

ADA CITY SCHOOLS

OFFICE OF THE SUPERINTENDENT

P.O. BOX 1359

ADA, OKLAHOMA 74821-1359

www.adacougars.net

This letter is an effort to communicate about the upcoming **Influenza (Flu)**, **Respiratory Syncytial Virus (RSV)** season, and the ongoing **COVID** season. Symptoms may include all or some of the following; fever (over 100 degrees F.), cough, sore throat, runny nose, muscle pain, headache, fatigue, nausea, vomiting, and/or diarrhea. If you suspect your student is getting any of these, it is essential that he/she not attend school or go to childcare facilities, public venues or sporting events where other people could be exposed. Staying in your own space (social distancing) is not only essential for COVID, but anytime you or your student are not feeling well. Also, it is important to teach your children the following ways to reduce their risk of becoming infected:

- Wash hands often, ideally with soap and hot water for at least 20 seconds.
- Hand-sanitizer, including gels, rubs and hand wipes work well as long as they contain at least 60% alcohol. Always read and follow label instructions when using hand sanitizer.
- Keep hands away from the face and avoid touching the mouth, nose or eyes.
- Use tissues for coughs and sneezes or cough into the inside of the elbow. Do not cough or sneeze into your hands. Even when using a tissue, you must wash your hands.
- Good nutrition, proper hydration, and plenty of sleep are all essential in building a strong immunity.
- Children learn best by example. Be a positive influence by modeling these behaviors yourself.
- **PLEASE SEE THE REVERSE SIDE OF THIS FORM FOR UPCOMING FLU VACCINE CLINICS.**

Custodial staff will continue to sanitize classrooms, common areas, and buses regularly as we have done for COVID.

Respiratory Illness Information

Ada City Schools Guidelines and Procedures for Returning to School

The following will be the policy of the Ada City School District for any student, teacher, or staff member who exhibits a respiratory illness or is diagnosed with or tests positive for influenza (Flu), RSV, or COVID.

- For Flu and RSV - the student, teacher, or staff member WILL NOT be allowed to attend school or school activities for a minimum of 48 hours from the time of such diagnosis or positive test result. If a doctor's note calls for more than a 48 hour exclusion from school, then the doctor's note will take precedence.
- For COVID - the student, teacher, or staff member WILL NOT be allowed to attend school or school activities and will be in isolation for 10 days if they test positive. If exposed to a positive person the minimum quarantine requirement is 14 days from the last exposure. The quarantine time frame can expand for multiple reasons, and the quarantine time frame will be on a case by case basis. If you or your student are awaiting a COVID test, the student will not be able to come to school until the results come back.
- If fever, nausea, vomiting, or diarrhea are present past the 48 hour minimum time frame, then the student, teacher, or staff member must remain out of school for an additional 24 hours after he/she no longer has any of these symptoms or signs of a fever (chills, feeling very warm, flushed appearance, or sweating). Symptoms must have resolved without the use of medication.

Thank you,
Mike Anderson, Superintendent

Upcoming Flu shot clinics:

- Friday, October 9th
 - Free Drive through clinic at the Pontotoc Technology Center 11am - 6pm
- Tuesday, October 20th
 - Ada Early Childhood Center (morning)
 - Washington Grade Center (afternoon)
- Wednesday, October 21st
 - Hayes Grade Center (morning)
 - Willard Grade Center (afternoon)
- Thursday, October 22nd
 - Ada High School (morning)
 - Ada Junior High (afternoon)

Parental Consent Forms are available on our website at www.adacougars.net and will be sent home in Monday Folders on October 19th as well.

Nurse Cupps (580-310-7340, cuppsa@adapss.com) is also available for virtual nurse visits (link is on the school website banner at www.adacougars.net) during school hours for students that are placed on distance learning and those enrolled in Cougar academy.



Parental Consent for Immunization

No changes may be made to this form. All questions must be filled out for your child to participate.

School Name/Location: _____ Teacher Name/Grade: _____

Student Last Name _____ Student First Name _____ Student Middle Name _____ Student Birthday _____ / /

Male or Female _____ English Spanish ASL Other _____
(Circle One) Birth Country _____ Birth State _____ Primary Language (Circle One)

Hispanic Non-Hispanic Other _____ () Foster Child Adopted Child

Ethnicity (Circle One) _____ Parent/Guardian Phone Number _____ Is the child a foster or adopted child?

Race: American Indian/Alaskan Native Black/African American White
(Please Check One) Native Hawaiian/Other Pacific Islander Asian Other

Home Address _____ City _____ State _____ Zip Code _____

Insurance Company Name _____ Policy ID Number _____ Policy Group Number _____

Primary Insured Name & Relationship _____ Primary Insured Date of Birth _____ Mother's Maiden Name _____

| | | |
|--|-----|----|
| Has your child ever had an allergic reaction to a vaccination, eggs, any medication or vaccine component? | Yes | No |
| If yes, please list reaction type: | | |
| Has your child had any vaccinations in the last 8 weeks? | Yes | No |
| If yes, please list which vaccination(s): | | |
| Does your child have sickle cell disease? | Yes | No |
| If yes, when was their last sickle cell crisis? | | |
| If yes, have they had a fever or shortness of breath in the last 2 weeks? | Yes | No |
| Does your child have a history of cancer, leukemia, AIDS/HIV, a muscle/nervous system disorder, a seizure disorder, Guillain-Barre syndrome or any other immune system, autoimmune disorder or any other chronic or long-term condition? | Yes | No |
| If yes, please list: | | |
| Has your child had aspirin daily, antiviral drugs, anticancer drugs, steroids for cancer, radiation therapy, immune/immune gamma globulin, a blood transfusion or any blood products in the past 8 weeks? | Yes | No |
| If yes, please list: | | |
| *For Females only* Is there currently a chance she is pregnant? | Yes | No |

Below are the immunizations offered today. Please circle Yes or No on immunizations listed for your child.

(Flu : Yes or No)

VIS Revision Statement Dates (Flu: 08/15/2019)

I consent and authorize my child to receive immunization(s) from Total Wellness without my physical presence. I am the legal parent/guardian to the above named student. I understand that Total Wellness maintains the right to decline any immunization, to the child listed above, if he/she presents a risk of unintentional needle stick to staff or himself/herself. I have had a chance to read and ask questions in advance related to the benefits and the risk(s) of the vaccinations offered and acknowledge understanding. Please visit the CDC for the Vaccine Information Sheets on all vaccines offered at <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>. I hereby authorize the child listed above to have any and all immunizations the State of Oklahoma requires for entry into school and to receive the optional vaccines I have indicated by circling YES above. Total Wellness will release these records to the Oklahoma State Immunization Information System

Signature: _____ Date: _____

Manufacturer: _____ Lot Number: _____ Expiration Date: _____

Intramuscular: () Subcutaneous: () Right Arm: () Left Arm: () Right Thigh: () Left Thigh: ()

Date Administered: _____ Administered By: _____
(Total Wellness Staff Signature & Title)

Entered In Core: _____ Entered in OSIS: _____

Date VIS was given: _____