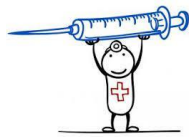


Upcoming Events

- Oct. 1 Mass - Led by grade 4
- Oct. 4 Board of Ed
- Oct. 5 P/T Conferences (2:30 dismissal - there is ASAP)
- Oct. 7 Mass - Led by grade 3
- Oct. 7 P/T Conferences (2:30 dismissal - there is ASAP)
- Oct. 8 NO SCHOOL
- Oct. 13 1:30 Dismissal
- Oct. 15 Mass - Led by grade 2
- Oct. 15 Flu Shots
- Oct. 19 Mass - Led by grade 8

The Book Fair is coming!

Our school is holding an online book fair hosted by Usborne Books again this year! More information to follow. We, also, are having a Hurley's book fair in the library during parent-teacher conferences on October 5th and 7th.



PUBLIC HEALTH IS COMING TO GIVE

FLU SHOTS

AGAIN THIS YEAR!

Follow this [link](#) to fill out the online form and email it back to me or print the form on the following page and send it back to the school office, if you want your child to participate.

Sign-up for K-8 Parent Teacher Conferences follow this [link](#)

THIS WEEK IN VIRTUES... **HONESTY**

MEANING

Awareness that all one's gifts come from God and appreciation for the gifts of others

OPPOSING TRAIT

Failing to recognize the gifts of others; being too proud or having false humility

WAYS TO CULTIVATE

Ages 6 and up - Clap for someone who does a good job.

Ages 10 and up - Give compliments to others and accept compliments from others; let others go in front of you in line.

Ages 12 and up - Show deference to others; acknowledge the accomplishments of others; look honestly at your strengths and weaknesses.

Paid

LAKE REGION DISTRICT HEALTH UNIT
VACCINE ADMINISTRATION RECORD

Clinic Identification
Number 31

524 4th Ave. NE Unit #9 Devils Lake, ND 58301

Information collected on this form will be used to document authorization of receipt of vaccine(s). Information may be shared through the North Dakota Immunization Information System (NDIIS) with other entities in accordance with North Dakota Century Code 23-01-05.3.

Print Patient's Name (Last, First, Middle Initial): _____ **Date of Birth:** _____ **Age:** _____ **Gender:** Male Female

Address (Street or PO Box): _____ **City:** _____ **County:** _____ **State:** _____ **Zip Code:** _____

Primary Phone # _____ **Daytime Phone #** _____ **Race:** _____ **Ethnicity:** Hispanic/Latino Non Hispanic/Latino Unknown

Birthplace: State or Country _____ **Mother's Information** (Last, First, Middle and Maiden Names): _____

Name of Parent/Legal Guardian : _____ **e-mail address** (check box if appointment reminder wanted)

FC Eligibility Status - Check all that apply. Medicaid Eligible - If you have **any other insurance** please complete the Policy Holder information in section below. **Medicaid Number** _____ Native American No Insurance Underinsured
Vaccines not covered by health insurance) Insured - Vaccines **covered** by health insurance

Please complete Primary Insurance section below.

PRIMARY POLICY HOLDER INFORMATION

Last Name: _____ **First Name** _____ **Middle Initial** _____

Date of Birth: _____ **Gender** Male Female **Policy Holder Relationship to Client:** _____

Insurance Company Name and Address: _____

***Policy Number:** _____

(City) _____ (State) _____ (Zip) _____

Group Number if Applicable: _____ **Do you have a secondary insurance policy?** Yes No

ACKNOWLEDGEMENT, AUTHORIZATION & ASSIGNMENT OF BENEFITS

I acknowledge that I have may request a copy of LRDHU's Notice of Privacy Practices. I understand I may request an additional copy of the Notice at future contacts with this Local Public Health Unit. I authorize the release of any medical or other information necessary to process this claim. A copy of the appropriate Centers for Disease Control and Prevention Vaccine Information Statement(s) has been provided. I have read, or have had explained, the information about the disease(s) and the vaccine(s) listed below. There was an opportunity to ask questions and all questions were answered satisfactorily. I believe that I understand the benefits and risks of the vaccine(s) cited, and ask that the vaccine(s) listed below be given to me or to the person named above (for whom I am authorized to make this request)

I am the Client, or an individual legally obligated to pay for medical services provided to the Client or a Guarantor of payment, I agree to pay and I am financially responsible for the Local Public Health Unit's established charges provided to the Client not covered by a third-party payer. I assign and authorize any third party payer/insurer to make direct payment to the Local Public Health Unit of all benefits payable for the Client's care.

SIGNATURE OF PATIENT OR RESPONSIBLE PERSON

DATE

HEALTH UNIT USE ONLY

Tobacco Use: TOB SHS None **Advised:** Y N **Referred:** Y N

Health Screening Reviewed /Approved:	Yes	No	*					
Influenza age 6 thru 35 mo Admin fee - 40.50	Z23 90687MD V 90685-PF	35.50	8/6/2021	AVP		IM	LA RA LT RT	
Quadrivalent Influenza age 3 thru adult Admin-40.50)	90688MD V 90686PF	35.50	8/6/2021	AVP GSK		IM	LA RA LT RT	
Influenza Nasal (Flumist) Admin-32.00)	Z23 90672 90473	38.00	8/6/2021	MedImmune		IN	IN	
Influenza High-Dose 65 + (Admin 40.50)	Z23 90662	68.50	8/6/2021	AVP		IM	LA RA	

Nurse Signature _____
08/16/2021

Date Vaccine Administered/VIS Offered

BOARD OF EDUCATION

Monday
October 4 at 7:00

All Board meetings are open to the public, except in such cases as the president of the Board shall deem it necessary to call the Board into executive session. The right of non-members to address the Board shall be limited to those whose concern has been recognized by the president prior to the meeting.

This board meeting is open to the public. The protocol to speak at the meeting is to email the principal prior to 12pm on the day of the meeting. Requests will be forwarded to the board president for approval.



COVERAGE IS STYLISH

Your child may qualify for health, dental and vision coverage through North Dakota Medicaid, **at no cost, and you may not know it.**

Having coverage helps keep your child healthy and gives your family peace of mind if your child gets sick or injured.

Health Tracks may cover:

- Annual well-child checks
- Dental exams, cleanings, braces, fluoride varnish
- Shots
- Prescriptions
- Behavioral health screenings
- Vision checks and glasses
- Hearing checks and hearing aids
- Autism Applied Behavioral Analysis therapy
- Physical, occupational and speech therapies
- Growth and development checks
- And other health services

Health Tracks is a program through North Dakota Medicaid that focuses on prevention, early detection and treatment for children and young adults under age 21.

To apply, visit www.nd.gov/dhs/eligibility/index.html or call 1.844.854.4825

To learn more about Health Tracks, including qualifying income guidelines, visit: www.nd.gov/dhs/services/medicalserv/health-tracks/index.html



NORTH
Dakota | Human Services
Be Legendary.™

All **CANDY MONEY** is due on October 15.

Please return unsold candy and the money you have collected immediately. We have students who are still wanting more candy to sell and can help you out!

Picture Day is Coming!

School Name: St. Joseph School

Picture Day Date: Wednesday, October 20

Picture Day ID: EVTVBSBCW



SHORTS

Our policy states that shorts are allowed in August, September, and May, but can be allowed other times with the principal's discretion. Since the weather is still so nice, **we can continue to wear shorts next week!**