

OCTOBER 2023



Ph# 920-852-5535




Connect to our webpage for school news, menus, calendars, full-length newsletters, staff email addresses, Infinite Campus Parent Portal access and more!

[ABS WEBPAGE](#)

Like our Facebook page at

[ABS Facebook Page](#)

We will be posting exciting news about upcoming events and things happening in our classrooms!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Full-Length1 Newsletter available on our webpage	2	3 Picture Day  PTA mtg.	4	5	6 NO BGC	7
8 PTA Fundraiser Funset 4-8pm	9	10	11	12 	13	14
15	16 Dental Forms Due in Office	17 	18	19	20 Fall Dance Zion Gym 6-8 pm	21
22	23	24	25	26	27 No School Prof Dev Day	28
29 ABS Fall Spirit Week	30 Wear green, blue or ABS apparel	31 Book Character	Nov 1 Vaquero/ Ranchero Western	Nov 2 Hat Day	NO BGC Nov 3 Sports Day	Nov 4

Reminder: All visitors must check in at the office to sign in and obtain a visitor name badge. Thank you!

If you have not completed the application for free/reduced meals and fees, please complete as soon as possible. It is available through your parent portal on Infinite Campus. Paper copies are available in the office. You can also print a copy from the foodservice website: [Application for Free/Reduced Meals and Fees](#). The upcoming Dental Screening also requests completion of this application.

From the desk of Mr. Cannon.....

Hello Families-

Thank you for your support for a great start to the school year! We are looking forward to meeting with you at our upcoming Parent-Teacher Conferences on Thursday, October 12th, or Tuesday, October 17th. You should have received a form to complete indicating your preferences for dates and times that work best for you. We are looking forward to sharing with you early successes, current levels of performance, and formulating home-school partnerships and strategies to support the learning for our students!

Besides Parent Teacher Conferences, we have a couple of opportunities for families to support our school community 😊. On Sunday October 8th, PTA will have a fundraiser event at Funset from 4:00 to 8:00 pm and Friday, October 20th, we will have our Fall Dance from 6:00 to 8:00 pm. This event is when students can wear their costumes to school. There is no school for students on Friday, October 27th as staff has a professional development day. Please see the calendar for dress up days during spirit week. As a reminder, for Tuesday's dress up day - storybook character, no masks and/or face painting; thank you for your support and understanding.

At Orientation Night last week we discussed a number of items including ways to support learning at home. In summary, some of the best ways to not only spend time together as a family but to also support our students' learning is to play games and read together. These home activities do not need to reflect or feel like school activities. Card games and board games often involve simple number operations that build students' math fluency such as Cribbage, Yahtzee, Chutes & Ladders, and Monopoly. Reading twenty minutes per day at home with high interest text helps expose students to nearly two million more words in print per year compared to not reading at home. Involving children with home activities such as making decisions with purchases and with preparing meals provides context to the skills being developed in our classrooms. With increased exposure to technology, some students have spent less time engaging with things like coloring books which help to build stamina for writing activities when in school and early practice with developing fine motor skills.

It has been a wonderful opening to this school year! The students have been responding well and we enjoy our time together so much! Thank you for your time and support with having students attend regularly and ready to learn.

Best,
JOEL

St Joe's Food Pantry provides food bags for each Thursday to Columbus and ABS families in need. If your family would benefit from this service, please contact our school social worker by emailing mcinnesrobert@ascd.k12.wi.us



MONDAY

2

Lunch
 • Personal Galaxy Cheese Pizza
 • BBQ Rib-B-Q Sandwich
 Sides for All Meals
 • Seasoned Mixed Vegetables
 • Baby Carrots & Celery Sticks
 • Sliced Fresh Apples
 • Pineapple Tidbits
 Milk & Condiments

TUESDAY

3

Lunch
 • Chicken Nuggets
 • Turkey & Cheese Sub
 Sides for All Meals
 • Baked Beans
 • Sliced Cucumbers
 • Fresh Pear
 • Sour Cherry Lemon Frozen
 SideKicks
 Milk & Condiments

WEDNESDAY

4

Lunch
 • Mini Turkey Corn Dogs
 • Sweet & Sour Chicken
 Sides for All Meals
 • Broccoli
 • Fresh Carrots
 • Fresh Orange Wedges
 • Unsweetened Applesauce
 Milk & Condiments

THURSDAY

5

Lunch
 • Cheesy Italian Pull Apart
 • Marinara Sauce
 • Meatballs in Zesty Marinara
 Sides for All Meals
 • Savory Green Beans
 • Fresh Grape Tomatoes
 • Fresh Banana
 • Chilled Peaches
 Milk & Condiments

FRIDAY

6

Lunch
 • Muffin, Goldfish & Yogurt Fun
 Lunch
 • The Perfect Sloppy Joe
 Sides for All Meals
 • Seasoned Corn
 • Fresh Cauliflower Florets
 • Fresh Whole Apple Gala
 • Mandarin Oranges
 Milk & Condiments

9

Lunch
 • Crispy Chicken Patty
 Sandwich
 • Cheese Quesadilla
 Sides for All Meals
 • Savory Green Beans
 • Fresh Carrots
 • Fresh Whole Apple Gala
 • Chilled Diced Pears
 Milk & Condiments

10

Lunch
 • Chicken Nuggets
 • Personal Galaxy Cheese Pizza
 Sides for All Meals
 • Sliced Carrots
 • Red and Green Bell Pepper
 Strips
 • Fresh Orange Wedges
 • Mixed Fruit Cocktail
 Milk & Condiments

11

Lunch
 • Classic American
 Cheeseburger
 • Potato Breaded Fish Sticks
 Sides for All Meals
 • Baked Beans
 • Sliced Cucumbers
 • Sliced Fresh Apples
 • Strawberries
 Milk & Condiments

12

Lunch
 • Popcorn Chicken
 • Hot Smokey Ham & Cheese
 Sandwich
 Sides for All Meals
 • Seasoned Corn
 • Fresh Broccoli Florets
 • Fresh Whole Apple Gala
 • Rosy Applesauce
 Milk & Condiments

13

Lunch
 • Chicken Corn Dog
 • Toasty Cheese Sandwich
 • Campbell's Tomato Soup
 Sides for All Meals
 • Rainbow Veggie Medley
 • Fresh Grape Tomatoes
 • Fresh Pear
 • Strawberry Cup
 Milk & Condiments

16

Lunch
 • Boneless Chicken Wings
 • Cheesy Italian Pull Apart
 Sides for All Meals
 • Baked Beans
 • Fresh Celery Sticks
 • Fresh Whole Apple Gala
 • Mandarin Oranges
 Milk & Condiments

17

Lunch
 • Classic Pepperoni Pizza
 • Sunbutter & Crackers Fun
 Lunch
 Sides for All Meals
 • Seasoned Peas
 • Fresh Broccoli Florets
 • Sliced Fresh Apples
 • Chilled Peaches
 Milk & Condiments

18

Lunch
 • Macaroni and Cheese
 • Ham and Cheese Wrap
 Sides for All Meals
 • Tater Tots
 • Sliced Cucumbers
 • Fresh Pear
 • Strawberries
 Milk & Condiments

19

Lunch
 • WG Cinnamon Glazed French
 Toast Sticks
 • Breakfast Syrup
 • Pork Sausage Patty
 • Turkey & Cheese Sub
 Sides for All Meals
 • Sliced Carrots
 • Fresh Grape Tomatoes
 • Blueberries
 • Chilled Diced Pears
 Milk & Condiments

20

Lunch
 • Beef Walking Tacos
 • Turkey Hot Dog
 Sides for All Meals
 • Corn
 • Fresh Carrots
 • Fresh Banana
 • Unsweetened Applesauce
 Milk & Condiments

23

Lunch
 • Boneless Chicken Wings
 • Italian Meatball Sub
 Sides for All Meals
 • Savory Green Beans
 • Baby Carrots & Celery Sticks
 • Fresh Pear
 • Mixed Fruit Cocktail
 Milk & Condiments

24

Lunch
 • Classic American
 Cheeseburger
 • Chicken Caesar Salad
 Sides for All Meals
 • Baked Beans
 • Fresh Broccoli Florets
 • Fresh Whole Apple Gala
 • Strawberry Mango Frozen
 SideKicks
 Milk & Condiments

25

Lunch
 • Cheese Pizza
 • Teriyaki Glazed Chicken
 Sides for All Meals
 • Seasoned Broccoli
 • Fresh Grape Tomatoes
 • Sliced Fresh Apples
 • Strawberries
 Milk & Condiments

26

Lunch
 • Mini Turkey Corn Dogs
 • Crispy Fish Sandwich with
 Cheese
 Sides for All Meals
 • Sliced Carrots
 • Sliced Cucumbers
 • Fresh Banana
 • Rosy Applesauce
 Milk & Condiments

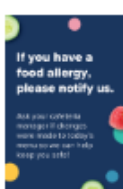
27

30

Lunch
 • Beef Taco Meat
 • Creamy Cheddar Cheese Sauce
 • Hummus
 Sides for All Meals
 • Baked Beans
 • Fresh Carrot Sticks
 • Blueberries
 • Chilled Diced Pears
 Milk & Condiments

31

Lunch
 • Popcorn Chicken
 • Mummy Hot Dog
 Sides for All Meals
 • Corn
 • Fresh Celery Sticks
 • Sliced Fresh Apples
 • Mixed Fruit Cocktail
 Milk & Condiments

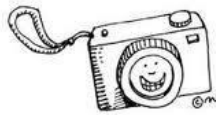


Important message about birthdays and other celebrations:

Please do not bring in snacks/treats for birthdays or other celebrations. The AASD Board Policy (458) regarding Student Wellness was updated in 2018 in order to align our school wellness procedures with best practices. This change is to focus on honoring students through more inclusive practices that are not only more aligned to the updated policy, but are practices identified as being best for overall student health and wellness. Policy 458 reads:

D. Recognition for special occasion without treats

Recognitions for special occasions (birthdays, holidays, etc.) during the school day (starting at midnight the day before through a half hour after students are dismissed for the day) will not include students bringing in snacks/treats from outside of the District for other students and will instead take place through non-food practices.



PICTURE DAY OCT 3

Picture day will be done as a PROOF PICTURE DAY. Students will receive a printed form on picture day with their image choices (proofs) along with **online ordering instructions**.

Orders will be due seven days following picture day. Any orders received after picture day will be delayed in processing and will take several additional weeks to arrive at school.

If you are unable to pay by credit card online, please call Harmann Studios for alternate payment methods. Any questions please call Harmann Studios at 1-800-236-8910.

PROOF ONLINE ORDERING GUIDE

Make parents happy · Remind them to order by the due date to avoid late fees

ORDER ONLINE

ORDENA EN LÍNEA

These proofs are intended for viewing purposes only. Your finished portraits will be color corrected, cropped, and of professional photographic quality.
Pictures will appear online 48 hours after picture day.

FOLLOW THE STEPS BELOW TO PLACE YOUR ORDER ONLINE

REFERENCE #
The reference number is needed to complete the proof online order process.

DUE DATE
Order by due date and receive pictures with classmates (and no late fee!)

test test
Harmann Test School
Gr: UNK Tr:
Room:
Ref#: 530186

Reference #

YOUR SCHOOL CODE

NEED RETAKES?

ONLINE STEPS

LATE POLICY

QUESTIONS?

1

2

FOR BEST PRICE, PLACE ORDER BY:
PARA EL MEJOR PRECIO, PIDE SUS FOTOS ANTES DEL:

10/10/23

Orders placed after date above will be delayed by up to 8 weeks and may have additional fees.
Los pedidos realizados después de la fecha anterior se retrasarán hasta 8 semanas y pueden tener cargos adicionales.

Step 1: To order, go to harmann.com/ordering or scan QR code.
To request a retake, see instructions below.
Paso 1: Para ordenar, vaya a harmann.com/ordering o escanee el código QR. Para solicitar una repetición, vea las instrucciones a continuación.

Step 2: Enter password:
Paso 2: Escriba la contraseña.

Step 3: Enter reference number located above.
Paso 3: Ingrese el número de referencia ubicado arriba.

If you do not have the ability to pay online, please call Harmann Studios for other payment options.
Si no puede pagar en línea, llame a Harmann Studios para otras opciones de pago.

INSTRUCTIONS FOR REQUESTING RETAKES: If you choose to do a retake you MUST go online to request one by the order by date above.
Please type in to your internet browser: www.harmann.com/retakes or scan retake QR code.
INSTRUCCIONES PARA SOLICITAR REPETICIÓN: Si elige hacer una repetición, DEBE contactarse en línea para solicitar una en el orden de la fecha anterior.
Escriba en su navegador de Internet: www.harmann.com/retakes o escanee el código QR de recuperación.

Harmann STUDIOS
harmann.com

Questions? / Preguntas?
Please call Harmann Studios
1-800-236-8910

Scan here to place order

Retake

Thank You!



FUNDRAISER

Appleton Bilingual School

PTA

cadaniño.unavoz.

LIMITED QUANTITY BUYS YOURS TODAY



Let's have some fun and
raise funds for Appleton
Bilingual School's PTA!

DETAILS

Where: Funset Boulevard

3916 W. College Ave.

When: Sunday, Oct. 8

From: 4:00pm- 8:00pm

Cost: \$10.00 per band

Discounted wristbands will **not** be sold or distributed at the event. **Wristbands must be pre-purchased and worn.** At the event, mention you are with the ABS and receive a Large one-topping Pizza and a pitcher of soda for \$19.95, a savings of over \$5.00, just show your wristband when ordering.

Wristband
gives **unlimited**
access to

Playground
(socks required)

Carrousel

Train

**Bumper
Cars**

40" height
requirement

Laser tag

48" height
requirement

***Parents are responsible for supervising their children at the event and are welcome to pre-purchase wristbands to join in the fun.**

To order: Scan QR code or return the money and form to the office by

Wednesday, October 4

Please mark how you'd like to pick up wristbands

☐ Please send my wristbands home with _____ & _____
(student's name) (grade)

☐ I will pick up the wristbands from the ABS office (pick up by October 6)

Number of wristbands _____ Total Payment Enclosed \$ _____

Cash or checks payable to Appleton Bilingual School PTA



FALL DANCE

Bailemos!



FRIDAY, OCTOBER 20 6:00-8:00 PM | ABS GYM

SNACK SALE DURING THE DANCE | COSTUMES ENCOURAGED

STUDENT MUST BE ACCOMPANIED BY AN ADULT

PTA SPONSORED EVENT

Appleton Bilingual School
PTA
cada niño. una voz.



5K-2 Literacy Screener

Fall 2023

Dear AASD 5K-2 Families,

The two best predictors of a child's early reading success are alphabet recognition and phonemic awareness. In accordance with Wisconsin Act 86, all students in grades kindergarten through second grade are required to be screened annually for reading readiness in the areas of letter-sound knowledge and phonemic awareness. This screening is one tool that helps educators identify students that may need more targeted support in reading, including children with Dyslexia and related conditions.

The 5K-2 Literacy Screener will be administered to all students at three times during the school year: fall, winter, and spring. The results of the screener will be used to design specialized phonics instruction that is aimed at remediating lagging skills. The results of the screener will be shared with parents/guardians during the fall and winter conferences, and then sent home in the spring of the year. **It's important to note that this screener does not diagnose Dyslexia** or other related conditions but rather serves as a tool to ensure that every child receives the intensity of instruction that he or she needs in order to become a proficient reader.

Each grade level has a unique screener aligned to the progression of skills in alphabetic principle and phonemic awareness that are needed to become a fluent reader. The teacher, with support from the literacy interventionist and/or instructional coach, administers the screener individually to each student in the class. On average, the screener takes 7-15 minutes to complete. Students showing mastery in the fall are not retested in the same skill areas in the winter, or spring. Students not showing mastery in the fall are retested in the same skill areas to monitor skill development.

If additional support is needed based on screener results, extra reading support(s) will be provided and discussed with you at conferences. Supports may include:

- explicit and systematic instruction in phonemic awareness and phonics
- collaboration between classroom teachers, interventionists, learners, and families to ensure cohesion between instruction in multiple environments
- attending to all aspects of a student's identity and needs. This includes meeting social emotional needs and teaching self-advocacy
- additional literacy assessments may be done to pinpoint specific areas of concern and small group instruction may be provided

Unlike other assessments, state law does not allow districts to grant opt out requests for the 5K-2 Literacy Screener. If you would like more information concerning this notification, please reference [Wisconsin's Informational Guidebook on Dyslexia Related Conditions](#) for more information. Should you have any questions on the 5K-2 literacy screener, please reach out to your child's teacher, your principal, or feel free to contact me at: willercarrie@aad.k12.wi.us or 920.832.5320 ext 60170.

Yours in Education,

Carrie Willer, PhD

Director of Elementary Education

Joel Cannon,

Principal ABS/ Columbus



HEALTH SERVICES * P.O. Box 2019, Appleton, WI 54911 * 920-852-5344

Is Your Child Well Enough to Go to School?

It is not always easy to decide if your child is sick enough to stay home or well enough to be in school. Children who come to school are expected, with few exceptions, to participate fully in school activities.

Here are some guidelines that might help in a parent's decision-making.

1. **Fever:** A fever of 100.0 degrees or more signals an illness that is probably going to make a student uncomfortable and unable to function well in class. Your child should stay home until his or her temperature is less than 100 degrees (without the use of fever reducing medication) for 24 hours and he/she is feeling better.
2. **Vomiting, Diarrhea or Severe Nausea:** These are symptoms that require a student to remain at home until a normal diet is tolerated for 24 hours.
3. **Infectious Diseases:** Diseases such as impetigo, pink eye with thick drainage, and strep throat require a health care provider's visits and prescription for medication. Contacting the health care provider and using the medicine as directed for the full recommended length of time are necessary. A student may return to school 24 hours after the first dose of an antibiotic and if he/she is feeling well.
4. **Rashes:** Rashes or patches of broken, itchy skin need to be examined by a health care provider if they appear to be spreading or not improving.
5. **Injuries:** If a student has an injury that causes continuous discomfort, the student should not attend school until the condition is checked by a healthcare provider or it improves. Injuries that interfere with class participation need a medical evaluation. If participation in physical education classes is not recommended, a health care provider's excuse is required.

If your child becomes ill in school, we will need to be able to reach you. Please make sure to notify the office of any work or phone number changes as they occur.

If you have further questions, please contact your school nurse through the school office.

Here are some things you can do to help:

- Frequent handwashing
- Coughing or sneezing into a tissue or sleeve
- Drink plenty of water
- Eat a well balanced diet



STUDENT ATTENDANCE



EMBRACE THE EVERY DAY!

DID YOU KNOW?



Students who are chronically absent in preschool through 1st grade are much less likely to read at grade level by the end of 3rd grade.



By 6th grade, chronic absence is a proven early warning sign for students at risk of dropping out of school.



Frequent absences can be a sign that a student is:

- Losing interest in school
- Struggling with school-work
- Dealing with a bully
- Facing some other difficulty

WHAT CAN YOU DO?



Make school attendance a priority. Help your child to be on time to school.



Help your child maintain daily routines, such as finishing homework and getting a good night's sleep.



Develop backup plans for getting to school if something comes up. Call on a family member, neighbor, or another parent to take your child to school.

HOW DOES LATE ARRIVAL AFFECT STUDENTS?



Minutes late per day	Equal days work of teaching lost in a year
5 mins	3.4 days
10 Mins	6.9 days
15 Mins	10.3 days
20 Mins	13.8 days
30 Mins	20.7 days



Absenteeism in the first month of school can predict poor attendance throughout the school year. Half of students who miss 2-4 days in September go on to miss nearly a month of school.

HOW TO CREATE A GOOD ROUTINE:



Set a daily schedule with the same wake-up times and bedtimes for each school day -- and stick to them.



Prepare morning routines the night before. Each night, have your student pick out their outfit, and have school supplies ready by the door. Being prepared the night before makes the morning routines simpler.



FREE DENTAL CARE **PROGRAM FOR YOUR CHILD**



If your **preschool, kindergarten and/or elementary school child**

- is eligible for free or reduced cost hot lunch
- or has a ForwardHealth card from Medicaid (BadgerCare)
- *and* **DOES NOT** have private dental insurance

they can receive **free** dental care.

Complete the attached forms and return them to your child's school and your child will be seen throughout the school year for routine dental care.

If you have any questions, PLEASE contact Lisa or Nkaoxue at Tri County Dental @920-882-5500 for additional information.

*See the back of this sheet for specific program information

Dental Program Process

Phase 1 Takes place in your child's school

(Or at clinic, a chaperoned school bus will transport children to and from the clinic)

- ✓ Dental hygienist will:
 - Clean your child's teeth and record the student's general oral health
 - Contact a parent/guardian with notification of urgent needs
 - Apply fluoride varnish (a mineral proven to reduce cavities), sealant or SDF (Silver Diamine Fluoride) as appropriate

Phase 2 Takes place on the Mobile Dental Clinic at your child's school

- ✓ Dental Hygienist or Dental Assistant will:
 - Take x-rays
 - Place sealants, if appropriate
 - Apply fluoride varnish and Silver Diamine Fluoride (if necessary)
- ✓ Children will receive oral health education
- ✓ A Dentist will do a thorough examination of your child's teeth, preparing a treatment plan if your child requires fillings and/or other dental work
- ✓ *Children requiring additional treatment will need Phase 3*

Phase 3 Takes place on the Mobile Dental Clinic at your child's school or at Tri-County Dental Clinic

(For clinic visits, a chaperoned school bus will transport children to and from the clinic)

- ✓ A dentist will provide the necessary restorative work your child requires
(You will be notified before your child is seen for fillings and consent must be obtained by you before any tooth extraction.)
- ✓ Parent/guardian is encouraged to call our clinic for restorative needs
(Please know that dental problems will not go away on their own, so please contact us as soon as possible to schedule follow-up care.)

920-882-5500

For Office Use Only:

Chart #: _____



DENTAL CONSENT FORM

Dear Parent,

Tri-County Dental is offering an oral health program for children in your elementary school. The program includes a dental cleaning, an exam, x-rays, fillings, fluoride treatments and oral health education. A new toothbrush, toothpaste, and floss will be sent home with your child. Please complete this form if you want your child to be part of the program:

Child's Last Name: _____ Child's First Name: _____

Child's Date of Birth: ____ - ____ - ____ Female / Male Phone Number (____) ____ - ____

Child's Address: _____ Zip Code: _____

School: _____ City: _____

Homeroom Teacher: _____ Grade (circle): EC/PK K 1 2 3 4 5 6

- Does your child have private dental insurance? **YES / NO** – if YES, your child may only be seen for fluoride treatment
Name of Dental Insurance Company: _____
- Does your child see a dentist on a regular basis (every 6 months)? **YES / NO**
- Does your child have allergies to Colophony resin? **YES / NO**
- Does your child have Medicaid (Medical Assistance, Badger Care, Title 19)? **YES / NO**
Medicaid Number (Member ID) _____

Child's Race/Ethnicity (Check all that apply): _____ White _____ African American/Black _____ Asian
_____ Hispanic _____ American Indian / Alaska Native _____ Native Hawaiian / Pacific Islander _____ Other

I understand the nature of the treatment provided and authorize Tri-County Dental staff to provide oral health treatment.

- I acknowledge that Tri-County Dental may use my child's information for treatment and may disclose it to my insurance company and/or other health care providers even though it may affect future insurance claims.
- I understand that this registration is effective for a period of **thirteen months** to provide follow-up services, including restorative treatment, dental cleaning, application of sealants and multiple fluoride applications which may include silver diamine fluoride SDF is an antibiotic liquid and helps slow further decay; will cause staining to the treated lesion and potential staining of skin and clothes; will not stain a healthy tooth; is a treatment for cavities but not a cure, so additional restorative care may be needed; reapplication for disease control may be needed. Please inform Tri-County Dental if child has a silver allergy or is unable to have fluoride.
- I understand that my child's restorative treatment plan, if necessary, will be provided to me prior to the treatment starting.
- I am authorizing Tri-County Dental to use nitrous oxide if needed for the completion of dental treatment.
- I agree to the release of my child's treatment plan records so I can receive them from the school.
- I am specifically authorizing the clinic to treat my child whether I am physically present at the clinic during a scheduled treatment.

My signature will confirm my informed consent, my status as the legal custodian of the minor patient identified and my authority to grant this consent. I understand that I may contact Tri-County Dental at 920.882.5500 with any questions.

(Print) parent/guardian

(Signature) parent/guardian

Date

Medical History

For the following medical history questions, **please (x) whichever applies**. Your answers are for our records only and will be kept confidential in accordance with applicable laws. Please note you will be asked some questions about your responses to this questionnaire and there may be additional questions concerning your child's health. This information is vital to allow us to provide appropriate care for your child. This clinic does not use this information to discriminate.

Child's Name: _____

WE CANNOT SEE YOUR CHILD IF THIS IS NOT COMPLETE

Please check yes, no, or unsure if your child has/had any of the following conditions:

Yes	No	Unsure		Yes	No	Unsure		Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Ear Infections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant (at this time)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Transmitted Diseases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss/Impairment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart Conditions/Murmur
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes to heart murmur, is an antibiotic required before dental appointments? If you are unsure, we will need confirmation from your cardiologist before treatment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice (not at birth)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delayed Speech Development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Problems				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downs Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Anemia				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Disorders				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis				

Please explain all "Yes" or "Unsure" responses:

Please list any other problems/conditions/allergies your child may have

Current Medication List

Is your child taking any prescription medications, over the counter medications, vitamins, natural and/or herbal dietary supplements? ☐ Yes ☐ No If yes, please list medications.

Medication	Reason for Taking	How Much	How Often

To the best of my knowledge, the indicated health history remains current. I understand that any change in the patient's health or medication requires that an updated form be completed. I will not hold my dentist, or any other member of his/her staff, responsible for any action they take or do not take because of errors or omissions that I may have made in the completion of this form. I certify that I have read and understand the above.

I acknowledge that my questions, if any, about inquiries set forth above have been answered to my satisfaction.

_____/_____/_____
(Print) parent/guardian (Signature) parent/guardian Date ____/____/____

Emergency Contact Information:

Name: _____ Relationship: _____

Emergency Number: _____

For Office Use Only:

Chart #: _____



STUDENT NAME: _____ GRADE: _____



PHOTO / INTERVIEW RELEASE

Date: _____

I, _____, hereby give the Tri-County Community Dental Clinic, its staff, representatives, community partners, and legal representatives (in connection with dental services which I am receiving) and irrevocably agree and consent to allow photographs and or information from interviews to be used as part of the dental record, research, education, public relations, patient counseling, or other purposes.

Consent: _____
Signature

