



Morningside Academy

August 10, 2020

Dear Morningside Families,

Welcome to Morningside Academy! Fortunately, we just completed a successful remote learning Summer School session and have learned a great deal. We look forward to employing our new innovations in remote instruction as we start our 2020-2021 school year.

In this packet, you will find our school calendar and required forms and permission slips to be completed and returned to Morningside. Some of the forms are for our eventual safe return to onsite instruction.

As of August 1, 2020, The State Board of Health (SBOH) has approved changes to Chapter 246-105 of the Washington Administrative Code (WAC) concerning school immunization policy. These rules apply to all public and private schools in Washington State. The update to Chapter 246-105 WAC has three major focuses:

- It now requires medically verified immunization records for school entry.
- It clarifies conditional status in regard to school immunization requirements and implementation.
- It changes the Tdap immunization requirement to 7th through 12th grades.

Please return forms by September 1, 2020, either via email or USPS mail.

For your convenience, we have provided a checklist of required forms to complete. For returning students with no change in information, please identify if you want to use the forms we currently have on file. Immunization forms do not have to be resubmitted unless your child has received new immunizations or boosters.

We will have more information on supplies and class links/log-ins to share before school starts. For health & safety, we'll have a touch-less curbside pickup for books and materials to reduce the need for printing at home.

If you'd like to contact me, please call the school or email jen@morningsideacademy.org. If I can't answer your question, I'd be happy to direct you to the right person. Enjoy the rest of your summer! See you online on September 16th.

Sincerely,

Jen Provenzano
Director of Operations

Required Forms Checklist

I have enclosed these required forms for Fall 2020:

- Student Health History & Emergency/Medical Consent
- Transportation form
- Volunteer Survey
- Authorization to Administer Prescription Medications (if needed)
- Immunization form (if any shots/boosters since last year)
- Permission to Photograph

I authorize Morningside to use the following forms that are currently on file for the 2020-2021 school year. Our information is unchanged from last school year or summer school:

- Parents & Guardian Contact Information
- Denny Park/Playfield & Neighborhood Walk Permission

Our information has changed! I am including these updated forms:

- Parents & Guardian Contact Information
- Permission to Photograph
- Denny Park/Playfield & Neighborhood Walk Permission

Parent/Guardian Signature

Date

Morningside Academy

Parent/Guardian Contact Information

Please print clearly:

Student Name: _____ Date of Birth: _____

Grade Level 20-21 school year _____ Preferred Gender Pronouns: _____ Left/Right Handed (school supplies) _____

Parent/Guardian 1-

Name: _____

Relationship to _____

Student: _____

Spouse/Partner: _____ Spouse Phone: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Email: _____

Occupation/Employer: _____

Parent/Guardian 2-

Name: _____

Relationship to _____

Student: _____

Spouse/Partner: _____ Spouse Phone: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Email: _____

Occupation/Employer: _____

Who do we contact if the need for immediate pickup is required? _____

1st Emergency Contact: *If parent/ guardian can't be reached this person is authorized to pick up my child*

Relationship: _____ Phone(s): _____

2nd Emergency Contact: *If parent/ guardian can't be reached this person is authorized to pick up my child*

Relationship: _____ Phone(s): _____

SUBMIT TO MORNINGSIDE BY SEPTEMBER 1st

Emergency & Medical Consent

Physician Information

Physician's Name: _____ Phone: _____

Medications

Does your child take any medications? Yes No

What medication?: _____

Does it need to be taken at school? Yes No

(If yes, please submit the Instructions for Prescription Medication Form)

Aches and Pains

May your child take a normal dosage of Ibuprofen (Advil/Motrin) without a call home? Yes No

May your child take a normal dosage of acetaminophen (Tylenol) without a call home? Yes No

May your child take a normal dosage of an antacid (Tums) without a call home? Yes No

May your child take a normal dosage of cough drops without a call home? Yes No

Insurance Coverage

Company/Organization: _____ Membership #: _____

Employer(s): _____

Consent to Medical Care and Treatment of Minor Children

I, _____ the parent/legal guardian of _____ consent to medical, surgical and hospital care, treatment and procedures to be performed on my child to safeguard my child's health when I cannot be contacted. I waive my right of informed consent to such treatment. I accept all financial responsibility for necessary treatment and services.

Signature of Parent/Guardian: _____ Date: _____

Student Health History Form

Student Name: _____

Please CHECK any of the following conditions that your child has had in the past, or currently has.

Accidents/Bed Wetting	Food Allergies	Loss of Appetite
ADD/ADHD	Frequent Colds	Nose Bleeds
Asthma	Frequent Diarrhea	Seasonal Allergies
Chronic Orthopedic Condition	Frequent Headaches	Seizures
Diabetes	Frequent Sore Throat	Skin Rashes
Ear Tubes/Aches	Hearing Problems	Sleeping Problems
Epilepsy	Heart Condition	Speech Problems
Fainting Spells	Hemophilia	Stomach Aches
Fevers	Hyperactivity	Vision Problems

Other/Explanation of above: _____

Does your child have a condition making them more susceptible to the effects of a communicable diseases such as Covid-19? _____

Is your child nervous or easily upset? Yes No

Explain: _____

Any eating problems/dietary restrictions? Yes No

If so, what: _____

To what extent are sugar and "junk-food" a part of your child's diet? _____

Please share additional information about your child's physical/emotional health that staff should be aware of: _____

Morningside Academy

Instructions for Prescription Medication Administered at Morningside Academy

State licensing requirements **only** permit school facilities to administer medications to children with a doctor's prescription and with the written and signed directions of a parent/guardian. **Changes to medication distribution at school will require documentation.**

Please provide the following information:

Student's Name:

Health Problem:

Name of Medication:

Method of administration at Morningside:

Amount (mg, mL, etc.):

Time of day to be given:

How long medication is to be continued:

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Date

Physician Signature

Date

SUBMIT TO MORNINGSIDE BY SEPTEMBER 1st



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

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Denny Park/Playfield & Neighborhood Walk Permission

I, _____ the parent/legal guardian of _____
give permission for my student to walk from Morningside Academy's campus to Denny Park/Denny
Playfield facilities and elsewhere in the neighborhood while supervised by Morningside faculty or staff.

Signature of Parent/Guardian: _____ Date: _____

SUBMIT TO MORNINGSIDE BY SEPTEMBER 1st

Morningside Academy

Permission to Photograph & Create Digital Videos

Dear Parents and Guardians,

Please indicate what you authorize:

- I authorize Morningside Academy to photograph and create digital videos of my child for educational and promotional purposes, including the recording of online classrooms.

As you may know, our Morningside Model of Generative Instruction is being implemented internationally in both public and private settings. We would like to enrich our printed and electronic materials (including our website and social media) with informative videos and photographs of the current program.

Thank you in advance for your support!

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian printed name: _____

OR:

I _____, parent/legal guardian of _____ do not give permission to Morningside Academy to videotape and photograph my child for any reason.

SUBMIT TO MORNINGSIDE BY SEPTEMBER 1st

Morningside Academy

Volunteer Survey

Student Name: _____

Parent/Guardian #1 Information

Name: _____

Home Phone: _____

Cell Phone or Work Phone: _____

Email: _____

Listed below are a variety of opportunities for volunteer involvement. Please check all that interest you. If you have other ideas or skills to share, please list them in the box below.

- | | |
|---|---|
| <input type="checkbox"/> Annual Auction and Gala – May 7 th , 2021 | <input type="checkbox"/> Food Drive – November/December |
| <input type="checkbox"/> Family Dance – Mar. 19 th , 2021 | <input type="checkbox"/> Room Parent/Guardian <i>work with teacher to coordinate special plans & activities</i> |
| <input type="checkbox"/> Family Game Night – Oct. 29 th , 2020 | |
| <input type="checkbox"/> Teacher Appreciation Coordinator
<i>One person who coordinates weekly snacks (12 – 15 people) for the faculty to enjoy at their Wednesday afternoon seminar</i> | <input type="checkbox"/> Wild Waves Field Trip
Chaperone – June 11 th , 2021 |
| <input type="checkbox"/> Teacher Appreciation Contributor
<i>Make or donate a snack for the Wednesday faculty seminar</i> | <input type="checkbox"/> Other Field Trip(s)
Helper/Chaperone |
| <input type="checkbox"/> Parent/Guardian Chairperson
<i>Helps coordinate with other parents/guardians as FOMA Chair, a Morningside's Parent/Guardian that supports academic and social goals of the school by organizing social events and activities.</i> | <input type="checkbox"/> General Event Set Up/Clean
Up Support |

Other Skills You Can Share:

1. _____

2. _____

3. _____

Over for additional guardian info

Morningside Academy

Volunteer Survey

Student Name: _____

Parent/Guardian #2 Information

Name: _____

Home Phone: _____

Cell Phone or Work Phone: _____

Email: _____

Listed below are a variety of opportunities for volunteer involvement. Please check all that interest you. If you have other ideas or skills to share, please list them in the box below.

- | | |
|---|---|
| <input type="checkbox"/> Annual Auction and Gala – May 7 th , 2021 | <input type="checkbox"/> Food Drive – November/December |
| <input type="checkbox"/> Family Dance – Mar. 19 th , 2021 | <input type="checkbox"/> Room Parent/Guardian <i>work with teacher to coordinate special plans & activities</i> |
| <input type="checkbox"/> Family Game Night – Oct. 29 th , 2020 | <input type="checkbox"/> Wild Waves Field Trip Chaperone – June 11 th , 2021 |
| <input type="checkbox"/> Teacher Appreciation Coordinator
<i>One person who coordinates weekly snacks (12 – 15 people) for the faculty to enjoy at their Wednesday afternoon seminar</i> | <input type="checkbox"/> Other Field Trip(s) Helper/Chaperone |
| <input type="checkbox"/> Teacher Appreciation Contributor
<i>Make or donate a snack for the Wednesday faculty seminar</i> | <input type="checkbox"/> General Event Set Up/Clean Up Support |
| <input type="checkbox"/> Parent/Guardian Chairperson
<i>Helps coordinate with other parents/guardians as FOMA Chair, a Morningside's Parent/Guardian that supports academic and social goals of the school by organizing social events and activities.</i> | |

Other Skills You Can Share:

1. _____

2. _____

3. _____

Morningside Academy

After School Transportation Plan & Permissions

Student Name: _____

Please choose one:

These options apply to students leaving directly after school, as well as those who stay for an Extended Day Activity.

- My student will be picked up individually on Lenora Street**
- My student will be leaving on their own:**
 - They will be taking public transportation (Bus # ___)
 - OR**
 - They will be walking home or to my office
- My student will be part of a carpool**
Morningside Academy does not coordinate student carpools, but in order for us to facilitate a quick and easy dismissal, please list the students and drivers associated with your carpool:

Carpool Students	Carpool Drivers

- Other** *Please Specify* _____

Please let your child know they are not to return to Morningside Academy, including the adjoining sidewalk and alley, once they have departed the building. Of course, this does not apply to emergency or safety situations. Anyone responsible for picking up a student must make a good-faith effort to pick up immediately after school, or immediately when notified of illness or injury.

The safety of our students is our top priority. Please talk with your child about the pedestrian and bus riding safety rules you expect your child to observe.

Signature of Parent or Guardian

Date Signed

Printed Name of Parent or Guardian