

Dear Parents/Guardians,

Please read the following School Health Guidelines, and keep this as a reference for the school year. After reading, please check "Yes" on the Student Emergency Information form and return the completed form to your child's homeroom teacher. Please remember contact numbers will be important in case of illness or injury. Please feel free to contact us by calling 603-895-2511, x 8, or by e-mail at kMcCusker@sau83.org. Thank you for your help in keeping our students safe, healthy, and ready to learn!

Karen McCusker

School Health Guidelines 2016-2017

1. **MEDICATIONS:** Parents must contact the school nurse regarding medications in school. Parents must deliver the medications to the nurse's office and provide a written doctors order. Medication must be in original container and properly labeled from the pharmacy. Please read School Policy.
2. **ABSENT PROCEDURE:** When calling in a student who will be out sick, please give specific symptoms for your child being out, in the case that the nurse may need to follow up with you. State the nature of illness, including fever, cough, sore throat, abdominal pain, vomiting, diarrhea. Please read school policy regarding absences due to illness. If your child is seen by a physician, please bring in a note stating diagnosis and treatment.
3. **STUDENT RETURNING TO SCHOOL AFTER FLU LIKE ILLNESS:** need to be screened by the nurse prior to returning to school, in order to prevent spread of illness to classmates.
4. **INJURY RESTRICTING PHYSICAL ACTIVITY:** If your child has an injury and is treated by a physician, please send in a note stating the nature of the injury, what physical activity restrictions there are, and when the student is cleared to return to normal activity.
5. **STAY HOME IF:** Please stay home if you are ill with fever, cough, vomiting, diarrhea, or sore throat. You must be symptom free for 24 hours. We need to protect the school community from spread of any illness. Kindly call the nurse, should you have any questions.
6. **PROMOTE HAND WASHING!!** Cover coughs and sneezes with your sleeve, do not share drinks or eating utensils, keep your hands away from your face, clean all common surfaces frequently, keep personal distance from others.
7. **INFLUENZA VACCINE:** Have your child vaccinated for Influenza annually, and give documentation from your physician to the school nurse.
8. **IMMUNIZATION / PHYSICAL EXAMS:** It is required that you send in your child's updated health physical and immunization records annually. Your child will be enrolled conditionally if they are not current with immunization requirements. Contact your physician and /or the school nurse if you have questions.
9. **SPORTS PHYSICAL:** Middle School students must have a current physical on file with the school nurse in order to participate in after school sports. The physical must be dated within the last 2 years.
10. **HEAD LICE:** Please contact the school nurse if your child is treated for head lice, and notify the parent of any of your child's close contacts. Students must be checked at home for nits, daily for 2 weeks after receiving treatment. Routine screening for lice are not done in the school setting per state guidelines.
11. **ELLIS SCHOOL WEB PAGE:** Please check the school nurse's web page for current information and resources, as well as health alerts under the news section.
12. **HEALTH CONDITIONS:** Please contact the school nurse regarding any health issues your student may have, such as severe allergies, asthma, diabetes, seizure disorder, and any other medical concerns. Some students with these issues may benefit from a 504 plan to ensure safety and promote best learning.

Student Emergency Information- Nurse's Office – CONFIDENTIAL

Grade _____ Homeroom Teacher _____ Date of Birth _____
Last Name _____ First Name _____ MI _____ Gender _____
Primary Address _____
Home Telephone _____ Siblings at Ellis _____
Email Address for non-emergent communication _____

Adults living with student and relationship:

Name _____ Relationship _____ Cell # _____ Work # _____
Name _____ Relationship _____ Cell # _____ Work # _____

Parent not living with child (if applicable):

Name _____ Relationship _____ Cell # _____ Work # _____

List two Emergency Persons (in addition to above) who can be contacted to transport and temporarily care for your student:

Name _____ Relationship _____ Cell # _____ Work # _____
Name _____ Relationship _____ Cell # _____ Work # _____

Health Concerns and Diagnoses:

Please check all that apply: Asthma Bee Sting Allergy Diabetes Seizure Disorder

Food Allergy or Sensitivity (Please List) _____

Other Allergies (Please List) _____

Behavioral or Mental Health Issues _____

Medications Taken at Home (Please include Dosage and Administration Times) _____

Prior Surgeries or Procedures _____

Other Health Concerns _____

Permission for Over-the-Counter-Medications: I approve for administration of the 8 medications listed below: YES NO

Tylenol (Pain, Fever) Advil/Motrin (Pain, Fever) Chloroseptic (Sore Throat Spray) Calamine (Anti-Itch Lotion)

Tums (Upset Stomach) Neosporin (First Aid Ointment) Ora-gel (Dental Pain, Canker Sores) Benadryl (Allergies)

(Exception(s) of certain medication(s): _____)

I DO NOT WANT MY CHILD TO RECEIVE ANY MEDICATIONS IN SCHOOL

WHEN DEEMED PROFESSIONALLY NECESSARY, HOSPITAL OR EMERGENCY PERSONNEL HAVE PERMISSION TO PROVIDE APPROPRIATE MEDICAL CARE FOR MY CHILD Please check YES NO

EMS providers will make determination of location of hospital for transport

I give permission for my child's information to be shared with school teachers and staff YES NO
I have read the School Health Guide Lines for 2015-2016 included with this form. YES NO

Parent Signature: _____ Date: _____

USE OTHER SIDE FOR FURTHER COMMUNICATION REGARDING YOUR CHILD