

Dear Town & Country School Parent:

Enclosed you will find your Enrollment Packet for the 2017-2018 school year. Please complete and return all necessary paperwork with your first tuition payment ***no later than July 15, 2017.***

_____ Enrollment Contract
_____ Student Information Form
_____ Medication Emergency Release Form
_____ Release form for Field Trips, Testing & Publicity
_____ Administration of Medicine Form
_____ Medical Information Form
_____ Parent/Guardian Responsibilities
_____ Student "I understand therefore I accept" Contract
_____ Professional Team Contacts List
_____ Additional Information Form
_____ Physical Education Restriction Form
_____ Internet Contract
_____ Family Directory Form
_____ Teacherease
_____ Inclement Weather
_____ Dress Code
_____ Calendar
_____ Meningitis Information

Please keep all sheets from the school calendar to the back of the packet for information needed throughout the school year.

It is our goal to provide your child with an exceptional educational experience and we are looking forward to a great school year. If we can be of any assistance, please let us know.

2017-2018 Staff:

Loretta Keller	Executive Director	Ext. 102
Denise Jurbala	Lower School Principal	Ext. 111
Shevaun Etier	Upper School Principal	Ext. 114
Cyndi Tolbert	Office Administrator	Ext. 100
Tonya Stone	Student Affairs Coordinator	Ext. 103



NEW STUDENT REGISTRATION CONTRACT 2017-2018

STUDENT NAME _____

GRADE _____

TERMS OF AGREEMENT

I herein enclose the \$250 Enrollment Fee. I understand that this amount is *non-refundable*. I further understand that this contract, duly signed, and the first tuition payment *must be received at Town & Country School by July 15, 2017*. If any of these items are received after July 15, 2017 my student will be considered for admission only on a space-available basis.

By signing this contract I, the undersigned parent/guardian, agree to pay in full all tuition, fees and any personal charges for which I, or my child/legal dependent, is responsible. I further understand that all school bills must be paid in full before a student will be admitted to class and before transcripts and letters of recommendation will be issued.

I agree to make no claim for refunds of tuition, fees, or other charges on account due to extended absence or dismissal of the student. In the case of withdrawal or dismissal of the student I agree to pay the tuition due for the entire semester in which the withdrawal or dismissal occurs.

I hereby absolve Town & Country from any responsibility for injuries my child/legal dependent may incur at school, on school trips, or at school-sponsored events of any kind, provided the school has exercised reasonable care for its students.

I understand that enrollment at Town & Country School is a privilege and I agree to abide by all rules, regulations, and disciplinary procedures, which are deemed necessary for the proper operation of the school. I also understand that my child/legal dependent will be held accountable by these same rules, regulations, and procedures, as they are contained in the annual *Student-Parent Handbook*.

I have read and accept the terms of this Contract as stated above. In keeping with the tuition options and penalties listed below, I agree to (check one): Plan A _____ Plan B _____ Plan C _____

Signature

Date

Plan A, one payment. Payment is due by July 15, 2017. After July 15, 2017 all accounts not paid will be converted to Plan C (monthly payments).

Plan B, semester payments. Payments are due July 15, 2017 and December 15, 2017. After July 15, 2017 (or December 15, 2017 for the second payment) all accounts not paid will be converted to Plan C (monthly payments).

Plan C, monthly payments. Equal monthly payments are due on the 15th of each month beginning July 2017 through April 2018 and are past due after the 25th. *A late fee of \$10 is charged for payments made after the 25th and \$20 for payments made after the 1st of the following month.*

Students with past due tuition on the 1st day of each month will not be allowed to attend class until account is brought current.

1st – 3rd Grade	Tuition \$12,390	
• Plan A – due 7/15/16		\$12,390
• Plan B – due 7/15/16 and 12/15/16		\$6,195
• Plan C – due 15 th of each month 7/13 – 4/14		\$1,239
4th – 6th Grade	Tuition \$12,890	
• Plan A – due 7/15/16		\$12,890
• Plan B – due 7/15/16 and 12/15/16		\$6,445
• Plan C – due 15 th of each month 7/16 – 4/17		\$1,289
7th – 8th Grade	Tuition \$13,370	
• Plan A – due 7/15/16		\$13,370
• Plan B – due 7/15/16 and 12/15/16		\$6,685
• Plan C – due 15 th of each month 7/16 – 4/17		\$1,337
9th – 12th Grade	Tuition \$13,890	
• Plan A – due 7/15/16		\$13,890
• Plan B – due 7/15/16 and 12/15/16		\$6,945
• Plan C – due 15 th of each month 7/16 – 4/17		\$1,389



TOWN & COUNTRY SCHOOL STUDENT INFORMATION - 2017-2018

For Office Use Only

Please complete ALL of the following information:

School Year _____ Public School District _____ Level _____

Name of Student _____

Last First Middle

Telephone _____ Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____ Race _____

=====

PARENTS/GUARDIAN

=====

Mother _____ Cell Number _____

Home Address _____ Home Telephone _____

City _____ State _____ Zip _____

Employer _____ Business Telephone _____

E-mail Address to use for Teacher Ease _____

Father _____ Cell Number _____

Home Address _____ Home Telephone _____

City _____ State _____ Zip _____

Employer _____

Business Telephone _____

E-mail Address to use for Teacher Ease (if different than above) _____

In case of emergency, we will contact parents first. Please list other emergency phone numbers:

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Pediatrician _____ Telephone _____

Grandparents:

Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____



**MEDICAL EMERGENCY RELEASE
2017-2018**

Student: _____ School Year: _____
Last Name First Name

I hereby give permission for the personnel of Town & Country School to seek and have my child transported for emergency medical care, in the event that all methods of contacting me have been exhausted and I cannot be located.

I further give permission for Town & Country personnel to administer, at their discretion, the following:

Ibuprofen: Yes _____ No _____ Dosage: _____
(ie, Motrin)

Acetaminophen: Yes _____ No _____ Dosage: _____
(ie, Tylenol)

Parent/Guardian Signature

=====

MEDICATION LIST

Please list ALL medication that student takes whether at school or at home. This will only be used if an emergency situation occurs.

Medication _____ Times & Dosage _____

Medication _____ Times & Dosage _____

Medication _____ Times & Dosage _____

Medication _____ Times & Dosage _____

Medication _____ Times & Dosage _____

Medication _____ Times & Dosage _____

Medication _____ Times & Dosage _____

Please list allergies: _____

Any additional comments concerning health issues: _____



**FIELD TRIP RELEASE FORM
2017-2018**

Student : _____ School Year: _____
Last Name First Name

The undersigned, acting for the undersigned and Student, give permission for Student to be involved in the School's Field Study Program. The undersigned understand that Student will be studying aspects of the School's curriculum at sites other than the School campus located at 8906 E. 34th St., Tulsa, Oklahoma, exclusively. The undersigned accept responsibility for Student's participation in the School, and holds its faculty, staff and Board of Directors free and harmless of all liabilities resulting from such transportation and/or participation.

Parent/Guardian Signature
=====

**PERMISSION FOR TESTING
2017-2018**

Student: _____ School Year: _____
Last Name First Name

With parental permission, each student at Town & Country will be tested at least annually in an attempt to measure his or her growth and progress. The test results will be used to evaluate the overall effectiveness of our program as well as to suggest strengths and weaknesses in our curriculum. The testing will be done individually and will take approximately 2 hours per child. Parents have complete access to all information and test results. The tests to be administered are:

- Woodcock-Johnson III Test of Achievement (every two years)
- Speech/Language Screening Tests - (A battery of speech/language screening tests will be given by our speech pathologist)
- Stanford 10 Test -(Norm referenced achievement battery for high school students)

I hereby _____ give permission _____ do not give permission for my child to participate in the screening evaluations at Town & Country School.

Parent/Guardian Signature
=====

**PUBLICITY RELEASE
2017-2018**

Student: _____ School Year: _____
Last Name First Name

To make people more aware of our school and the services Town & Country School provides, we publicize through various forms of media.

With parental permission, we will use pictures of some of our students for publicity purposes. No confidential information will be released.

I do _____ do not _____ give permission for my child to be photographed for use in publicity for Town & Country School.

Parent/Guardian Signature

REQUEST FOR ADMINISTRATION OF MEDICATION

STUDENT'S NAME: _____ SCHOOL YEAR _____
 Last First

TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN:

IF MEDICATION NEEDS TO BE ADMINISTERED DURING THE SCHOOL DAY, PLEASE SUBMIT THIS COMPLETED FORM BEFORE MEDICATION IS SENT TO SCHOOL. ALL MEDICATION WILL BE KEPT IN A LOCKED COMPARTMENT IN THE SCHOOL OFFICE. MEDICATION IS TO BE BROUGHT DIRECTLY TO THE SCHOOL OFFICE BY THE CHILD'S PARENT.

NO MEDICATION WILL BE ADMINISTERED WITHOUT DIRECTIONS FROM THE CHILD'S PHYSICIAN AND PARENT. A NEW FORM MUST BE FILLED OUT FOR ANY CHANGE IN DOSAGE OF MEDICATION AND RENEWED EACH SCHOOL YEAR.

I REQUEST THAT THE SCHOOL ADMINISTRATIVE STAFF, CLASSROOM TEACHER OR ASSISTANT ADMINISTER THE LISTED MEDICATION TO MY CHILD AS PRESCRIBED BY MY PHYSICIAN.

DATE _____ PARENT SIGNATURE _____

TO BE COMPLETED AND SIGNED BY PHYSICIAN

NAME OF MEDICATION _____

DOSAGE TO BE GIVEN _____

TIME (S) TO BE GIVEN _____

SIDE EFFECTS TO REPORT _____

DATE _____

PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S NAME (PRINTED) _____

PHYSICIAN'S PHONE # _____

FAX # _____

MEDICAL INFORMATION FORM

Child's Name _____ Age _____ Birthday _____

Address _____

Parent/Guardian _____

Number to call for emergency _____

**PLEASE ATTACH A COPY OF THE CHILD'S IMMUNIZATION CARD OR
HAVE THE FOLLOWING INFORMATION COMPLETED BY PHYSICIAN**

IMMUNIZATION The Oklahoma State Department of Health requires all children be fully immunized before kindergarten enrollment.

HISTORY This includes: 5 doses of DPT, 4 doses of Polio, 2 doses of Mumps, Measles, and Rubella (MMR), 2 or 3 doses of Hepatitis B, 2 doses of Hepatitis A, Varicella (Chicken Pox) Vaccine. Measles and Rubella must have been received after age 1. DPT is Diphtheria/Whooping Cough/Tetanus combined. TD is Tetanus/Diphtheria. Any vaccine exclusion for medical reasons requires physician documentation. Varicella Vaccine applies to K-12, or proof of disease.

VACCINE	DATE GIVEN	DOCTOR OR CLINIC SIGNATURE OR STAMP	VACCINE	DATE GIVEN	DOCTOR OR CLINIC SIGNATURE OR STAMP
<u>DPT DOSE 1</u>			<u>M-M-R</u>		
<u>DPT DOSE 2</u>			<u>M-M-R</u>		
<u>DPT DOSE 3</u>			<u>HIB</u>		
<u>DPT DOSE 4</u>			<u>TD (Adult)</u>		
<u>DPT DOSE 5</u>			<u>TD (Adult)</u>		
<u>POLIO DOSE 1</u>			<u>HEPATITIS A</u>		
<u>POLIO DOSE 2</u>			<u>HEPATITIS A</u>		
<u>POLIO DOSE 3</u>			<u>HEPATITIS B</u>		
<u>POLIO DOSE 4</u>			<u>HEPATITIS B</u>		
<u>VARICELLA</u>			<u>HEPATITIS B</u>		

Does the child have any allergies? If so, please describe: _____

Does the child have any physical limitations that the school needs to be aware of?

ALL INFORMATION GIVEN ON THIS FORM WILL BE HELD IN CONFIDENCE. ANY USE OF THE INFORMATION WILL BE IN DIRECT CONNECTION TO THE CHILD'S HEALTH NEEDS.

This child was examined by me on _____ and found to be free of all contagious and transmissible diseases and is physically able, with the exceptions noted, to participate in the school program.

Must be signed by Physician Only



2017-2018

Parent/Guardian Responsibilities

Student's Name

It is the belief of Town & Country School that the success of each student is dependent upon a cooperative effort between the student, the student's parents/guardians and the school's faculty and staff. Parents/guardians can support this process in the following areas:

1. Educational Support - *contributes to the academic success of our students*

- a. Parent/Guardian will ensure that their child completes all homework and assignments in a timely manner.
- b. Parent/Guardian will respond to the school's communications and/or concerns.
- c. Parent/Guardian will adhere to the school's absence and tardy policy.
- d. Parent/Guardian will support their child's overall academic effort.
- e. Parent/Guardian will comply with all policies set forth in the Student/Parent Handbook.

2. School Service - *provides valuable assistance to teachers and to the overall program*

- a. Parent/Guardian will support the school with monthly on-campus volunteer hours, 2 hours per month. Please note any special skills/talents that you might contribute:

- b. When performing service hours, parents/guardians should sign-in/sign-out in the Student Affairs Office to ensure that volunteer hours are properly documented.
- c. Arrangements can be made for working parents to do at-home volunteer work. These arrangements will be determined on a case-by-case basis.
- d. Volunteer hours for special events can be counted toward monthly volunteer hours.

3. Accountability - *protects the integrity of the program*

- a. Parent/guardian responsibilities will be evaluated on a monthly basis.
- b. Parent/guardian will receive notification if responsibilities have not been fulfilled.
- c. Failure to correct parent/guardian responsibilities may result in loss of placement or financial aid.

Parent/Guardian

Date

STUDENT CONTRACT
2017-2018
“I UNDERSTAND AND THEREFORE I ACCEPT”

1. I understand that enrollment at Town & Country School is a privilege.
2. I understand that Town & Country School believes that every student who accepts the offer to come, regardless of the past, has the capacity to achieve at the highest academic and character development potential.
3. I understand that, although Town & Country School will work with my learning style, the school requires intellectual discipline of all learners; that is:
 - I will be punctual, prepared and ready to participate in all classes.
 - I will have homework and will participate in structured study time.
 - I will write and read daily.
 - I will have to produce quality written reports for my classes.
 - I will have to make presentations before groups of people.
 - I am responsible for my learning.
4. I understand that I will live, learn and play with young women and men from many ethnic, cultural & spiritual backgrounds.
5. I understand that hurtful, argumentative, disrespectful, demeaning, racist and/or sexist language is unacceptable at Town & Country School.
6. I understand that Town & Country School encourages students and staff to practice daily the art of making healthy life choices. Thus, the Town & Country community does not tolerate or negotiate the use of tobacco, alcohol, drugs, or violence (verbal or physical).

Town & Country School has invited me to attend the school. I have read all of the above, and I fully understand what I have read. My ultimate desire is to succeed in my educational experience at Town & Country School.

I understand and therefore I accept my responsibilities as a Town & Country School student.

Student's signature

Date

Parent/Sponsor signature

Date

PROFESSIONAL TEAM CONTACT LIST

Student Name: _____

Date of Birth: _____

Physician: _____

Name of Practice: _____ Phone #: _____

Psychiatrist: _____

Name of Practice: _____ Phone #: _____

Psychologist/Counselor: _____

Name of Practice: _____ Phone #: _____

Speech-Language Pathologist: _____

Name of Practice: _____ Phone #: _____

Occupational Therapist: _____

Name of Practice: _____ Phone #: _____

District Approved:

Additional Information

Top Portion Required

Child's Name _____

1. Does your child currently receive free and reduced lunches? YES _____ NO _____
2. Is your child enrolled in Sooner Care? YES _____ NO _____
3. Is your child of Indian decent? YES _____ NO _____
4. If you answered yes to question 3, what tribe does your child belong? _____
5. Will you be applying for the Lindsey Nicole Henry Scholarship? YES _____ NO _____
6. Will you need financial assistance YES _____ NO _____

Grandparent Information (Optional)

Grandmother's Name _____

Address _____

City and State _____ Zipcode _____

Profession _____

Special interests or Skills _____

Grandmother's Name _____

Address _____

City and State _____ Zipcode _____

Profession _____

Special interests or Skills _____

Grandfather's Name _____

Address _____

City and State _____ Zipcode _____

Profession _____

Special interests or Skills _____

Grandfather's Name _____

Address _____

City and State _____ Zipcode _____

Profession _____

Special interests or Skills _____



PHYSICAL EDUCATION RESTRICTION

Student: _____ School Year: _____

Dear Parents,

For our information, and for the safety of your child during P.E. class, would you please complete this form and return it with your enrollment packet. If no restrictions apply, please write "NONE".

If, during the course of the year, your child should have any reason to refrain from P.E. activities, please send a written note to inform us of: restricted activity, length of restriction, and the date to return to regular activities.

Thank you for your cooperation.

Physical Restrictions _____

Medication _____

Comments

Student's Name: _____

Date: _____

Internet Contract

Internet use at Town & Country School is a tool used for special projects, research, online field trips, and any other such activities that a teacher may assign. In order to assure safety for all students and faculty, strict rules for usage must be applied and adults will supervise all Internet usage. The school also has security software installed on all the computers, which monitors Internet usage and disallows users to go to inappropriate web sites. The following rules will apply:

1. Any sites with inappropriate images, text, video or audio material shall not be allowed. Inappropriate material includes, but is not limited to: vulgar, rude, or obscene language, sexually explicit material, material defined as satanic, or material that depicts destruction of property or societal rebellion.
2. Downloading of programs or video, audio, or other files without prior teacher approval is prohibited.
3. The use of chat rooms without teacher approval is prohibited.
4. Students may not order or purchase items on the Internet or use the school system for commercial purposes.
5. Personal student e-mail use is prohibited. During instructional e-mail usage, the opening of attachments or downloads is also strictly prohibited.

Violation of Internet rules may result in the loss of privilege and or suspension. Loss of privilege could also result in harm to student's grade for Internet based assignments.

I have discussed and understand the Internet rules with my parent/guardian. Internet use is prohibited without a signed contract on file at Town and Country School.

Parent or Guardian

Student

District Approved:

**TOWN & COUNTRY SCHOOL
FAMILY DIRECTORY
2017-2018**

School directories will be available as soon as all current information is updated. This is a very helpful tool for parents and students to stay connected.

I agree to have the following information printed in the school directory.

Parent Signature: _____

Student Name: _____ Class _____

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Contact Phone:

Home _____ Cell _____

Work _____

E-Mail _____

TEACHEREASE

TeacherEase is a web-based program that will allow you to monitor your child's classroom & behavioral progress throughout the school year. This program allows parents to access information pertaining only to their child.

HOW PARENTS ACCESS TEACHEREASE:

1. The parent provides his/her email address to the school.
2. The school enters the email address into TeacherEase for each student. TeacherEase creates a parent account with access to your student. Your email address will be your login when accessing TeacherEase.
3. TeacherEase will send a "welcome" email with login and password information to the parent. Once you receive this email, you should be able to login. If you do not receive this welcome email please **contact your child's principal**.
4. The parent can then use this login/password to access their student's information. Go to: www.teacherease.com , click "Login" and fill in your information.



INCLEMENT WEATHER SCHOOL CLOSINGS!!

In the event that the **Tulsa Public Schools** are closed for inclement weather, Town & Country will also be closed.

If Town & Country closes on a day when the Tulsa Public Schools remain open, we will announce the school closing on the stations shown below and contact you through our phone notification system.

Television Stations:

KJRH Channel 2 – Cox 9
KOTV Channel 6
KTUL Channel 8

Dress Requirements for the 2017-2018 School Year

	Girls	Boys
Shirts	Polo style shirt or T&C t-shirt in Burgundy or Grey, short or long sleeves	Polo style shirt or T&C t-shirt in Burgundy or Grey, short or long sleeves
Undershirts	White Only	White only
Pants	Blue Jeans, plain pocket, no decoration or attachments. Proper size and fit are required, no low riders or holes in jeans	Blue Jeans, plain pocket, no decoration or attachments. Proper size and fit are required, no low riders or holes in jeans
Capri Pants	Blue Jeans, plain pocket, no decoration or attachments to the pants. Proper size and fit are required, no low riders	Blue Jeans, plain pocket, no decoration or attachments to the pants. Proper size and fit are required, no low riders
Shorts	Blue Jean shorts or Navy blue cotton walking shorts. No shorter than 4" above the knee. Proper size and fit are required, no low riders	Blue Jean shorts or Navy blue cotton walking shorts. No shorter than 4" above the knee. Proper size and fit are required, no low riders
Hoodies	Only Town & Country School hoodies may be worn in the building and in classes.	Only Town & Country School hoodies may be worn in the building and in classes.
Shoes	Any tennis shoe or low heeled slip on loafer or tie style loafer or boot. No high heels or platform shoes.	Any tennis shoe or low heeled slip on loafer or tie style loafer or boot. No high heels or platform shoes.
Gym/PE for High School	Students should wear knee length basketball shorts in a cotton or knit and solid colored t-shirt and tennis shoes	Students should wear knee length basketball shorts in a cotton or knit and solid colored t-shirt and tennis shoes
Lower School	Girls may wear jumpers, skirts or cotton pants in a navy blue.	Boys may wear cotton pants in a navy blue.

Additional Items:

- Students must keep their hair clean and out of their eyes.
- The wearing of hats, caps, sunglasses or scarves will not be permitted inside school buildings except for medical conditions, religious reasons or school authorized events.
- The administration reserves the right to determine the appropriateness of a students' appearance based on each of the preceding regulations. If students are not properly attired, parents may be required to bring acceptable clothing to the school office. We request that these policies be monitored at home so we do not waste time unnecessarily.

2017-2018 Town & Country School Calendar

Teacher 1st Day – Aug. 9th

Professional Development for Teachers – Aug. 9, 10, 11, 14, 16

Student/Parent Orientation – Aug. 15th

Student 1st Day of School – Aug. 17th

Labor Day – Sept. 4th

½ Professional Day – Sept. 29th

End of 1st Quarter - Oct. 16th

Conference Day – Oct. 18th

Fall Break – Oct. 19th & 20th

½ Professional Day – Oct. 27th

Thanksgiving Break – Nov. 22nd – 24th

End of 2nd Quarter - Dec. 19th

Winter Break – Dec. 21st – January 2nd

Professional Day – January 3rd

Return to School – Jan. 4th

MLK Day – Jan. 15th

½ Professional Day – Jan. 26th

President's Day – Feb. 16th & 19th

½ Professional Day – Feb. 23rd

End of 3rd Quarter - March 8th

Spring Break – March 16th – 23rd

½ Professional Day – Mar. 30th

½ Professional Day – Apr. 27th

Conferences – May 4th

Graduation – May 11th

End of 4th Quarter and Last Day of School – May 18th

Important Information for Parents About Meningococcal Disease and Meningococcal Vaccines from the Oklahoma State Department of Education and the Oklahoma State Department of Health

What is meningococcal disease?

Meningococcal (men-IN-jo-kok-ul) disease is a rare but sometimes fatal disease caused by a bacterium called *Neisseria meningitidis*. The disease causes either meningitis, severe swelling of the brain and spinal cord, or meningococemia, a serious infection of the blood.

Who is at risk from meningococcal disease?

Although the risk is extremely low, disease does occur. Babies less than a year old have the highest risk for meningococcal disease, but no vaccine is available to protect them. Teenagers and young adults, aged 15 to 22 years, are at increased risk because of behaviors that spread the disease. On average two to three people in this age group get meningococcal disease every year in Oklahoma. More than half of these could be prevented by vaccine. College freshmen living in dormitories have a greater chance of contracting the disease than other persons their age. Others at increased risk are those with immune system problems, without a spleen, and traveling to parts of the world where the disease is more common.

How is the disease spread?

The disease is spread by droplets in the air and direct contact with someone who is infected. That includes coughing or sneezing, kissing, sharing a water bottle or drinking glass, sharing cigarettes, lipstick, lip balm—anything an infected person touches with his or her mouth.

Is meningococcal disease dangerous?

Yes, every year in the United States about 2,500 people are infected and about 300 people a year die, in spite of treatment with antibiotics. Of those who live, about 400 a year lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes. This is why preventing the disease is important. If your child has symptoms of meningococcal disease contact your health-care provider immediately.

Signs and Symptoms of Meningitis

- Headache
- Fever
- Chills
- Stiff neck
- Extreme tiredness
- Vomiting
- Sensitivity to light
- Rash of small purplish black-red dots

How can meningococcal disease be prevented?

Vaccines can prevent many types of meningococcal disease, but not all types. There are two vaccines available in the United States that protect against four of the five most common strains of the meningococcal bacteria. The newest vaccine, called Menactra, or MCV4, is currently available for:

Adolescents entering high school (15 years of age),
College freshmen who live in dormitories,
Other people at high risk 11- through 55-years-of-age.

There is a shortage of both vaccines because the company that makes the vaccines has not been able to keep up with the demand; therefore, it may be difficult to get the vaccine. However, healthcare providers are saving the vaccine for these groups.

The earlier vaccine, called Menomune, or MPSV4, was effective in older children and teenagers but booster doses were needed every three to five years. The new vaccine protects against the same types of meningococcal bacteria and probably will not require booster doses. MPSV4 is still used for children 2- through 10-years-old and adults over 55 who are at risk.

Teenagers and young adults can also reduce their risk by taking good care of themselves, by eating a balanced diet, getting enough sleep and exercise, as well as avoiding cigarettes and alcohol.

Is the meningococcal vaccine safe?

Yes, both vaccines are safe; however, there are risks with any vaccine. About half of the people who get the vaccine will have pain and redness where the shot was given, but because the vaccine is not made from the whole bacteria, it cannot cause bloodstream infections or meningitis. A small percentage of people who get the vaccine develop a fever. Vaccines, like all medicines, carry a risk of an allergic reaction, but this risk is very small.

A few cases of Guillain-Barré Syndrome, a serious nervous system disorder, have been reported among people who got the new vaccine, MCV4 (meningococcal conjugate vaccine). At this time, there is not enough evidence to tell if the vaccine caused the disorder. Health officials are investigating these reports.

Does the meningococcal vaccine work? Yes. The new meningococcal vaccine protects about 90 percent of the people who receive it from meningococcal disease caused by types A, C, Y, and W-135. These types cause almost two-thirds of all meningococcal disease in teenagers in the United States. It does not prevent type B, which causes about one third of the cases in teenagers.

Does the meningococcal vaccine prevent all cases of meningitis?

No. However, 63 percent of the meningitis cases in 18-22 year olds occurring in Oklahoma from 2000 through 2005 could have been prevented by vaccination. The meningococcal vaccine does not include type B. Scientists have not been able to make a vaccine that will protect against type B. Other bacteria and viruses can also cause meningitis. More information about these causes can be found at the National Meningitis Association Web site listed in the box in the next column.

Where can I get the vaccine for my son or daughter?

If your child has health insurance you can obtain the meningococcal vaccine from your health-care provider.

Local county health departments have the vaccine available now at no charge for all children who:

- Have no health insurance,
- Are Medicaid eligible,
- Are Native American,
- Or whose health insurance does not pay for vaccines,

and are either 15 through 18 years of age, or who do not have a spleen, have certain immune system problems, or who will be traveling to certain parts of the world.

Is this vaccine required to attend school in Oklahoma?

This vaccine is not required to attend kindergarten through the 12th grade in Oklahoma. However, it is required for students who are enrolling in colleges and other schools after high school who will live in dormitories or on-campus student housing.



Oklahoma
State
Department
Of Education



Oklahoma
State
Department
of Health

Where can I get more information?

For more information contact your healthcare provider or local county health department or visit these Web sites:

National Meningitis Association at www.nmaus.org

Immunization Action Coalition at
<http://www.vaccineinformation.org/menin/index.asp>

Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health at
<http://www.vaccinesafety.edu/cc-mening.htm>

National Network for Immunization Information at
<http://www.immunizationinfo.org/>

This information sheet was prepared with information obtained from the Oklahoma State Department of Health, the Centers for Disease Control and Prevention and the Children's Hospital of Philadelphia. This publication, printed by the State Department of Education Printing Services, is issued by the Oklahoma State Department of Education as authorized by 70 O.S 3-104. 750 copies have been prepared with the Publications Clearinghouse of the Oklahoma Department of Libraries. August 2006.