



206 Jackson Street

Lowell, MA 01852

Phone (978) 323-0800

Fax (978) 323-4600

www.lccps.org

Dear Parents and Guardians,

Welcome back from the Nurse's office at LCCPS! We look forward to helping your children through another fantastic academic enriching school year.

At this time, the nurse's office is requesting that all required medical paperwork be returned to the nurse's office no later **September 30, 2017**. This includes:

1. A physical exam within the last 12 months with a current up-to-date immunization record.
2. The attached Health Information Forms, including the signed Authorization for Release of Medical Information (needed in the event we need to contact your child's physician regarding health forms, vaccines, or other important medical information)
3. If your child has *Allergies* that require the use of an EpiPen, please inform the office and provide **bring the medication to our office in the originally labeled pharmacy container along with the physician's written orders and parental consent to administer medication**
4. If your child has *Asthma* and requires medication during the school day, please inform the office and provide **bring the medication to our office in the originally labeled pharmacy container along with the physician's written orders and parental consent to administer medication**
5. If your child will be taking any prescription medication in school during the school hours, please inform the office and **bring the medication to our office in the originally labeled pharmacy container along with the physician's written orders and parental consent to administer medication**

****PLEASE NOTE: NO medications will be accepted unless in its original prescription container with pharmacy label. NO prescription medications will be given without a doctor's written order. NO student is allowed to carry ANY type of medication on them to, from, or in school. ALL medication should be brought to the school by a parent/guardian or authorized adult.**

Throughout the year we will be conducting routine screenings on your child which include: hearing, vision, BMI (body mass index), and postural screening. We also offer dental screenings twice throughout the year, dates will be provided.

If you have any questions, please feel free to call (978) 323-0800 ext. 7132, or email at cdemont@lccps.org. The nurse's office hours are 7:30am to 3:30pm.

We look forward to another great school year!

Sincerely,
Christen DeMont, RN
Student Health Services

Revised 6/15/17 cd



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Health Information 2017-18
TO BE COMPLETED BY PARENT OR GUARDIAN EACH YEAR

Student Information:

Last Name First Name Date of Birth

Grade Homeroom Teacher

Parent/Guardian Telephone

Emergency contact Telephone

Medical Information:

Physician's Name Phone #

Dentist's Name Phone #

Medication

Please list all medications your child is presently taking at home on a daily basis:

(1) (2) (3)

Please list all medications your child will be taking at school on a daily basis:

Please schedule medicine for times other than school hours whenever possible. You will need to, 1) sign parent consent form and 2) have your physician sign a medication order form before the nurse can administer your child's medication in school

(1) (2) (3)

- My child has an allergy to medication or food.
My child has asthma that requires use of medication during school.

*If your child has an allergy or asthma, please have your physician complete an asthma/allergy action plan.

Health History - Please check all that apply

- Heart condition, Autism, Cancer, Cerebral Palsy, ADD/ADHD, Diabetes, Seizure disorder, Scoliosis, Hearing Aid, Glasses, Other, Asthma, Allergies, Skin (explain), Bladder control problems (Explain)

Does your child require use of any of the following? Wheelchair Walker Other Equipment

I give my permission to the school nurse to share information provided on this form with appropriate school personnel when needed to meet my child's health, safety, and educational needs.

(Print Name) (Signature) (Relation to student) (Date)



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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Name of Student: _____ Date of Birth: _____

Address: _____ Phone: _____

I hereby authorize and request copies of my medical records to/from:

Name: _____
Address: _____
Phone: _____ Fax: _____ Attn: _____

To be release to/from:

Name: <u>LOWELL COMMUNITY CHARTER PUBLIC SCHOOL</u>
Address: <u>206 JACKSON STREET, LOWELL, MA 01852</u>
Phone: <u>978-323-0800</u> Fax: <u>978-323-4600</u> Attn: <u>School Nurse</u>

Check information requested: Immunization Records Lab Tests X-Ray Report

Physical Exam Other: (Specify) _____

Reason for Request: Record Update Transfer Information Required in School Health Record

Information to be:

Mailed Picked up Faxed

I understand this information is confidential and there shall be no further disclosure without the written authorization of the patient or his/her legal representative. This authorization is valid until (one year from the date of signature if not specified) and is subject to revocation by the patient or his/her legal representative at any time in writing.

Signature of Parent or Legal Guardian Relationship to Patient Date



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PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATION 2017-18

Student Information

Last Name

First

DOB

ALLERGIES

Grade

Teacher

EMERGENCY CONTACTS

CONTACT #1:	CONTACT#2:
HOME/CELL PHONE:	HOME/CELL PHONE:
WORK PHONE:	WORK PHONE:

OVER THE COUNTER MEDICATION CONSENT

YES, I give permission for the Lowell Community Charter Public School Nurse to administer over-the-counter medications to my child per standing orders posted in the nurses' office.

NO, I do not give permission for the Lowell Community Charter Public School Nurse to administer over-the-counter medications at school. I would be required to come and administer these to my child.

**** Medications may include: acetaminophen, ibuprofen, antacids, pepto-bismol, benedryl, cough drops, and topical creams such as antibiotic creams, anti-itch creams, vaseline.**

THIS FORM MUST BE RETURNED TO THE HEALTH OFFICE BEFORE ANY MEDICATION WILL BE ADMINISTERED.

SIGNATURE PARENT/GUARDIAN

Date



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MEDICATION ORDER School Year 2017-18

(To be completed by a Licensed Prescriber: Physician, Nurse Practitioner, or others authorized by Chapter 94C)

Name of Student _____ Date of Birth _____

Address _____ Grade _____

Name of Licensed Prescriber _____ Title _____

Business Telephone # _____ Emergency Telephone # _____

Medication: _____

Route of Administration: _____ **Dosage:** _____

Frequency: _____ **Time(s) of Administration:** _____

Specific directions or information for administration: _____

(*Please note: Whenever possible, medication should be scheduled at times other than school hours.*)

Date of Order: _____ Discontinuation Date: _____

Diagnosis: _____

Special side effects, contraindications, or possible adverse reactions to be observed:

Optional:

Any other medical condition(s): _____

Other medication being taken by student: _____

The date of the next scheduled visit or when advised to return to prescriber: _____

Signature of Licensed Prescriber

Date



A Parent's Guide to the Lowell Community Charter Public School Health Unit

Dear Parent/Guardian:

The School nurse is present at your child's school to be a liaison between home and school regarding health concerns and to serve as a health resource to you and your child. The School nurse completes State mandated screenings and provides nursing care for accidents, illnesses and other medical situations. The School nurse is also there to assist in promoting good health and in maintaining a healthy, safe environment for staff and students. Please feel free to contact the School nurse at your child's school with any health concerns or questions you may have.

Health Information Form

Please complete the Health Information Form and return it to the nurse. This form gives us information on how to reach you in case of emergency and provide updated health information on your child year to year.

Please notify the nurse of any changes in emergency contact information or state of health during the school year. In the event of the need for medical transport, every attempt will be made to send a copy of this form. **Remember, in the event of an accident or illness the school must be able to reach you or another person who will assume responsibility for your child.**

Health Emergencies

Please notify the School nurse (yearly) of any medical condition which may precipitate an emergency situation with your child (e.g. allergic reaction to food, insect bites or medication, asthma, diabetes, seizures). The School nurse will work with you in developing a care plan to meet your child's health care needs.

Illness

Children must remain home if they have any of the following:

- A contagious illness such as chickenpox, flu, strep throat, etc until the doctor says it is safe to return or the child has been on antibiotics for 24 hours
- A rash or skin condition not diagnosed by a doctor
- A fever that causes chills, sweating or muscle aches
- Temperature over 100.4 within the past 24 hours
- Vomiting or diarrhea
- Live head lice
- Have been notified by the school nurse/health department that immunizations are not up to date. (Exclusion notice)

Post Illness School Attendance Guidelines

Children must be fever free without medication and symptom free for 24 hours before returning to school. According to school policy, a child with a diagnosis of strep throat, impetigo and conjunctivitis, is required to be on medication for 24 hours before returning to school.

Immunization/Lab Test Requirements

School Immunization Law, Chapter 76, Section 15 of the General Laws of the State of Massachusetts requires that all immunizations must be up to date for children to attend school, according to the Massachusetts Department of Public Health regulations. Massachusetts General Law allows for the school district to exclude any child from school whose immunizations are not up to date.

- A certified record of immunization from your child's physician is required for entry into school
- All immunization records must be provided in English and include all dates in full.
- Immunizations are reviewed by the School nurse. In the event of missing or incorrect information, your prompt attention in addressing the error/omission is imperative to assure compliance with state law.

Preschool Entry Requirements:

4 Dtap/DTP, 3 Polio, 3 Hepatitis B, 1 MMR, 4 Hib, 1 Varicella (or physician documented case of chickenpox), 1 Lead test, TB risk assessment by MD

Kindergarten Entry Requirements:

5 Dtap/DTP, 4 Polio, 3 Hepatitis B, 2 MMR, 2 Varricella, 1 Lead Test, TB risk by MD, **Hearing, vision and stereopsis screening**

Grade 1-6 Entry Requirements:

5 Dtap/DTP, 4 Polio, 3 Hepatitis B, 2 MMR, 2 Varricella, 1 Lead Test, TB risk by MD

Grade 7-12 Entry Requirements

5 Dtap/DTP, 4 Polio, 3 Hepatitis B, 2 MMR, 2 Varricella, 1 Lead Test, TB risk by MD, **1 Tdap**

Medication Policies

Medications (both prescription and over the counter) should not be taken during school hours if it is possible to achieve the medication regime at home. Medication to be taken three (3) times a day can be given at home before school, after school and at bedtime.

A Physician's order is required for ALL prescription medications.

To insure your child's safety, all medications are to be delivered to school:

- In a pharmacy-labeled container
Ask the pharmacy to provide separate bottles for home and school
- By a parent/guardian adult, **NEVER WITH THE CHILD**

NO MEDICATIONS WILL BE ADMINISTERED THAT ARRIVE IN BAGGIES OR ENVELOPES.

All medications which must be taken during school hours, either long or short term, require the following forms to be on file in the school health office before any medication can be administered at school:

- A current medication order, signed and dated by the prescribing physician
- A signed and completed Parent consent and medication administration plan

According to the Nurse Practice Act and Health Department Policy, nurses are not allowed to take orders from a non- licensed person (parent or guardian). This applies to all prescription or over the counter medication.

Medication Pick up

Parents/guardian may retrieve medications from the school nurse at any time. All unused, discontinued or outdated medications must be picked up by a parent/guardian at the end of the school year or it will be discarded.

Physical Exam Requirements:

Within 1 year prior to entry to school or within 30 days after school entry. Physical exams are required for grades Pre K, K, 4, and 7. We encourage parents to submit documentation of physical exam yearly to keep the school up to date with any changes in your child's medical history. Physical exams must include the student's name, date of birth, date of exam, and physician's signature.

Head Lice:

In accordance with the NO LICE POLICY

LCCPS has a no live lice policy. If a student has nits (eggs), the student may remain in school for the remainder of the day and the parents will be notified and advised to treat the student after school. If a live lice is found, the student will need to be picked up by a parent/guardian or authorized pick up person as soon as possible and be treated at home.

Children must be treated, live lice free and checked by the school nurse before being readmitted to school. Prevention is the key to controlling this pesky problem. Please inspect your child's hair frequently and call the school nurse if you have any questions.

Mandated Screening Programs:

Vision, Hearing, Postural & BMI screenings will be done throughout the school year.

If you do not want your child to participate please notify the nurse in writing.

Vision and Hearing: Vision: year of school entry, PreK-5, grade 7 and 9. **Hearing:** year of school entry, PreK-4, grade 7 and 9. Parents/guardians will be notified of any problems that necessitate a medical follow up.

Postural Screening: The State of Massachusetts mandates that all students in grades 5 through 9 be screened for scoliosis. Parents/guardians will be notified of any problems that necessitate a medical follow up.

Heights and Weights/BMIs:

Done in grades 1st, 4th, 7th and 10th; all information is kept confidential and parents/guardians will be notified.

Mobile Dentist

An outside dentist visits the school twice per year (every 6 months) to perform dental exams, cleanings, filling, sealants and any other dental treatment your child needs. This is an optional exam that parents can choose to have their child participate in by returning the sign up form provided.

Health Insurance

If your child does not have health insurance, Massachusetts has insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information.