



**Kenmore Town of Tonawanda Union Free School District**

**2020-2021 School Year**

Dear Parents,

Please be advised that both the health appraisal form and the health history form must be completed for your child. A parent or guardian should complete the health history form and a healthcare provider should complete the health appraisal form **or** send a copy of a recent physical exam.

**Please return the completed forms to the district building that your child will be attending for Kindergarten in 2020-2021.**

The forms, along with a copy of your child's immunization record, are due by **September 21, 2020** (or October 5, 2020 for those transferring from out of state).

Public Health Law 2164 prohibits a school from permitting any child to be admitted or attend in excess of 14 days without sufficient evidence that the child has received all age appropriate required vaccinations (this is extended to 30 days for out of state transfers who can show an effort to obtain the necessary papers).

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Banker".

Brett Banker

Director of Health Services, Physical Education, Recreation and Athletics

## **Kenmore Town of Tonawanda UFSD**

### **Health Office Requirements for Registration**

Enclosed is information regarding New York State Education Department (NYSED) and New York State Department of Health (NYDOH) requirements for school attendance.

Please provide the following documents to the school health office nurse:

1. Completed Student Health History (enclosed)
2. Copy of a valid physical exam from your child's healthcare provider  
(Required New York State Health Examination form enclosed)
3. Copy of a dental health certificate from your child's dentist
4. Record of Immunizations (grade level requirements are enclosed)
5. If your child is required to receive medication at school, please read the information regarding medication at school and the required documentation that needs to be given to the school nurse.

If you have any questions related to the enclosed information, please contact the nurse at your child's school.

# Kenmore Town of Tonawanda UFSD

## Student Health History

**To be completed & signed by parent/ guardian and returned to school nurse with copy of physical exam  
(Use attached Health Appraisal or send health care provider's copy).**

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ circle one: Male Female

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Has this child ever attended Ken-Ton schools before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Has this child attended a New York State school before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Healthcare provider's name: \_\_\_\_\_ Address: \_\_\_\_\_

Provider's Phone: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Has your child ever been diagnosed with or treated for any of the following:

	NO	YES	DATE
Asthma			
Allergy			
Accident/serious injury			
Birth defect			
Broken bone(s)/ fractures			
Chicken pox			
Concussion			
Diabetes			
Measles, Mumps, or Rubella			
Mononucleosis			
Scarlet fever			
Seizures			
Strep throat			
Tuberculosis (TB)			
OTHER			

Has your child ever had surgery? \_\_\_\_\_ If yes, give date and description: \_\_\_\_\_

Does your child wear eyeglasses? \_\_\_\_\_ If yes, indicate if they are for reading, distance, or both \_\_\_\_\_

Does your child have a hearing problem? \_\_\_\_\_ Did your child have frequent ear infections? \_\_\_\_\_ Ear tubes? \_\_\_\_\_

Is your child currently on any medication? \_\_\_\_\_ Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Does your child have any mental, emotional or physical conditions that the school should know about? :

Does your child attend a clinic for any health reason? \_\_\_\_\_ If yes, name of clinic: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to the school nurse with a physical from healthcare provider



# REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

## STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

## HEALTH HISTORY

<b>Allergies</b> <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental

<b>Asthma</b> <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	

<b>Seizures</b> <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____

<b>Diabetes</b> <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____	Date Drawn: _____

### Risk Factors for Diabetes or Pre-Diabetes:

Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

**BMI** \_\_\_\_\_ kg/m2 **Percentile (Weight Status Category):** ☐ <5<sup>th</sup> ☐ 5<sup>th</sup>-49<sup>th</sup> ☐ 50<sup>th</sup>-84<sup>th</sup> ☐ 85<sup>th</sup>-94<sup>th</sup> ☐ 95<sup>th</sup>-98<sup>th</sup> ☐ 99<sup>th</sup> and >

**Hyperlipidemia:** ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

## PHYSICAL EXAMINATION/ASSESSMENT

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>TESTS</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Other Pertinent Medical Concerns</b>
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
<b>Lead Level Required Grades Pre- K &amp; K</b>			<b>Date</b>	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 10$ $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

☐ **System Review and Exam Entirely Normal**

**Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities**

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____
	_____	_____

☐ Additional Information Attached



Name:			DOB:	
<b>SCREENINGS</b>				
<b>Vision</b>	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Notes</b>
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
<b>Hearing</b>	<b>Right dB</b>	<b>Left dB</b>	<b>Referral</b>	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Scoliosis</b> Required for boys grade 9 And girls grades 5 & 7	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			
<b>Recommendations:</b>				
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>				
<input type="checkbox"/> <b>Full Activity</b> without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> <b>Restrictions/Adaptations</b> Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> <b>No Contact Sports</b> <b>Includes:</b> baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> <b>No Non-Contact Sports</b> <b>Includes:</b> archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> <b>Other Restrictions:</b>				
<input type="checkbox"/> <b>Developmental Stage for Athletic Placement Process ONLY</b> Grades 7 & 8 to play at high school level <b>OR</b> Grades 9-12 to play middle school level sports Student is at <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> <b>Accommodations:</b> Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Brace*/Orthotic           </div> <div> <input type="checkbox"/> Colostomy Appliance*           </div> <div> <input type="checkbox"/> Hearing Aids           </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Insulin Pump/Insulin Sensor*           </div> <div> <input type="checkbox"/> Medical/Prosthetic Device*           </div> <div> <input type="checkbox"/> Pacemaker/Defibrillator*           </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Protective Equipment           </div> <div> <input type="checkbox"/> Sport Safety Goggles           </div> <div> <input type="checkbox"/> Other:           </div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
<b>MEDICATIONS</b>				
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School attached</b>				
List medications taken at home:				
<b>IMMUNIZATIONS</b>				
<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIS		Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HEALTH CARE PROVIDER</b>				
Medical Provider Signature:			<b>Date:</b>	
Provider Name: <i>(please print)</i>			Stamp:	
Provider Address:				
Phone:				
Fax:				
<b>Please Return This Form To Your Child's School When Entirely Completed.</b>				



## Dental Health Certificate- Optional

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

### Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: <span style="float: right;">Last</span> <span style="float: right;">First</span> <span style="float: right;">Middle</span>		
Birth Date:     /     / <div style="text-align: center; font-size: small;">Month     Day     Year</div>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
School: Name		Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities?    ☐ Yes    ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 2. To be completed by the Dentist/ Dental Hygienist

**I. The dental health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:**

- ☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- ☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

**NOTE:** Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

**Dentist's/ Dental Hygienist's name and address**

(please print or stamp)

**Dentist's/Dental Hygienist's Signature**

**Optional Sections - If you agree to release this information to your child's school, please initial here.**

#### **II. Oral Health Status (check all that apply).**

- ☐ Yes    ☐ No    **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- ☐ Yes    ☐ No    **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- ☐ Yes    ☐ No    **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

#### **II. Treatment Needs (check all that apply)**

- ☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- ☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- ☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



## Kenmore Town of Tonawanda UFSD

### Overview of health services for grade levels

#### Health Examination Requirements:

A physical examination is required and a dental check is advised prior to school entrance.

NYSED **requires** a physical exam for new entrants and for students in grades Pre-K, K, 1, 3, 5, 7, 9 and 11, as well as yearly for sports and triennially for Special Education Services.

A physical exam is acceptable if it is dated less than one year before the start of that school year.

Copy of a physical exam must be submitted *within 30 days* of entrance into school.

If documentation of a health exam done by the student's healthcare provider is not received, a health appraisal will be done by the school medical director with parent/guardian consent.

#### Immunization requirements:

New York State requires immunizations for school entrance and attendance. Exemptions for medical reasons require yearly renewal and verification from healthcare provider. See attached information regarding New York State immunizations requirements for each grade level.

#### Health services provided through school include:

Scoliosis screening for girls in grades 5 & 7, and for boys in grade 9

Vision screening for students in grades Pre-K, K, 1, 3, 5, 7, 11, & new entrants

Hearing screening for students in Pre-K, K, 1, 3, 5, 7, 11, & new entrants

## Kenmore Town of Tonawanda UFSD

### Medications

Students may need to take medication during school hours in order to attend school, participate fully in the education program, and maintain an optimal state of health.

***This applies to medications that are necessary for the student to take while in school; it does not apply to medications that may be taken at another time of day.***

In order to protect the health and safety of all students, you must provide:

1. written provider order, and
2. written parent/guardian consent in order for a student to be administered a medication, or to permit a student to self-administer their medication at school.

A provider order is required for both prescription and non-prescription medications.

A provider order is valid for 12 months, unless the provider changes the order, writes the order for a shorter period of time, or discontinues the order.

A provider medication order for school must include the following information:

1. Date order is written
2. Student name and date of birth
3. Medication name
4. Medication dosage
5. Medication route
6. Time and frequency the medication is to be administered
7. The conditions under which the medication is to be administered
8. If applicable: Attestation that the student has demonstrated they can self-administer the medication effectively, and the medication is needed in a rapid manner requiring the student to carry it with them at all times.
9. The provider's name, title, and signature
10. Provider's telephone number and address.

Any changes in medication dosages must be ordered by the provider.

**Medication must be brought to school by a designated adult in the original bottle, properly labeled with provider orders and signed parental consent.**



## **Kenmore-Town of Tonawanda Union Free School District**

Department of Physical Education/Recreation/Athletics and Health Services

### **IMPORTANT NOTICE TO PARENTS. PERSONS IN PARENTAL RELATION OF STUDENTS WITH LIFE-THREATENING HEALTH CONDITIONS**

**Definition of life-threatening health condition:** A condition, including a known allergy, that will put the child in danger of death during the school day if a medication or treatment order is not in place (for example food or substance allergy, insect sting allergy, asthma, diabetes, seizure disorder, etc).

**If your child has a life-treating health condition, please immediately contact the School Health Office/School Office for a "Life-threatening Health Condition Packet" which includes the following:**

- ☐ Student Emergency Care Plan for the student's specific health condition;
- ☐ Authorization for Administration of Medication in School;
- ☐ Self-Medication Release Form.

**The appropriate forms and any additional information you or the licensed health provider would like to share must be completed and returned to the School for review and approval by the School Nurse as soon as possible.**

#### **Reminder:**

*It is the parent/person in parental relation's responsibility to alert other school programs that their child has a health condition and/or a care plan in place.*

*Please report immediately and changes needed in emergency contact information, medication, health status, etc. to the School Office.*

If you have any questions or concerns, please contact the Principal or the School Nurse assigned to your child's school.

Thank you for your assistance in helping us to provide a safe school experience for your child.

*This form should be given to all parent/persons in parental relation at the time of registration or when school staff is notified that a student has a life-threatening health condition.*

# Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Weight: \_\_\_\_\_ kg

Child has allergy to \_\_\_\_\_

Child has asthma. ☐ Yes ☐ No (If yes, higher chance severe reaction)

Child has had anaphylaxis. ☐ Yes ☐ No

Child may carry medicine. ☐ Yes ☐ No

Child may give him/herself medicine. ☐ Yes ☐ No (If child refuses/is unable to self-treat, an adult must give medicine)

Attach  
child's  
photo

## IMPORTANT REMINDER

**Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

### For Severe Allergy and Anaphylaxis What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine**.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

☐ **SPECIAL SITUATION:** If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): \_\_\_\_\_. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine**.

### Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
  - Ask for ambulance with epinephrine.
  - Tell rescue squad when epinephrine was given.
3. Stay with child and:
  - Call parents and child's doctor.
  - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
  - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
  - Antihistamine
  - Inhaler/bronchodilator

### For Mild Allergic Reaction What to look for

If child has had any mild symptoms, **monitor child**.

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

### Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

## Medicines/Doses

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose: ☐ 0.10 mg (7.5 kg to 15 kg)  
☐ 0.15 mg (15 kg to 25 kg)  
☐ 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): \_\_\_\_\_

Other (for example, inhaler/bronchodilator if child has asthma): \_\_\_\_\_

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date



# Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

## Additional Instructions:

## Contacts

Call 911 / Rescue squad: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

# 2019-20 School Year

## New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-k through 11, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grade 12 except for interval between measles vaccine doses. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule.**

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) <sup>2</sup>	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) <sup>3</sup>		Not applicable	1 dose	
Polio vaccine (IPV/OPV) <sup>4</sup>	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) <sup>5</sup>	1 dose	2 doses		
Hepatitis B vaccine <sup>6</sup>	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine <sup>7</sup>	1 dose	2 doses		1 dose
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>		Not applicable	Grades 7, 8, 9 and 10: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>9</sup>	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) <sup>10</sup>	1 to 4 doses	Not applicable		





1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
  - b. If the fourth dose of DTaP was administered at 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
  - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
  - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
  - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years or older will meet this requirement.
  - b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
  - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
  - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
  - d. Intervals between the doses of polio vaccine do not need to be reviewed for grade 12 in the 2019-20 school year.
  - e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the U.S. IPV schedule. If only OPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
  - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
  - c. Mumps: One dose is required for prekindergarten and grade 12. Two doses are required for grades kindergarten through 11.
  - d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
  - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks.
  - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
  - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine. (Minimum age: 6 weeks)
  - a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8, 9 and 10.
  - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
  - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
  - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
  - d. If dose 1 was received at 15 months or older, only 1 dose is required.
  - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. Unvaccinated children ages 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
  - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
  - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
  - e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: [www.health.ny.gov/prevention/immunization/schools](http://www.health.ny.gov/prevention/immunization/schools)

For further information, contact:

New York State Department of Health  
Bureau of Immunization  
Room 649, Corning Tower ESP  
Albany, NY 12237  
(518) 473-4437

New York City Department of Health and Mental Hygiene  
Program Support Unit, Bureau of Immunization,  
42-09 28th Street, 5th floor  
Long Island City, NY 11101  
(347) 396-2433

## Kenmore Town of Tonawanda UFSD

### Acceptable Immunization Records & Proof of Compliance

The following documents are proof of compliance:

- Original signed certificate of immunization
- New York State Immunization Information System (NYSIIS)
- New York Citywide Immunization Registry (CIR) immunization record
- Immunization records from a previous school
- An out of state immunization registry specifying the dates and products administered
- An official record from a foreign nation may be accepted without a health practitioner's signature or a physician, physician assistant, or nurse practitioner diagnosed history of varicella.
- An electronic health record
  - A copy of immunization records from a previous school which includes who administered the immunization agents, the products administered (products administered can mean either the vaccine or its brand name) and dates of administration.
- Serologic proof of immunity can be accepted in place of vaccination only for the following diseases: measles, mumps, rubella, varicella, hepatitis B and all 3 serotypes of poliomyelitis found in the polio vaccines (in early 2017, the US stopped testing for serotype 2, therefore, unless all 3 serotypes were tested **prior to 2017**, there will not be evidence of immunity for polio with all 3 serotypes and will not be accepted).



**2019-2020 School Year**  
**Immunization Requirements for Pre-Kindergarten Students**

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter Pre-kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for Pre-Kindergarten**

Immunization	Number of Doses
Polio	3
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	4
Measles/Mumps/Rubella	1
Varicella (Chickenpox)	1
Hemophilus Influenzae	1 to 4
Pneumococcal Conjugate	1 to 4

Proof of immunization should be sent to the school nurse where your child will be attending.

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
  - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: \_\_\_\_\_ School: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Principal

**2019-2020 School Year**

**Immunization Requirements for Students in Kindergarten, Grades 1, 2, 3, 4, & 5**

Dear Parent/Guardian,

Date: \_\_\_\_\_

New York State Law Section 2164 requires certain immunizations (shots) to enter kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for Kindergarten & Grade 1, 2, 3, 4, & 5**

Immunization	Number of Doses
Polio	<b>4 doses or 3 doses</b> if the 3rd dose given at 4 years of age or older
Hepatitis B	<b>3 doses</b>
Diphtheria/Tetanus/Pertussis	<b>5 doses or 4 doses</b> if the 4th dose given at 4 years of age or older or 3 doses if 7 years or older & series started at age 1 or older
Measles/Mumps/Rubella	<b>2 doses</b>
Varicella (Chickenpox)	<b>2 doses</b>

Please send proof of immunization to the school nurse where your child will be attending.

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
  - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: \_\_\_\_\_ School: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Principal



**2019-2020 School Year**  
**Immunization Requirements for Students in Grades 6, 7, 8, 9, 10, & 11**

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for Students in Grades 6, 7, 8, 9, 10, & 11**

Immunization	Number of Doses
<b>DTaP/DTP</b>	<b>3 doses</b>
<b>Tdap</b>	<b>Age 11:</b> Must receive an immunization containing Tetanus Toxoids, diphtheria, and acellular pertussis (Tdap)
<b>Polio</b>	<b>4 doses</b> or <b>3 doses</b> if the 3 <sup>rd</sup> dose was received at age 4 or older
<b>MMR</b>	<b>2 doses</b>
<b>Hepatitis B</b>	<b>3 doses or 2 doses</b> of adult hepatitis B Vaccine (Recombivax) for children who received doses at least 4 months apart between ages 11 through 15 years
<b>Varicella (chickenpox)</b>	<b>2 doses</b>
<b>Meningococcal conjugate (MenACWY)</b>	<b>1 dose</b> <b>Grade 7 or 8*, 9*, &amp; 10*</b>
* Most of the students in grade 8, 9, and 10 will have already received the MENACWY vaccine dose in grade 7, unless transferred from out of state or out of country. MenACWY vaccine is not required per NYSDOH for grade 11.	

Thank you for your attention to these new immunization requirements.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: \_\_\_\_\_

School: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Principal

**2019-2020 School Year  
Immunization Requirements for Students in Grade 12**

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for Students in Grade 12**

<b>Immunization</b>	<b>Number of Doses</b>
<b>DTaP/DTP</b>	<b>3 doses</b>
<b>Tdap</b>	<b>1 dose</b>
<b>Polio</b>	<b>3 doses</b>
<b>MMR</b>	<b>2 doses</b>
<b>Hepatitis B</b>	<b>3 doses or 2 doses</b> of adult hepatitis B Vaccine (Recombivax) for children who received doses at least 4 months apart between ages 11 through 15 years
<b>Varicella (chickenpox)</b>	<b>1 dose</b>
<b>Meningococcal conjugate (MenACWY)</b>	<b>By Grade 12: 2 doses or 1 dose</b> if the dose was received at age 16 or older

\*Note: MenACWY vaccine is not required per NYSDOH for grade 11.

Thank you for your attention to these new immunization requirements.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: \_\_\_\_\_ School: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Principal



**2019-2020 School Year Immunization Requirement for Meningococcal Vaccine**

Date \_\_\_\_\_

Dear Parent/Guardian,

**All 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students MUST HAVE proof of having been given Meningococcal vaccine (shot) in order to attend school.**

- Students entering **Grade 7, 8, 9, and 10 in 2019- 2020 must have 1 dose** of meningococcal vaccine. They will be required to get a booster at age 16.
- Students entering **Grade 12 in 2019- 2020 must have either:**
  - 2 doses of meningococcal vaccine with **the booster dose given on or after age 16**
  - 1 dose if your child's first dose was given on or after age 16

New York State law requires parents/ guardians to give the school an immunization (shot) record that shows their child has received, or has appointment(s) to receive the required vaccine(s) (shots) in order to attend school. This record may be from a health care provider, health department, or an official immunization record from the child's former school. The record must include:

1. Name of the vaccine
2. Date vaccine given
3. Who gave it, along with their title; or where it was given if at a clinic

Please contact your health care provider to make sure your child has what they need to attend school this fall.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: \_\_\_\_\_ School: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

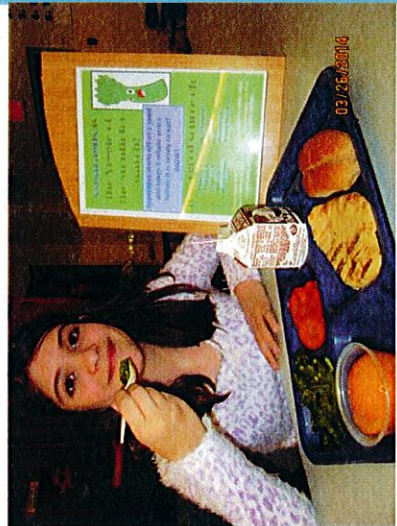
Sincerely,

\_\_\_\_\_  
Principal

## Standards for USDA School Meals

Ken-Ton Food Service breakfast and lunch programs are regulated by the federal government, as the USDA sets the standards. The following standards related to school meals will be addressed in the policy:

- ☐ Schools will offer breakfast through the USDA Breakfast program
- ☐ School meals meet the USDA standards as written in the Healthy, Hunger-Free Kids Act of 2010
- ☐ All school meal periods shall include at least 20 minutes for lunch and 10 minutes for breakfast
- ☐ Appropriate supervision by cafeteria monitors shall be provided
- ☐ Nutrition information of school meals will be shared via serving lines, monthly menus and district website



The Kenmore-Town of Tonawanda School District is committed to providing a school environment that promotes and protects children's health, well-being and the ability to learn by fostering healthy eating habits and physical activity. The District has established a Wellness Committee to develop a local wellness policy and make recommendations for review and adoption by the Board of Education. The Kenmore-Town of Tonawanda School District Wellness Committee includes, but is not limited to, representatives from the following groups:

Parents  
District Food Service  
School Board  
School Administrators  
Physical Education Teachers  
Health Education Teachers  
Family and Consumer Science Teachers  
School Nurses  
Mental Health Professionals

### Additional Resources

For a full version of the Kenmore-Town of Tonawanda School District wellness policy, visit our website at:  
[www.ktufd.org](http://www.ktufd.org)

Federal regulations on wellness policies and Healthy, Hunger-Free Kids Act  
<http://www.fns.usda.gov/school-meals/healthy-hunger-free-kids-act>

Wellness Policy Assessment and Resources  
[www.wellsat.org](http://www.wellsat.org)

Kenmore-Town of Tonawanda Union Free School District

1500 Colvin Blvd.  
Buffalo, New York 14223  
716-874-8400

## Kenmore -Town of Tonawanda Union Free School District

## Wellness Policy Highlights



Revised July 2019



## Nutrition Education and Wellness Promotion

The District will provide nutrition education and promote wellness to facilitate healthy eating habits and nutrition-related behaviors in the following ways:

- Provide a Nutrition curriculum in Family and Consumer Science, Health and PE which include skill-based activities
- Link the entire school environment to healthy school goals
- Encourage staff to be role models to healthy behaviors
- Share information on healthy choices with family and community
- Market healthy choices in schools/at school functions and discourage the marketing of unhealthy choices

## How to contribute to a healthy school environment

- Send your child to school with healthy options for lunch, snack, and drink
- Avoid sugary options for birthday and classroom celebrations
- Join your building level wellness team or become familiar with the District Wellness Policy.
- Avoid the sale of fundraisers within the schools
- Encourage active participation in physical education, recess, athletics, and extracurricular activities

## "Smart Snacks in School" Rule

Any Foods Sold in School MUST Meet at Least <b>ONE</b> of the Following:	The Food Must Also Meet <b>ALL</b> of the Following Standards:
<input type="checkbox"/> Be whole grain rich (At least 50% whole grain by weight or grain as the first ingredient)	<input type="checkbox"/> <u>Calories:</u> Snack items must be no more than 200 calories; entrée items no more than 350 calories
<input type="checkbox"/> First ingredient must be a <b>fruit</b> , vegetable, dairy product or <b>protein</b> food	<input type="checkbox"/> <u>Fat:</u> Total Fat no more than 35%, Saturated Fat no more than 10% of calories, Trans Fat: 0 grams (artificial)
<input type="checkbox"/> Be a combination food that contains at least 1/4 cup of fruit or vegetable	<input type="checkbox"/> <u>Sodium:</u> Snack items: must be no more than 230 mg per portion
<input type="checkbox"/> Contain 10% of the Daily Value of the following nutrient ; Calcium, Potassium, Vitamin D or Dietary Fiber	<input type="checkbox"/> <u>Sugar:</u> Must be no more than 35% of weight from total sugars in foods

The District Wellness Policy supports nutrition standards of all foods sold or provided on schools campus outside USDA School Meals. All foods in the following classifications **MUST** meet "Smart Snacks in School" Rule.

\*Vending Machines, School Stores, Food Service a La Carte, Class parties and school celebrations.

\*It is suggested that fundraisers and food sold during afterschool events follow the same rule.

## Physical Education and Activity

The District will provide opportunities for every student to develop the knowledge and skills to participate in regular physical activity and develop long and short term goals in the following ways:

- Provide a Physical Education Curriculum for each grade level
- Use New York State mandates when planning Physical Education classes to the greatest extent possible
- When possible, classrooms will provide short activity breaks and supervised recess that include physical movement in addition to Physical Education
- The District will provide structured physical activity opportunities before and after school
- Students should not be denied participation in recess or other physical activity

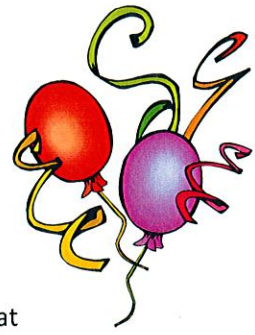


Active Students = Better Learners

[www.cdc.gov/healthyschools/PEandPA](http://www.cdc.gov/healthyschools/PEandPA)



# Healthy Birthdays, Celebrations & Family Events<sup>1</sup>



Birthdays, celebrations, and family events are great opportunities to promote a healthy lifestyle, provide consistent messages and create excitement around nutritious choices at school. Plan events that emphasize healthy foods and align with classroom lessons or shift the focus and plan non-food events centered on physical activity, music, art and games. Host events that make it easy for children to practice making healthy choices.

## Birthdays – *the birthday child can:*

- Be the teacher's helper.
- Wear a special crown, sash, button or badge all day.
- Donate and/or read a favorite book to the class.
- Choose the class music for writing or independent study time.
- Receive a personalized birthday card from the teacher via email or snail mail.
- Choose a game or activity the class does for the last few minutes of the school day.
- Have special time (for a walk, game or other activity) with the teacher, principal or another adult.
- Receive a "Celebrate Me" book from classmates with written stories, poems or drawings about the birthday child.



*Children like  
adventure – don't  
be afraid to try  
something new!*

## Promote Healthy Living

Plan family events that get parents engaged and on board with healthy living, as this will create more buy-in and support for a healthy school food culture. It also makes it more likely that healthy habits will be reinforced at home.



*For a list of healthy  
school food ideas for  
snacks, celebrations  
and family events visit:*

## Family Events

- Health fairs
- School garden work days
- Cooking lessons or "Iron Chef" competitions
- Physical activity events with healthy snacks or prizes (dance contests, fun runs, obstacle courses, bike-a-thons, sock hops)
- Screenings of movies that promote healthy living
- Nutrition classes for the family from community partners like your cooperative university extension service
- Fall festival with active fall-themed games and a farmers' market
- Walk-to-school month with parent participation
- Creation of school teams for local runs or walks
- Parents and teachers vs. kids sports competition
- 30-day challenges – pick a healthy habit and organize a competition around it, starting with a kick-off event and ending with a celebration

**[www.ActionforHealthyKids.org/ParentToolkit-FoodIdeas](http://www.ActionforHealthyKids.org/ParentToolkit-FoodIdeas)**







# Healthy Celebrations

## Celebrations



- Give children extra recess time instead of a party.
- Have a dance party. Let students select the music. Invite the principal and other school staff!
- Get students involved in planning and preparing for celebrations – let them make decorations and favors and let them choose the games.
- Create a book honoring what is being celebrated that day. Have students draw pictures showing what the day means to them.
- Organize a special community service project instead of a party. Invite senior citizens in for lunch, collect goods and make cards for sheltered families, organize a project outside for Earth Day.
- Have students vote on a special class art project or craft. Invite a local artist to come in and do a demonstration.
- Arrange a treasure hunt around the classroom. Provide a special non-food treat at the end. Use a theme that ties into what the kids are learning in class.
- Ask students to come up with healthy party ideas, and ask parents to send in healthy recipes and ideas for activities, games and crafts. Create a “healthy classroom party guide” to distribute to parents.
- Plan around holiday themes. Students can make cards for winter holidays, decorate the classroom with hearts for Valentine’s Day, and learn an Irish step-dance for St. Patrick’s Day. Search education websites for ideas.

### When food is offered

- Make good nutrition the expectation and the easy choice – offer fruits, vegetables, whole grains, low fat/fat-free dairy products and water.
- Check your school’s wellness policy or school improvement plan to see if they contain any guidelines or goals about foods for birthdays, celebrations, and family events. If they don’t, find out what it would take to address this issue.



## Resources

Coalition for Activity and Nutrition to Defeat Obesity (CanDo) & Healthy Kids Club

Guide to Healthy School Celebrations:

[www.ActionforHealthyKids.org/HealthyPartyGuide-CanDo](http://www.ActionforHealthyKids.org/HealthyPartyGuide-CanDo)

**Action for Healthy Kids®** fights childhood obesity, undernourishment and physical inactivity by helping schools become healthier places so kids can live healthier lives. We partner with a legion of dedicated volunteers – teachers, students, moms, dads, school wellness experts and more – to create healthful school changes. Our programs, tools and resources make it possible for everyone to play their part in ending the nation’s childhood obesity epidemic. Creating a healthy school food culture is a critical step towards reversing the national health crisis facing our children.

**[www.ActionforHealthyKids.org](http://www.ActionforHealthyKids.org)**

<sup>1</sup> Adapted from “Healthy Celebrations,” Connecticut State Department of Education, May 2005 & “Healthy Celebrations at School,” Ohio Action for Healthy Kids, 2012







# Healthy Food Ideas:

## School Snacks, Celebrations & Family Events<sup>1</sup>



Snack time, celebrations, and family events are great opportunities to promote a healthy lifestyle, provide consistent messages and create excitement around nutritious choices. When food is a part of the school day or a special school event, offer a variety of healthy options including fruits, vegetables, whole grains, low fat/fat-free dairy products and water.

<h3>Fruits</h3> <ul style="list-style-type: none"> <li>■ Fresh whole or sliced fruit assortment</li> <li>■ Fruit salad or kabobs</li> <li>■ Dried fruit or 100% fruit leathers</li> <li>■ Frozen fruit (try frozen grapes!)</li> <li>■ Sliced apples with cinnamon</li> <li>■ Unsweetened applesauce</li> <li>■ 100% fruit popsicles</li> <li>■ Banana pops (bananas, sliced in half, popsicle sticks inserted, rolled in yogurt and whole grain cereal toppings, and frozen)</li> </ul>	<h3>Low Fat/Fat-Free Dairy</h3> <ul style="list-style-type: none"> <li>■ String cheese</li> <li>■ Yogurt (try squeezable!)</li> <li>■ Yogurt smoothies or parfaits</li> </ul> 
<h3>Whole Grains</h3> <ul style="list-style-type: none"> <li>■ Low fat popcorn</li> <li>■ Whole grain bagel slices, muffins or pita with hummus or peanut butter</li> <li>■ Low fat breakfast or granola bars</li> </ul>	<h3>Vegetables</h3> <ul style="list-style-type: none"> <li>■ Raw vegetables (baby carrots, sugar snap peas, sliced bell peppers and more) with low fat dip</li> <li>■ Celery topped with peanut butter &amp; raisins or low fat cream cheese &amp; 100% fruit preserves</li> <li>■ Edamame – boiled soybeans served in the pods</li> </ul> <p><b>DIPS:</b> hummus, salsa, bean dip, honey mustard, low fat ranch, low fat yogurt</p>
<p><b>WARNING:</b> A small but growing number of kids have severe peanut and/or tree nut allergies. Before bringing in peanuts, peanut butter, or other nuts as a snack, make sure none of the children has an allergy.</p> <h3>Edible Art</h3> <p>Creative parents can make items like “Watermelon Turtles” (hollowed-out watermelons carved to look like turtles, filled with fruit) or “Veggie-Head Bagels” (mini whole grain bagels with low fat cream cheese; use small pieces of veggies like broccoli, carrots, and peppers to create fun faces). In fact, edible “food art” can be created using a variety of healthy foods. Kids will have a blast making and eating the good-for-you treats.</p>	<h3>Drinks</h3> <ul style="list-style-type: none"> <li>■ Water</li> <li>■ Low fat or fat-free milk</li> <li>■ 100% fruit juice</li> <li>■ Sparkling punch (seltzer &amp; 100% juice)</li> </ul> 





## Make health the expectation and the easy choice for students and families

- Promote fruits and vegetables by arranging them in a visually-appealing way to draw the attention of kids and families.
- If sweets or other treats are present, offer them in small portion sizes with other, healthier foods that balance out the meal. Try cutting treats in half.
- Create sign-up sheets that list items like fruits, vegetables, whole grain crackers, low fat/fat-free yogurt, cheese and milk – and don't forget the water. Include one line for a parent to bring in a less nutritious, more traditional party treat (which is an opportunity to teach moderation), or eliminate that option entirely.

Alternately, instead of sign-up sheets, send home a list of suggestions for healthy party snacks (check for food allergies before serving).

# Healthy Food Ideas

## Mixed Foods

- Air-popped popcorn with nuts and dried fruit
- Low fat cheese on whole grain crackers
- Graham crackers with peanut butter
- Sliced apples with low fat cheese slices
- Whole grain pizza with low fat toppings
- Whole grain pancakes topped with fruit
- Wraps with low fat ingredients
- Quesadillas or bean burritos with salsa
- Low fat cottage cheese with fruit
- Baked tortilla chips with salsa or bean dip
- Trail/cereal mix (low fat/low sugar)
- Fruit-n-cheese pretzel kabobs
- Whole grain rice cakes topped with bananas or other fruit
- Low sodium sliced turkey wrapped around slices of cucumber, bell peppers, or carrots
- Mini sandwiches cut into fun shapes with cookie cutters

**Get Kids in on the Act!** Parents can bring in the ingredients and kids can make their own:  
**Trail Mix** – pretzels, dried fruit, whole grain-low sugar cereals, sunflower or sesame seeds, etc.  
**Fruit Salad** – apples, oranges, strawberries, blueberries, bananas, kiwi, pineapple, etc.

## Look for more healthy food ideas:

Coalition for Activity and Nutrition to Defeat Obesity (CanDo)

*School Wellness Resource Kit:*

[www.ActionforHealthyKids.org/SchoolWellnessResourceKit-CanDo](http://www.ActionforHealthyKids.org/SchoolWellnessResourceKit-CanDo)



**Action for Healthy Kids®** fights childhood obesity, undernourishment and physical inactivity by helping schools become healthier places so kids can live healthier lives. We partner with a legion of dedicated volunteers – teachers, students, moms, dads, school wellness experts and more – to create healthful school changes. Our programs, tools and resources make it possible for everyone to play their part in ending the nation's childhood obesity epidemic. Creating a healthy school food culture is a critical step towards reversing the national health crisis facing our children.

[www.ActionforHealthyKids.org](http://www.ActionforHealthyKids.org)

<sup>1</sup> Adapted from "Healthy Celebrations," Connecticut State Department of Education, May 2005 & "Healthy Food Ideas," Ohio Action for Healthy Kids, 2012

