

St. Maries Joint School District No 41 is required to provide educational services to all school-age students who reside within its boundaries. Attendance at school may be denied to any student who does not provide an immunization record to the school regarding the student's immunity to certain childhood diseases. Immunity requirements are met if the student has received or is in the process of receiving immunization as specified by the Board of Health and Welfare or has previously contracted the disease. The parent or legal guardian of the student must comply with the immunization requirements at the time of admission and before attendance for the student.

SUMMARY OF IMMUNIZATION REQUIREMENTS

Immunization Requirement	Student born after September 1, 2005	Student born after September 1, 1999, through September 1, 2005	Student born or before September 1, 1999
Measles, Mumps, and Rubella (MMR)	2 doses	2 doses	1 dose
Diphtheria, Tetanus, Pertussis	5 doses	5 doses	4 doses
Polio	4 doses	3 doses	3 doses
Hepatitis B	3 doses	3 doses	3 doses
Hepatitis A	2 doses	0 doses	0 doses
Varicella	2 doses	0 doses	0 doses

SUMMARY OF SEVENTH GRADE IMMUNIZATION REQUIREMENTS

Immunization Requirement	Student admitted to 7 th grade prior to the 2011-2012 school year	Student admitted to the 7 th grade during the 2011-2012 school year and each year thereafter
Diphtheria, Tetanus, Pertussis	0 doses	1 dose
Meningococcal	0 doses	1 dose

IMMUNIZATION CERTIFICATION:

The immunization record must be signed by a physician, or physician's representative, or another licensed health care professional including an osteopath, nurse practitioner, physician's assistant, licensed professional nurse, registered nurse, and pharmacist stating the type, number, and dates of the immunizations received.

INTENDED IMMUNIZATION SCHEDULE:

The schedule of intended immunizations statement must be provided by the parent or legal guardian of a student who is in the process of receiving or has been scheduled to receive the required immunizations. A form is provided by the Department of Health and Welfare or a similar one may be used provided it includes the following information:

1. Name and date of birth of student;
2. School and grade student is enrolling in and attending;
3. Type, numbers, and dates of immunizations to be administered;
4. Signature of the parent, custodian, or legal guardian; and
5. Signature of a licensed health care professional providing care to the student.

Students admitted to school and failing to continue the schedule of intended immunizations will be excluded from school until documentation of administration of the required immunizations is provided by the student's parent, custodian, or legal guardian.

EXEMPTIONS:

1. Any student who submits a certificate signed by a physician licensed by the State Board of Medicine stating the physical condition of the student is such that all or any of the required immunization would endanger the life or health of the student is exempt from the immunization requirements;
2. Any minor student whose parent or guardian submits a signed statement to school officials stating their objections on religious or other grounds is exempt from the immunization requirements;
3. A student who has laboratory proof of immunity to any of the childhood diseases listed above will not be required to be immunized for that disease; and
4. A student who has had varicella (chickenpox) diagnosed by a licensed physician upon personal examination will not be required to be immunized for the disease provided they submit a signed statement from the diagnosing physician.

A student exempted under one of the above requirements may be excluded by the District in the event of a disease outbreak.

REPORTING:

The School District shall submit a report of each school's immunization status to the State Department of Education on or before the first day of November of each year. The report shall include:

1. Inclusive dates of the reporting period;
2. Name and address of the school, District, and county;
3. Grade being reported and total number of students enrolled in the grade;
4. Name and title of the person completing the report form;
5. Number of students who meet all of the required immunizations listed in the tables above;
6. Number of students who do not meet all of the required immunizations listed in the tables above, but are in the process of receiving the required immunizations; and
7. Number of students who claimed exemption to the required immunizations listed in the tables above.

Policy Cross Reference:

Legal Reference:

Idaho Code 39-4801	Immunization Required
Idaho Code 39-4802	Exemptions
IDAPA 16.02.15	Immunization Requirements for Idaho School Children

Policy History:

Adopted:	03/13/2000
Reviewed:	11/10/2008
Reviewed:	12/08/2008
Amended:	12/08/2008
Reviewed:	09/12/2011
Amended:	09/12/2011
Reviewed:	08/14/2017
Amended:	08/14/2017