



Melrose-Mindoro School District

Deanna Wiatt, Superintendent
Rick Dobbs, Junior/Senior High School Principal
Corey Peterson, EC-6th Grade Principal

N181 State Rd. 108 • Melrose, WI 54642

Phone – (608) 488-2201 or (608) 857-3410

Fax – (608) 488-2805

Welcome!

Thank you for choosing the Melrose-Mindoro School District, where our mission is "KIDS Come First." For all of our new families to the district, I am confident that you will love the experience and opportunities our district will provide you and your child. We can't wait to begin our partnership for your child's success!

Within this packet you will find several forms that will need to be completed and returned to the school office/nurse.

1. **Health Examination Record:** To be completed by your child's physician.
2. **Eye Health Examination:** To be completed by your child's physician
3. **Dental Examination:** To be completed by your child's dentist.
4. **Note from your Nurse:** For your information.

If you would like further information on any of the following please visit our district website.

- School Supplies
- Transportation
- Mustang Youth Club (before & after school care available for PreK-8th Grade)
- Food Services- Free and Reduced Meals

For any further assistance or questions please contact us at 608-488-2201 or email one of our school offices:

- PreK- 6th Grade: parker.chelsea@mel-min.k12.wi.us

Please be sure to check out the Melrose-Mindoro School District on social media! Like us on Facebook and stay up to date on all the fun happenings throughout the year.



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MELROSE-MINDORO SCHOOLS HEALTH EXAMINATION RECORD

Name: _____ DOB: _____ Age: _____

Parents/Guardians: _____

Address: _____

Phone: _____

Physical examination

Immunizations

Height: _____ Weight: _____ (Student Immunization Card)

Skin and Scalp: _____

Eyes: See other side of sheet

Ears: _____ Nose: _____ Heart: _____

Throat: _____ Thyroid: _____ Pulse: _____

Lungs: _____ Chest: _____ Blood Pressure: _____

Abdomen: _____ Spine: _____ Extremities: _____

Neurological: _____ Skeletal: _____

GU: _____

Congenital or Chronic Conditions: _____

Medications: _____

Recommendations: _____

Limitations: _____

Physician's Signature: _____ Date: _____

State of Wisconsin
Department of Regulation and Licensing
KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____
Parent or Guardian _____ Phone _____
Address _____ County _____
School/Kindergarten _____ City _____
Date entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- ☐ Brief history (general health and eye health) of the child, including family history
- ☐ General external observation of the child's eyes and surrounding structures
- ☐ Ophthalmoscopic examination through an undilated pupil
- ☐ Gross measurement of peripheral vision
- ☐ Evaluation of eye coordination and function (alignment and motility)
- ☐ Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: ☐ Yes ☐ No

Date of examination:

Doctor/Physician Signature:

Print or stamp:

Doctor/Physician Name

Address

Phone

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____



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DENTAL EXAMINATION FOR 4 YEAR OLD KINDERGARTEN

Student's Name: _____ *DOB:* _____

Parents/Guardians: _____

Address: _____

This student was seen by me in my office for a complete dental examination. These are the results of my examination and my recommendations.

Examination: _____

Recommendations: _____

Dentist Signature: _____ *Date:* _____

4K and KINDERGARTEN REGISTRATION

Notes from Your Nurse

Welcome to the Melrose-Mindoro School District. It is our policy to create a health promoting environment in our schools. Below are a few items of importance for you to know.

IMMUNIZATIONS

Check with your provider about any needed immunizations. Requirements change between 4K and Kindergarten. Schools must report immunization compliance to the State of WI by the 40th day of school each year. There is a waiver form available for those who chose not to immunize or have medical reasons.

CRITERIA FOR KEEPING YOUR CHILD HOME FROM SCHOOL

1. Temperature over 100*. Please do not send the student back to school until the temperature is normal for 24 hours **without the use of a fever-reducing medication.**
2. Severe cold with headache, chills, fever and stuffy or runny nose
3. Vomiting in the past 24 hours
4. A red sore throat with white spots, lasting more than 12 hours
5. An undiagnosed rash
6. Red blood streaked eyes that are mattered shut, itch, swollen and hurt.
7. Diarrhea in the past 24 hours
8. Live head lice – may come after treated

MEDICATIONS

- Any medication given to your child at school must be supplied in the original container and a school medication form needs to be signed by parent/guardian. If the medication is a prescription, the provider also needs to sign the form.
- At school, we may give our stock acetaminophen for fever of 101* and above if parent/guardian has given signed permission.

Please make me aware of any medical concerns you may have regarding your child. I look forward to partnering with you regarding any of your child's health needs in school.

Tiffany Gray, RN
nurse@mel-min.k12.wi.us
(608) 488-2201 ext. 2128

Information on disease protection that vaccines

* Vaccinations are provided at Primary Care Providers (PCP) offices. Children who go in for their 4 year, 5 year, or Kindergarten well child exams usually receive the immunizations at that visit to prepare them for Kindergarten. If your child has an upcoming appointment, make sure to ask their PCP about any immunizations they might need.

* The La Crosse County Health Department also offers vaccines to children in preparation for Kindergarten. Families must meet eligibility requirements to be vaccinated at the La Crosse County Health Department. Please call 608-785-9723 to inquire about eligibility and appointments.



provide can be found at www.cdc.gov/vaccines.

A Service of:

La Crosse County Health Department



Public Health Nursing

300 4th Street North

2nd Floor

La Crosse, WI 54601

608-785-9723

Is your child starting
Pre-Kindergarten or
Kindergarten this year,
2025-2026?



What immunizations
will they need?

Is your child starting Pre-K or Kindergarten this year (2025-2026)?

What immunizations will they need?

The Student Immunization Law Age/Grade Requirements for the State of Wisconsin are:

Age/Grade	Number of Doses				
Pre K (2 years through 4 years)	4 DTaP/DTP/DT	3 Polio	3 Hep B	1 MMR	1 Var
Kindergarten (through 6 th Grade)	4 DTaP/DTP/DT/Td	4 Polio	3 Hep B	2 MMR	2 Var

What are these vaccines and will they protect my child?

DTaP and DTP protect against Tetanus, Diphtheria, and Pertussis. DT and Td (Td is for children 7 years or older) **protect against Tetanus and Diphtheria.** Children entering Kindergarten must have received one dose of DTaP/DTP/DT after their 4th birthday (either the 3rd, 4th, or 5th dose) to be considered compliant. The vaccine protects 70-90% of children from Pertussis, 95% from diphtheria, and nearly 100% from tetanus.

Polio vaccine protects 99% of children against Polio disease. Children usually receive their primary Polio series as infants. For children entering Kindergarten four doses of Polio vaccine are required.

However, if your child received their 3rd dose of Polio after their 4th birthday, further doses are not required.

The three dose Hepatitis B vaccine series protects more than 95% of infants, children, and adolescents who receive the series from Hepatitis B illness. Children usually receive their Hepatitis B vaccine series as infants; however, if your child only received part of the series, he or she will need to complete the series before starting Kindergarten.

MMR vaccine protects against Measles, Mumps, and Rubella and is believed to produce life-long immunity in most people. It is a series of two immunizations. Children usually receive their first MMR vaccine on or after their first birthday. The

second MMR can be given any time after their fourth birthday; however, schools appreciate it being given before the child starts Kindergarten.

Varicella (Chickenpox) vaccine has been found to protect 70-90% of people who receive it. It is a series of two immunizations. Children usually receive their first Varicella vaccine on or after their first birthday. The second Varicella can be given any time after the 4th birthday; however, schools appreciate it being given before the child starts Kindergarten. A history of chickenpox disease (reported & documented by a physician) in the child is acceptable and would eliminate the need for vaccination.