and eliminate conditions in the school that could cause pests to be a problem. Applications of pest control materials are made only when necessary to eliminate a pest problem. Spraying is not part of the program. If it becomes necessary to use any pest control products other than traps or baits, notice will be posted two business days prior to the application. The only exception to the two-day notice would be if there was an immediate threat to health or property. If you would like to receive a written notification via email prior to the application of any pest control materials subject to the notification requirements, please select this option on the annual PowerSchool/Infosnap student registration or notify District 64 at 847-318-4308. District 64 has contracted with Anderson Pest Control to provide IPM services. Anderson has had IPM programs in place in schools they service since 1991. If you have any questions about the information and procedures from Anderson Pest Control, you may contact them at 847-998-0100.
- **Asbestos Hazard Response Act**—In accordance with the Asbestos Hazard Emergency Response Act you are being notified that all District 64 facilities house various amounts and types of asbestos-containing building materials. These materials do not pose any hazard to individuals unless they are disturbed. District 64 maintains compliance with all applicable governmental and regulatory

asbestos rules and regulations. The District also maintains compliance with the Illinois Department of Public Health guidelines for operations and maintenance activities. District 64 routinely performs operations and maintenance activities, required inspections and surveillance activities to verify that the materials are being managed according to Illinois Department of Public Health guidelines. Each school and the Facility Management Department have on file copies of the Asbestos Hazard Emergency Response Act Asbestos Management Plans, which describe the locations of all asbestos-containing building materials. These plans are available for viewing by all interested parties.

## Universal Precautions

To maintain health promotion and disease prevention in school, students, staff and parents are reminded to use Universal Precautions at all times. Organisms that contribute to the spread of contagious and communicable disease are microscopic in size. Therefore, it is important to realize that they are ever present in our daily activities. Anyone may be a carrier of infectious disease. Carriers do not always demonstrate outward signs of infection and/or often are not aware of being infected. Because it is not always possible to know who may be a carrier of infectious disease, the use of Universal Precautions as a regular practice was developed to protect all persons from exposure to many infectious diseases in order to avoid illness and promote health. **The practice of Universal Precautions is the personal responsibility of everyone for the benefit of everyone.** Ordinary daily contact with one another should include modeling of appropriate self-care, maintenance of a healthy environment, and provisions for safety protection when assisting one another in circumstances of ill health and/or injury.

The practice of Universal Precautions includes:

- frequent hand washing
- use of gloves (carried on person at recess/physical education) in the administration of first aid for scrapes, cuts, nosebleeds
- covering open, weeping lesions
- allowing students/staff to provide self-care of blood or body fluids whenever possible
- frequent cleaning/disinfection of surfaces, toys, articles touched or mouthed
- use of regulated waste containers for disposal of contaminated articles
- appropriate clean up of body fluid spills

## Head Lice

Head lice are a nuisance best avoided by common sense prevention measures, frequent inspection, and effective treatment when necessary. Head lice are often found in the hair around the ears and base of the neck, but may be present on other areas of the scalp. Children are often without symptoms, but may have an itchy scalp. If close contact results in the transferring of lice, eggs that are laid may hatch in 7–10 days. As long as live lice remain on an infested person's clothing, linens, combs or hair accessories, they can be transferred to another host. Transmission occurs by direct contact with an infested person, or by indirect contact with an object that has been contaminated with lice.

Although we cannot prevent the incidence of students who bring head lice to school, we can assist in the control of their spread. All household members should be checked for the presence of lice. Reminding students not to share hats, combs, clothing or hair accessories are all preventative measures that can be implemented.

If your child is identified to have:

- Live head lice, you will be called to take him or her home for treatment.
- Nits (eggs) only, you will be notified by the end of the school day.

In either case, instructions and guidance will be provided to assist you in lice/nit removal and home maintenance. District 64 does not recommend specific products or services to treat head lice, and urges parents to contact their health care professionals for advice. Your child will be rechecked by health staff upon returning to school, and periodically as needed, and will be permitted to return to the classroom if no live lice are found. When an active case (live head lice) is identified, all parents in that grade level will be notified by email. Only one notice per week will be sent.

Please advise your school health office immediately if you become aware that your child has head lice. For more information about identifying and treating head lice on our [Health Services Health & Safety Tips Page](#).

## E-Cigarettes and Vaping

The use of e-cigarettes is a rapidly emerging trend, popular with teens and young adults. [According to the 2022 National Youth Tobacco Survey](#), more than 2.5 million high school and middle school students currently use e-cigarettes. More than 1 in 4 use e-cigarettes daily. These devices deliver nicotine, flavorings and other substances through an inhaled aerosol. E-cigarettes are also referred to as “e-cigs, vape pens, vapes, mods, e-hookahs, and tank systems.”

A very popular brand of vaping device, the JUUL vaporizer, looks like a flash drive, is small enough to fit into the palm of the hand, and can even be charged on a computer. These devices can be filled with marijuana, and JUUL flavor pods — such as fruits flavors or cartoon-themes — can deliver more than double the amount of nicotine of other vaping products. Overwhelmingly, current users (nearly 85%) used flavored e-cigarettes with fruit flavors being the most popular, followed by candy, desserts, or other sweets. Companies are also developing vaping devices disguised as everyday items such as looking like a pen, highlighter, phone case, hoodie, backpack, or smartwatch that allow them to vape undetected.

Research continues regarding the dangers of e-cigarettes specifically to youth. The vapor is not safe, because it contains nicotine, a drug that can cause addiction and harm to an adolescent’s developing brain, including lasting cognitive and behavioral impairments. In addition, the aerosol may contain other dangerous chemicals and heavy metals that can affect the lungs and other body systems.

Everyone shares the role of preventing youth from using e-cigarettes. Please consider using the following resources to learn the facts about e-cigarettes, and to guide you in talking to your child about the dangers of their use:

- [Talk with your teen about e-cigarettes, a Tip Sheet for Parents](#) (U.S. Surgeon General)
- [That's Just Nasty - Cook County Tobacco Campaign](#) (Cook County Department of Public Health)

In 2019, the State of Illinois raised the legal age for purchasing cigarettes, e-cigarettes and other tobacco products from 18 to 21 statewide, effective July 1.