

JANUARY 2024



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

[ABS WEBPAGE](#)

PLEASE DO NOT FORGET!!
AASD PHONE NUMBERS HAVE CHANGED!
ABS NEW PHONE #:
920-852-5535

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	NO SCHOOL 1	2	3	4	5 NO BGClub	6
7	8	9 PTA Mtg 6:00 pm	10	11	12	13
14	15 NO SCHOOL	16 ABS Board Mtg 4pm	17	18	19 T-Raft Reading Program Calendar	20
21	22 NO SCHOOL Prof Dev Day	23	24	25	26	27
28 PTA Funset Fundraiser 4:00 pm	29	30	31 ABS5 Field Trip Oshkosh Museum 9:15 am - 1:15 pm	Feb 1	Feb 2 No BG Club	



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.

Winter Recess Policy *Baby It's Cold Outside!!*

In Wisconsin, we know winter can be brutal! Our district does follow cold-weather guidelines for when the students must stay inside to avoid frostbite.

We cannot honor parent requests for their child to stay inside for recess without a medical excuse from a doctor. Please be sure your child is dressed for winter weather each morning as most days students will be spending their recess outdoors. Thank you. If your child is in need of winter outerwear, please call the office and we can help you out.

Reminder: All visitors must sign in at the office and obtain a visitor's badge.

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

Welcome back students, staff, families, and Happy New Year 😊!! We are excited to see what 2024 has in store and are ready to welcome back our students!

January is a busier than normal month for our instructional calendar at the elementary schools as we close out the first semester officially on Friday, January 19th, and many of our mid-year assessments are given during the month of January as well. Any efforts that help to maintain best attendance possible for our students is greatly appreciated and highly impactful towards their growth as students. We are looking forward to seeing the assessment results so far and sharing with you at Parent Teacher Conferences in February scheduled for Thursday, February 8th, and Tuesday, February 13th.

Now is the time for resolutions it would seem and I personally have the same ones on repeat such as eat better and learn a new hobby. This is going to be the year... I know it :). A resolution to consider for all of us is committing to reading 20 minutes a day if we haven't already. The information shared below was shared last year in the newsletter at this time but is so timely and still true. Reading 20 minutes a day is like engaging in cardiovascular activity daily for 30 minutes; it's the daily maintenance for our mind and body that makes a huge difference. Please consider the information below, visit the website, and consider making family reading time a part of our routines. The return on investment is amazing 😊!

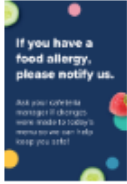
2024 Reading Goal/Resolution: 20 minutes per day. Some of you may remember bringing home lots of homework during your school age years. There have been shifts in that strategy over the years for various reasons but one at home support that is greatly appreciated is making sure our students read at least 20 minutes per day. This does not mean it needs to feel like a chore, which may result in creating reluctant readers. For at home reading, allow your child to explore personal interests through text and find subtle ways to engage your child with reading text. Reading the same text and talking about it together increases connection and comprehension. It's a win-win for quality time spent together, just like playing games together that require strategy and application of math and reading skills.

Please take a look at the article linked below. Reading 20 minutes a day is a highly recommended, high impact activity with many growth benefits for your child. I've bulleted some below and please read the article for a more detailed explanation.

- Exposure to 1.8 million written words in a year
- Stress relief (up to 68% according to studies)
- Create a stronger neural network in your brain; slows down mental decline late in life
- Reading before bed can alleviate insomnia
- Develop higher levels of empathy and emotional intelligence
- Children who read 20 minutes a day score in the 90th percentile

[Why Read 20 Minutes a Day](#)

Best,
JOEL

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	2 Lunch • Personal Galaxy Cheese Pizza • Sunbutter & Crackers Fun Lunch Sides for All Meals • Sliced Fresh Apples • Chilled Peaches Milk & Condiments	3 Lunch • Macaroni and Cheese • Crispy Fish Sticks Sides for All Meals • Fresh Pear • Mixed Fruit Cocktail Milk & Condiments	4 Lunch • Spaghetti with Meatballs • Hot Smokey Ham & Cheese Sandwich Sides for All Meals • Fresh Banana • Chilled Diced Pears Milk & Condiments	5 Lunch • WG Cinnamon Glazed French Toast Sticks • Breakfast Syrup • Pork Sausage Patty • Turkey Hot Dog Sides for All Meals • Blueberries • Unsweetened Applesauce Milk & Condiments
8 Lunch • Boneless Chicken Wings • Italian Meatball Sub Sides for All Meals • Fresh Pear • Mixed Fruit Cocktail Milk & Condiments	9 Lunch • Classic American Cheeseburger • Chicken Caesar Salad Sides for All Meals • Fresh Whole Apple Gala • Pineapple Tidbits Milk & Condiments	10 Lunch • Classic Pepperoni Pizza • Teriyaki Chicken Sides for All Meals • Sliced Fresh Apples • Chilled Diced Pears Milk & Condiments	11 Lunch • Mini Turkey Corn Dogs • Turkey & Cheese Sub Sides for All Meals • Fresh Banana • Rosy Applesauce Milk & Condiments	12 Lunch • Whole Grain Apple Cinnamon Muffin • Strawberry Banana Yogurt • Low Fat Mozzarella String Cheese • The Perfect Sloppy Joe Sides for All Meals • Fresh Orange Wedges • Chilled Peaches Milk & Condiments
15	16 Lunch • Jumbo Crispy Chicken Tenders • Homemade Cheese Pizza • Bagels Sides for All Meals • Sliced Fresh Apples • Strawberry Mango Frozen SideKicks Milk & Condiments	17 Lunch • Cheesy Italian Pull Apart • Marinara Sauce • Orange Chicken Sides for All Meals • Fresh Pear • Chilled Peaches Milk & Condiments	18 Lunch • Whole Grain Waffles • Breakfast Syrup • Homemade Hummus Sides for All Meals • Blueberries • Unsweetened Applesauce Milk & Condiments	19 Lunch • Classic American Cheeseburger • Cheese Quesadilla Sides for All Meals • Fresh Orange Wedges • Baked Apple Slices Milk & Condiments
22	23 Lunch • Chicken Nuggets • Turkey & Cheese Sub Sides for All Meals • Fresh Pear • Sour Cherry Lemon Frozen SideKicks Milk & Condiments	24 Lunch • Mini Turkey Corn Dogs • Teriyaki Chicken Sides for All Meals • Fresh Orange Wedges • Unsweetened Applesauce Milk & Condiments	25 Lunch • Personal Galaxy Cheese Pizza • Meatballs in Zesty Marinara Sides for All Meals • Fresh Banana • Chilled Peaches Milk & Condiments	26 Lunch • Muffin, Goldfish & Yogurt Fun Lunch • The Perfect Sloppy Joe Sides for All Meals • Fresh Whole Apple Gala • Mandarin Oranges Milk & Condiments
29 Lunch • Cheese Pizza • BBQ Pork Sandwich Sides for All Meals • Sliced Fresh Apples • Chilled Diced Pears Milk & Condiments	30 Lunch • Chicken Nuggets • Ham and Cheese Wrap Sides for All Meals • Fresh Whole Apple Gala • Mixed Fruit Cocktail Milk & Condiments	31 Lunch • Classic American Cheeseburger • Twisted Mozzarella Stuffed Breadstick Sides for All Meals • Fresh Orange Wedges • Strawberries Milk & Condiments		

Menus Subject to Change We try our best to serve our menus as posted; however, sometimes last minute changes occur. Please check with the cafe manager prior to the meal if you have any concerns.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	2 Breakfast • Mini Maple Madness Waffles Sides for All Meals • Raisins • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	3 Breakfast • Skewered Sausage Pancake Sides for All Meals • Sliced Fresh Apples • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	4 Breakfast • Banana Chocolate Chip Soft Oatmeal Round Sides for All Meals • Fresh Banana • Grape Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	5 Breakfast • Soft Filled Cinnamon Toast Crunch Bar Sides for All Meals • Fresh Whole Apple Gala • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk
8 Breakfast • Whole Grain Blueberry Muffin • Low Fat Mozzarella String Cheese Sides for All Meals • Sliced Fresh Apples • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	9 Breakfast • Mini French Toast Sides for All Meals • Craisins • Grape Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	10 Breakfast • Cinnamon Ultimate Breakfast Round Sides for All Meals • Fresh Pear • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	11 Breakfast • Strawberry Cream Cheese Stuffed Bagel Sides for All Meals • Unsweetened Applesauce • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	12 Breakfast • Apple Frudel Sides for All Meals • Raisins • Grape Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk
15	16 Breakfast • Turkey Sausage, Egg & Cheese Breakfast Pocket Sides for All Meals • Fresh Pear • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	17 Breakfast • Cocoa Puffs Cereal Bar • Low Fat Mozzarella String Cheese Sides for All Meals • Raisins • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	18 Breakfast • Banana Chocolate Chunk BeneFIT Bar Sides for All Meals • Sliced Fresh Apples • Grape Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	19 Breakfast • Soft Filled Cinnamon Toast Crunch Bar Sides for All Meals • Cherry Craisins • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk
22	23 Breakfast • Banana Chocolate Chip Soft Oatmeal Round Sides for All Meals • Sliced Fresh Apples • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	24 Breakfast • Blueberry Bash Waffles Sides for All Meals • Fresh Pear • Grape Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	25 Breakfast • Scooby Doo Graham Crackers • Cottage Cheese with Strawberries Sides for All Meals • Unsweetened Applesauce • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	26 Breakfast • Chocolate Chip Ultimate Breakfast Round Sides for All Meals • Fresh Banana • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk
29 Breakfast • Whole Grain Apple Cinnamon Muffin • Low Fat Mozzarella String Cheese Sides for All Meals • Cherry Craisins • Grape Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	30 Breakfast • Mini Maple Madness Waffles Sides for All Meals • Sliced Fresh Apples • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk	31 Breakfast • Strawberry Cream Cheese Stuffed Bagel Sides for All Meals • Fresh Pear • Apple Juice Milk & Condiments • 1% Low-fat Milk • Skim Milk		

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NOW ACCEPTING ENROLLMENT APPLICATIONS FOR THE 2024-2025 SCHOOL YEAR!

If you would like to enroll a **NEW STUDENT** at ABS, please visit:

<https://charter.aasd.k12.wi.us/AASDCharterLottery/ParentInfo>

For more information, please call: **920-852-5535**

**Current ABS students do not need to complete this application*



Please join us to learn more about ABS and find out information about our Bilingual Program

**Appleton Bilingual School Fellowship Hall
912 N Oneida St, Appleton, WI 54911**

YOU WILL HAVE A CHANCE TO:

- MEET OUR STAFF
- TOUR THE SCHOOL
- LEARN ABOUT OUR PROGRAM
- ASK QUESTIONS

FOR MORE INFORMATION ABOUT OUR OPEN HOUSE PLEASE CALL AT 920-852-5535 OR EMAIL AT
VAZQUEZGUENDUL@AASD.K12.WI.US



JOIN US - IT'S FREE!

After-School Explorer Camp

After-School Explorer Camps are drop-off programs designed to provide learning opportunities beyond the classroom for students in 1st - 4th grade. Explorer Camps encourage hands-on learning, problem solving, and social/emotional development through facilitated programming and free play around the museum.

Explorer Camps are held:

- Tuesdays or Thursdays from 3:30-6:00pm

What do Explorer Camps cost?

- FREE! Semester 2 (January 23 - May 23)

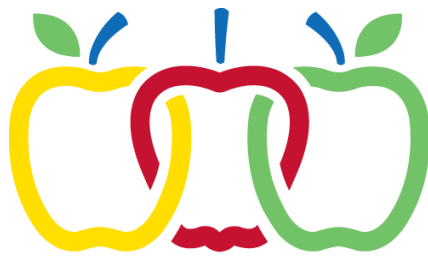
Registration for Semester 2 is now open! Early registration ends December 18, 2023.

[Please use this link to register.](#)

<https://65215.blackbaudhosting.com/65215/packagetickets?tab=3&txobjid=A2A655BA-20DA-4EC3-AE05-74E2D373A0F3>

Currently, we have not been able to secure regular transportation. However, Building for Kids staff members will walk to Columbus/ABS, meet the students at the school, and walk with them to the museum.

The concept around Explorer Camps is backed by robust, local evidence of a two-year research project that was conducted by Lawrence University and University of Wisconsin, with the Building for Kids, Boys & Girls Club, and Appleton Area School District. Participating in the project were three groups of students: a group that attended school only, a group that attended school and the Boys & Girls Club, and a group that attended school, the Boys & Girls Club, and the Building for Kids after school once per week. Out of the three groups, the one that attended after school programming at the Building for Kids saw greatest increases in social self-confidence and academic performance (math, reading, and science report card grades) over the two years. These gains were seen across all students - regardless of socio-economic status. These findings suggest that afterschool programming, especially enriched programming, is particularly helpful for children of lower socioeconomic status.



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

Healthy Sleep



Like eating well and being physically active, getting a good night's sleep is essential to the well-being of students and staff. A number of vital tasks carried out during sleep help maintain good health and enable people to function at their best. Not getting enough sleep can be dangerous and contribute to poor health.

Both the amount and quality of sleep affect how well people learn and remember as well as perform tasks like problem-solving and staying focused. Insufficient sleep causes people to be irritable and adversely affects behavior. Poor quality sleep on a regular basis increases the risk of having high blood pressure, obesity, heart disease, and other medical conditions.

Here is the CDC's recommended hours of sleep:

Preschool	3–5 years	10–13 hours per 24 hours (including naps)
School Age	6–12 years	9–12 hours per 24 hours
Teen	13–18 years	8–10 hours per 24 hours
Adult	18–60 years	7 or more hours per night
	61–64 years	7–9 hours
	65 years and older	7–8 hours

Here are some of their suggestions to improve sleep health:

- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature
- Remove electronic devices, such as TVs, computers, and smartphones, from the bedroom
- Avoid large meals, caffeine, and alcohol before bedtime
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.



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.

www.aasd.k12.wi.us/families/attendance



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"/>	Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart Conditions/Murmur
<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"/>	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"/>	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy				
<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"/>	Jaundice (not at birth)
<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"/>	Delayed Speech Development
<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

