

Back-To-School Health Checklist

Experts say how to keep your child on the right track to health this school year.

By Jean Lawrence, WebMD Feature

Shuffling your child back to school these days takes more than a new wardrobe and a shiny apple. What about the dizzying array of immunizations? Hearing and vision tests? Special instructions for the school nurse? And tips for buying and loading a backpack that won't turn your precious offspring into an achy, whiny pack mule?

Those Dreaded Shots

"We won't enroll any student without an immunization record," says Candy MacDonald, RN, PHN, MSN, school nurse for eight schools in the Marysville Joint United School District in Marysville, Calif., north of Sacramento. "There are more and more shots now, too," she adds, including hepatitis B, chickenpox, and possibly a booster of the MMR in junior high (flu shots also may be recommended).

The American Academy of Pediatrics (AAP) website fully explains childhood vaccinations, advising you what is needed at what age. Your school district or local health department will also make this clear, and you can consult your pediatrician as well.

In California, MacDonald says a first grade physical is recommended and will probably hold true if performed before kindergarten.

"We had to have the shots, period," says Jennifer Santesteban, who has a 10-year-old son in a Phoenix school district. Many health departments also offer free immunizations to children for some families without insurance. If you are in doubt, ask the school secretary for guidance.

Can Your Child See Clearly?

As many as one in 20 children can't see out of one of their eyes, according to Pamela F. Gallin, MD, director of pediatric ophthalmology at Morgan Stanley Children's Hospital of New York Presbyterian Hospital in New York City. "This is a difficult observation [for a parent] to make."

can identify letters or at least numbers."

The reason to have this done is simple: Kids who can't see well can't perform as well in school.

Gallin says she as a parent demands screening by an eye specialist. "All parents should," she says. Yet, she explains, often parents tell her, "My kid would tell me if he couldn't see." She



Gallin recommends vision testing by your pediatrician, even though some testing is also given in school in some areas of the country. "A younger child can 'read' the chart by turning a hand in the direction the 'E' is facing," she says, describing what she calls the "E" game. "School-aged children, even kindergartners, probably

says often this is untrue. They don't know any differently and kids with one eye not functioning will even try to fake out the doctor on the eye test, peeking around the eye blocker. "We have all been faked out," Gallin sighs.

If one eye is not working properly, what can be done to treat lazy eyes? "It's a real pain to fix," she admits. Children have to wear a patch over the strong eye. "They hate it," she says. Some improvement comes quickly but treatment takes time. The eyepatch system, however, makes the brain tune up to process visual input better. "The child achieves peripheral vision, too," she says.

Between 2% and 5% of the population is legally blind in one eye, according to Gallin. "It's a national health issue, but no one is listening."

At her schools in California, MacDonald says, "An optometrist comes in to test the kids."

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