

School Nurse Newsletter

Reminders/Information for upcoming school year 2017-2018

Medications: In compliance with state law, no student is to carry prescription or over the counter medications to school. If a child, by order of a physician, requires medication to be given during school hours, a **MEDICATION PERMISSION FORM (for prescription and non-prescription medications)** must be filled out by your physician and requires both parent and physician signature. (Any medications including tylenol, motrin, vitamins etc. **will not be given unless there is a physician order.**) A prescription bottle or label is not acceptable in lieu of a physician order. A medication form as well as prescribed medication in its original container must be brought in by student's parent or designee, and cannot be sent to school with your child. If you administer medication to your child before he/she comes to school, which could affect his/her performance, please send in a note to your child's teacher.

Asthma, Diabetes, Epilepsy, Life Threatening Allergies: If your child has one of the above diagnoses, the following forms are REQUIRED and will need to be filled out and given to the school nurse or front office **prior to the start of school:** Medication permission form (signed by MD); Emergency action plan (signed by MD); Self-carry form (if needed); and Liability form (If needed). If you do not send any emergency medications such as Epi. Pens, Albuterol etc. and your child has one of the above diagnoses, a **refusal form/waiver** must be signed prior to the first day of school! Please note: Epinephrine must be sent in **TWIN PACK**. (Do not just send in one pen)

Health Concerns: Please inform me of any medical diagnoses, emergent health problems or mental health issues that your child might have. Notify me of any new health problems that occur during the school year. I am available until 12:00pm each day. In the event I am not available, please email me or leave a message with the front office and I will return your call as soon as I can.

ILLNESS: If your child has been ill he/she must be free of fever (Temp. at or above 100.5) **WITHOUT ANY ANTI-FEVER MEDICATION** for 24 HOURS before returning to school. If your child's temperature is above 100.5 degrees, he/she cannot stay at school and must be picked up by the parent or designated pick up person. If your child is diagnosed with the following, please notify the school nurse: flu, strep throat, chicken pox, impetigo, scabies, head lice, pink eye, and fifth's disease. **We follow the Center for Disease Control exclusion from school times as follows:**

STREP THROAT AND IMPETIGO: stay home until antibiotics have been taken for at least 24 hours.

Chicken Pox: 7 days or until ALL lesions are crusted over

Scabies\Ringworm: 24 hours after initial treatment and a MD note

Fifth's Disease: exclusion at discretion of pediatrician

Pink eye: 24 hours after initial dose of medication

Head lice: After hair has been treated and nits removed

Flu: No diarrhea, loose stools or vomiting for at least 24 hours. The flu is a highly contagious viral infection of the respiratory tract. The season for the flu is usually November to April. If you suspect your child might have the flu, Please DO NOT SEND HIM/HER TO SCHOOL.

I hope this information is helpful to you. If I can be of any help throughout the school year, please don't hesitate to call me at school or email me at kkelly@warwickriver.org. I am looking forward to a safe and healthy school year.

Kimberly A. Kelly, R.N.

WRCS School Nurse



WARWICK RIVER CHRISTIAN SCHOOL, INC.

252 Lucas Creek Road • Newport News VA 23602 • 757-877-2941 • www.warwickriver.org

AUTHORIZATION FOR MEDICATION 2017-2018

It is best if students can take medication at home. When this is not possible, Warwick River Christian School will cooperate in the administration of medication during school hours. These procedures must be followed for all prescription medications, all over the counter drugs & supplements and herbal remedies.

1. Written orders, from a physician, detailing the name of the drug, dosage and time interval medication is to be taken must be on file. Medication ordered 3 times a day or less cannot be given without a specific time. Orders should specify a time since lunch time can be anywhere from 10:30 am to 1:00 pm.
2. The signature of parent or guardian requesting that the school division comply with the physician's order is required. Medication will be given by the school nurse or school personnel designated by the principal.
3. Medication must be brought to school by the parent or guardian in a container appropriately labeled by the pharmacy or physician. Bring only that amount of medication to be taken during school hours. Extra medication must be picked up by a parent.
4. Advil, Tylenol, and other over the counter medicines must be handled the same as prescription drugs and be in a new unopened container. Expired drugs will not be given.

Complete and sign this form:

Name of Child: _____

Diagnosis: _____

Date of Order: _____

Name of Medication: _____

Dose: _____

Duration of Order: _____
(Duration cannot exceed current school year.)

Comments: _____

Physician Signature: _____

Physician's Name: _____ Phone Number: _____

I request that the school give the above medications as ordered by the physician. I give permission for the school nurse to contact the physician if indicated to carry out this order.

Parent/Guardian's Signature

Date



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MEDICATION RELEASE OF LIABILITY FORM 2017-2018

Student: _____ Grade: _____

Parent/Guardian: _____ Phone: # _____

Parent/Guardian: _____ Phone # _____

Please note best contact numbers in case of emergency.

TO AUTHORIZED SCHOOL PERSONNEL:

In case of _____ hereby request
and authorize you to assist and/or give

(Dose and Medication)

to: _____, as prescribed by
(Student's Name)

(Doctor's Name & Signature)

I release Warwick River Christian School, Inc. personnel from liability should reactions result from this medication, whether self-administered by my child or given by school personnel. If possible, I prefer follow-up care and transportation as follows:

Parent/Guardian Signature

Date

School Nurse

Date