

Wedgwood Kindergarten Important Dates

2016-2017 School Year

Summer Playdates on Wedgwood Playground. These are a chance to meet other kindergarten families.

Sunday, July 17th 3 - 5 p.m.

Wednesday, August 3rd 10 - 12 p.m.

Thursday, August 11th 6 - 8 p.m.

Thursday, September 1st 6:00 - 7:30 p.m.

Taste of Kindergarten: This is an hour half session where your child will spend time with all three kindergarten teachers with the goal of making equal classes. During this session you will have a chance to ask important questions with the principal. You will be notified of your assignment in August.

Monday, August 29th Session One 9:00-10:00 & Session Two 10:30-11:30

Kinder Meet & Greet: At this event you will find out your child's teacher and visit the classroom, followed by a playground playdate.

Thursday, September 1st 5:30 - 6:00 p.m.

Back to School BBQ: All school event sponsored by PTA

September 6th 5:00 - 7:00 p.m., on the Wedgwood Playground

Family Meetings: One on one family conference with teacher. There will be no school for Kindergarten September 7, 8 & 9.

First Day of Kindergarten

Monday, September 12th First Bell rings at 7:50 (breakfast at 7:40)



FROM THE NURSE'S OFFICE:

Dear Parent/ Guardian,

Welcome to Wedgwood Elementary School The nursing staff is already planning ahead to create a healthy school environment for 2016-17.

Summertime is a great opportunity to make appointments with providers, make sure vaccines are up-to-date, and get needed medication/treatment orders for school. |

How can you help?

- Consult with your Health Care Provider and discuss your child's health re: changes, updates, medications needed at school
- If your student might need to take medications during school hours, complete the 2016-17 "Authorization for Medications to be Taken at School" form with both your signature and your healthcare provider's signature (we cannot give any medication at school without a parent and provider's signature - this includes Tylenol, Ibuprofen, vitamins, etc.)
- Plan to bring in any medication(s) in original containers or pharmacy labeled containers along with one completed medication form for each medication

Note: Students who have a LIFE THREATENING HEALTH CONDITION (anaphylaxis, diabetes, seizure disorder, etc.) are required to bring In a completed medication authorization form, and labelled medication, and/or adequate medical supplies, to the school nurse prior to attending the first day of school. This Is required by Washington State Law.

Please contact me with any questions.

Have a safe and enjoyable summer!

Sarah Barquera, RN, BSN, NCSN
Wedgwood School Nurse
snbarquero@seattleschools.org
206-252-5712



Seattle Public Schools AUTHORIZATION FOR MEDICATIONS TO BE TAKEN AT SCHOOL

The following section is to be completed by the PARENT/GUARDIAN:

(please print)

School _____	Fax# _____	Grade _____
Student's Name _____	_____	Initial _____
Birth Date _____	ID# _____	Gender _____
_____	_____	_____
(Health Care Provider's Name)	(Address)	(Phone & Fax)
Please check only one box:		
<input type="checkbox"/> I request that authorized persons at school assist my child in taking the medicine(s) described below. I also give my permission for exchange of information between the school district staff and the health care provider.		
<input type="checkbox"/> I request that my child be allowed to self-administer medication. I also give my permission for exchange of information between the school district staff and the health care provider. I shall hold harmless and indemnify the school and Seattle Public School District's officer, employees and agenda against all claims, judgments, or liability arising out of the self-administration and carrying of medication of my child.		
<input type="checkbox"/> I am 18yo or older & am signing this form on my own behalf (RCW 26.28.015 or RCW 70.02.130). I also give my permission for the exchange of information between the school district staff and the health care provider.		
_____	_____	_____
(Date)	(Parent/Guardian/Student Signature)	(Home Phone) (Emergency Phone)

The following section is to be completed by the HEALTH CARE PROVIDER:

(please print)

I have determined that the medication named below is advisable during the school day.	
Diagnosis for which medication is given: _____	
Name of medicine: _____	Dose: _____
Route: _____	
If medicine is to be given DAILY, at what time: _____	
If medicine is to be given WHEN NEEDED, describe indications: _____	

How soon can it be repeated: _____	
Is child authorized to medicate herself/himself? (circle) YES NO	
If "Yes", student has been trained by health care provider and is safe to self-administer? (circle) YES NO	
Length of time this treatment is recommended: _____	
Possible side effects: _____	
Emergency procedure in case of serious side effects: _____	
Date: _____	Health Care Provider's Signature: _____

AUTHORIZATION FOR MEDICATIONS TO BE TAKEN AT SCHOOL cont.

Whenever possible we encourage medication doses to be scheduled **during non-school hours**. For those students who need medication during school hours, the following is required by Washington State Law and **must be completed and on file before any medication may be given at school**:

- 1. ALL MEDICATIONS (INCLUDING OVER THE COUNTER) TO BE ADMINSTRATED AT SCHOOL REQUIRE AN AUTHORIZED SIGNATURE OF BOTH THE PARENT/GUARDIAN AND A LICENSED HEALTH PROFESSIONAL**

- 2. MEDICATION MUST BE IN A PROPERLY LABELED (see list) ORIGINAL PHARMACY CONTAINER**
 - **Student's Name**
 - **Name and Strength of Medication/Including Dosage to be Given**
 - **Time and Method of Administration**
 - **Length of Time/Days to be Given**

- 3. MEDICATIONS OTHER THEN ORAL, EYE, EAR, OR TOPICAL MAY NEED TO BE ADMINISTERED BY A LICENSED NURSE: EPINEPHRINE AUTO INJECTORS (Epi-Pen, Auvi-Q) ARE AN EXCEPTION. PLEASE CONTACT YOUR SCHOOL NURSE FOR MORE INFORMATION.**

Thank you for your cooperation.

Student Health Services
P.O. Box 34165, MS 31-650
2445 Third Avenue South
Seattle, Washington 98124-1165
(206) 252-0750 (206) 252-0751 - fax



Wedgwood T-Shirt Order Form

Show your Wedgwood spirit/ Fridays are Wedgwood spirit days where staff and students show their spirit by wearing Wedgwood gear! They also make great gifts to family members. Turn in this form to the office, along with a check made out to the Wedgwood PTA, and we'll send home your t-shirt(s) to the child's name below. If you would like to pick out the sizes in person, please email me and arrange a time to meet.

Child's Name: _____

Teacher: _____ Incoming Kinder _____ Room #: _____

	S (6-8)	M (10-12)	L (14-16)	S	M	L	XL	XXL	XXL	QTY	x Price	= Total
Youth T-Shirt											x \$10	
Adult T-Shirt											x \$15	

Total Amount Due: \$ _____

Please attach your check made out to Wedgwood PTA to this order form and return it to the office. Any questions please email Heather Pruehs at heatherneric@comcast.net