

PESTICIDE APPLICATION PROCEDURES

In 1999 the Illinois General Assembly passed laws requiring that public schools notify parents/guardians and school employees at least 48 hours prior to any pesticide applications on school property. The term “pesticide” includes insecticides, herbicides, rodenticides and fungicides. The notification requirement extends to both indoor and outdoor pesticide applications. Excluded from the notification requirement are antimicrobial agents (such as disinfectants, sanitizers or deodorizers), insecticide baits, and rodenticide baits.

Olympia School District Unit # 16 has therefore established a registry of people who wish to be notified. If you wish to be included in this registry, please complete the *optional* form in the middle of this handbook for the current school year. Submit it to the principal of the school the student is attending, with the principal forwarding a copy to Andrew Wise, Olympia School District Unit #16, 903 E. 800 North Road, Stanford, IL 61774. Any other questions you may have regarding the District’s pest management practices may also be directed to Andrew Wise at 309-379-3303.

OPTIONAL

PESTICIDE APPLICATION NOTIFICATION REGISTRY ONE (1) FORM FOR EACH STUDENT

SCHOOL YEAR : _____

School Name: _____

Student Name: _____

Student Address: _____

Student Grade: _____

Student Homeroom/Teachers Name: _____

Please complete requested contact information as you deem appropriate.

Father's Work Phone Number: _____

Hours Available For Calls: _____

Work E-mail Address: _____

Work Fax number: _____

Father's Home Phone Number: _____

Hours Available For Calls: _____

Home E-mail Address: _____

Home Fax number: _____

Mother's Work Phone Number: _____

Hours Available For Calls: _____

Work E-mail Address: _____

Work Fax number: _____

Mother's Home Phone Number: _____

Hours Available For Calls: _____

Home E-mail Address: _____

Home Fax Number: _____

- Complete other side -

Guardian's Name: _____

Guardian's Work Phone

Number: _____

Hours Available For Calls: _____

Work E-mail Address: _____

Work Fax number: _____

Guardian's Home Phone Number: _____

Hours Available For Calls: _____

Home E-mail Address: _____

Home Fax number: _____

Parent/Guardian is responsible for notifying the school principal of changes in address/phone numbers. Documented notification to **any** of the above listed mail, fax, or E-mail numbers shall constitute compliance with notification requirements of 225ILCS235/2 and 415ILCS65/3(f).

MEDICAL QUESTIONS

_____ Allergic reactions to chemicals, if so, name of chemicals: _____

_____ Allergic reactions to stings, bites, etc. _____

_____ Respiratory problem: _____

_____ Phobias _____

Parent/Guardian Signature: _____

Date: _____

Forms should be returned to the Principal of the School where the student attends.

Note to school:

1. Place original in school IPM Registry.
2. Forward a COPY of this form to District Maintenance Office (Marc Albertin).