



**2017-2018**  
**Wayne County**  
**School Health Services**

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Dear Parent or Guardian:

**Optimal learning requires good health.** The Wayne County School Nurses are proud to be part of the team effort that supports student success. As we work with you this year, we need your assistance and cooperation in preparing for the possibility that your child may need to take medication, may become ill or have an accident during school hours. We hope this letter will help explain some of our procedures. School health services **supplement** rather than replace parental responsibility. Our program is designed to assist parents/guardians in devoting attention to child health, to discover health problems early, and to encourage use of the services of physicians, dentists, and community health agencies when needed. The School Nurse is a resource for health related issues and health education. School nurses are also a liaison between education, health care agencies and home.

**School Health Information updated periodically on the [Wayne County School Website](#)**

### **SCHOOL MEDICATION ADMINISTRATION**

If medications can be given at home before or after school hours, please do so. However, if medications must be given during school hours, the following procedures apply. *This is only a summary of the complete Medication Administration Procedures.*

A parent or legal guardian must complete and sign a *School Medication Authorization (form SHS01)* in addition to this SHS-00 for any medications given at school. For prescription medications that are to be administered for more than 2 weeks, a medical doctor must also complete and sign the *School Medication Authorization*. This form is available from your School Nurse.

- A parent/legal guardian or other designated adult must bring all medication to the school clinic. **At no time should medication be transported by a student** (with the exception of emergency medications as identified in the Wayne County School Medication Procedure). Prescription medications must be clearly labeled with the physician's name, name of medication, strength, dosage, date, time for administration, and dispensing pharmacy. When medication is to be given at home and at school, ask your pharmacist to fill the prescription in 2 labeled containers, one for home and one for school.
- If a student requires an over the counter medication while at school more than two times from school stock, the parent must furnish medication. If a child requires an over the counter medication that is not listed on the standard school health permission form, the parent must furnish the medication with individual parent permission for that medication. **All over-the-counter medications and prescription medications must be in the original containers** and be FDA approved.
- If your child has a life-threatening condition (i.e. asthma, diabetes, or allergic reaction), permission may be granted to carry medication (such as inhaler, glucose tablets, Epi-pen, or insulin/insulin pump) on his or her person. Such permission will require a completed and signed School Medication Authorization from the child's physician and parent/guardian. Students with asthma or severe allergic reactions are encouraged to keep a second inhaler or Epi-pen in the School Nurse Clinic for emergency use during school hours even if they do carry such emergency medication. This will help assure the ability of the staff to assist the student in the event the student does not have their medication on their person and is unable to instruct others where to find it. If a student has these conditions, a parent conference with the School Nurse and other staff members should be conducted to develop a Health Plan for the student.
- Unused or discontinued medication must be picked up by the parent from the School Nurse by the last day of the school term. **All medication left at school more than one weekday following the last day of school will be disposed of.**

### **STUDENT ILLNESS/INJURY**

- Students with a **contagious illness** or **infection** must stay home so they will not expose others. If your child is home with a **communicable illness**, please contact the School Nurse.
- Children must be **fever** free (temperature **below** 100.4 degrees) for **24 hours** without fever reducing medication before returning to school.
- Children who have had an illness with **vomiting** and/or **diarrhea** should not return to school until these symptoms have subsided for **24 hours**.
- If you find **head lice** in your child's hair, please notify the school nurse. **Do not send your child to school with head lice.** The School Nurse can advise you how to treat a lice infestation before returning to school. Upon return to school, your child must be cleared by the school nurse (free of LICE) before returning to class.
- A child with **chicken pox** may return to school when all of the lesions have scabbed (usually 5-7 days). Please notify your School Nurse if your child is diagnosed with chicken pox.
- **Impetigo, ringworm, shingles, staph infections** and **scabies** must be under treatment to return to school. In some cases lesions may have to be covered.
- A child with **bacterial Pink Eye** (thick drainage and redness of the whites of the eyes throughout) may return to school after 24 hours of physician prescribed treatment (or as specified by physician).
- Professional health standards will be used to determine school management of conditions that may present a health issue for other students and staff.

Please contact your School Nurse if you have any questions or concerns. By working together, we can strive to insure the health and well-being of your children so that they can gain the most from their experience at school.

**Parent - Keep this page for your reference**



Yes / No PARENT – Please complete BOTH sides and return to the School Nurse

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

Local Doctor \_\_\_\_\_ Specialist Doctor(s) \_\_\_\_\_ Dentist \_\_\_\_\_

Health History – Does your child now have or has he/she ever had:

Table with 6 columns: Asthma, Diabetes, Seizure Disorder, ADD/ADHD, Learning Disability, Hearing Problems, Vision Problems, Wears glasses/contacts, Physical Limitations, Are immunizations current, Other illness (list). Each cell contains 'Yes / No'.

Allergies: Yes / No If yes, please list:

Please explain any YES answers. Give as much information that will help your school nurse understand and assist with your child's needs:

Medications taken at home (list)

(Please see your school nurse for a Parent Permission/Physician order form SHS-01 if student needs to take prescription medication at school. Also a Parent Permission/Physician Order form for over the counter medication that requires frequency or dosage other than what is recommended on the label is required.)

IF YOUR CHILD HAS ASTHMA

Will he/she need to carry his/her inhaler at school? Yes / No If yes, a Physician order form and asthma plan will be required.

IF YOUR CHILD HAS A SEVERE ALLERGY

Will he/she need to carry his/her EpiPen at school? Yes / No If yes, a Physician order form and allergy plan will be required.

PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES

I hereby give my consent for my above named child to participate in the School Health Services Program which may include vision (with Spot Vision Screening Camera), hearing, height, weight, body mass index, nutrition, dental, scoliosis screenings, health/nursing appraisals & assessments. I also give my consent for this information to be shared and/or faxed to my child's doctor/dentist.

In cases of minor accidents or illness, I hereby give my consent for my child to receive routine first aid administered by school personnel. I also give permission for the use of the following over the counter and emergency preparations when needed in the event of minor skin irritation/injury, or for minor pain, discomfort or fever.

Over the counter medications will only be used according to the label directions for the listed purpose and age/size of the student unless an individual physician order is provided. No over the counter medications will be used more than 5 consecutive or 30 cumulative school days per semester without a doctor's order. If an "over the counter" medication is required by a student more than 2 times, the parent will be required to furnish that medication for future need. Over the counter medications will only be provided at the discretion of the school nurse or a physician. This standing protocol medication procedure is established for the purpose of aiding student attendance, minimizing student discomfort so that they may be more attentive in class, to assist parents by not having to leave their jobs to come to the school each time a student has a minor discomfort or injury and to sustain life in the event of a life-threatening emergency.

STRIKE THROUGH ANY OF THE FOLLOWING MEDICATIONS THAT YOU DO NOT WANT TO BE USED FOR YOUR CHILD

Generic Preparations may be substituted for these listed over the counter products.

The Wayne County Schools will not be required to furnish medications but will have these on hand as funds are available.

Table with 4 columns listing medications: Tylenol, Motrin, Maalox, Tums, Benadryl/Caladryl Topical, Calamine lotion Topical, 1% Hydrocortisone Cream, Antifungal Cream (for suspected ringworm), Saline eye drops, Oragel/Ambesol, Robitussin DM (for cough), Sting Kill, Benadryl Liquid, Albuterol Inhaler, Albuterol Nebulizer Treatment, Prescription EpiPen for anaphylactic reaction.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

In case of an accident or illness where immediate treatment of my child is not indicated but where he/she is unable to remain at school, I request that one of the following be contacted to care for my child in the event that a parent or legal guardian cannot be reached.

*Please notify the school nurse if any of the following contacts change or become unavailable.*

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Mobile Phone</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

In the event of a major accident or serious illness, I understand the school will make every effort to contact me. School clinic personnel have my permission to contact my child's listed physician(s) for further medical information and for instruction if I am unavailable to be reached in the event of an emergency. I, the parent /legal guardian, authorize the transport and treatment by Emergency Medical Services and the hospital emergency staff for my above listed child. Fees for transport and medical services will be the responsibility of the Parent/Guardian signed below.

**Parental Consent for School Health Services will be sent out at the beginning of each school term. If I do not return an updated form for my child to the School Nurse, this permission remains in effect from the date of this document through 12<sup>th</sup> grade unless revoked in writing.**

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**OR**

I **DO NOT** want my child to receive school health services. I agree to be **immediately available** to provide care for my child at school at **ALL times**.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Parents/Guardian Name(s)#1 \_\_\_\_\_ #2 \_\_\_\_\_

Home Address \_\_\_\_\_

E mail address #1 \_\_\_\_\_ #2 \_\_\_\_\_

Notes to parents often get lost by students. If you have an email address, this is the quickest way to contact you if your child is seen in the clinic for anything other than emergencies.

Home Phone \_\_\_\_\_

Parent/Guardian #1 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Parent/Guardian #2 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Student Medical Insurance:

BCBS \_\_\_\_\_ Medicaid\* \_\_\_\_\_ PeachCare\* \_\_\_\_\_ State Merit \_\_\_\_\_ Other \_\_\_\_\_

Insurance Number \_\_\_\_\_ Student's SS# \_\_\_\_\_

