

The Parent's Guide to the School Health Office at Edison Middle School



Information from your child's school nurse

Elizabeth Ramos RN BSN

Welcome to a new school year! I hope everyone has enjoyed their summer. As we start a new school year, I would like to remind you of a few good common practices that will ensure your child's success and help maintain them healthy.

1. **Rest:** Children at this age are going through varying stages of development and need at least 8-10 hours of sleep every night.
2. **Nutrition:** Children need to try and eat a balanced diet daily. Children need to have breakfast every morning to do well in school. Breakfast is offered in the cafeteria starting at 7:30 am. Also, please make sure children have money for lunch or their lunch daily. They are only allowed to charge two times. Although I can always provide them with a snack, it's not like a nutritious lunch.
3. **Appropriate clothing:** Clothes that are comfortable and fit well will allow your child to relax. Have them dress in layers to adjust to the possible varying temperatures from room to room. Also, please make sure your child adheres to the school dress code that is specified in the student agenda book.

I have developed this guide for parents to refer to throughout the year. I hope this help parents and their children to best utilize the school health office. I have also enclosed some health forms you might need in the future. I look forward to working with you to towards the well being and health of each child to help them succeed. You and your children are always welcomed in my office. Feel free to stop in and introduce yourselves or just say hello. I look forward to meeting you.



With Warmest Regards,
Elizabeth Ramos

EMERGENCY CONTACT SHEETS:

Please make sure you child's emergency contact sheets are filled out on both sides, signed and updated with any changes throughout the school year. Please provide with phone numbers available to reach parents/guardians as well as other emergency contacts. Make sure it lists everyone who can pickup your child. Children will only be released to the persons listed.



IMMUNIZATION UPDATE:

The State Of New Jersey has revised the mandatory requirements for school attendance (N.J.A.C. 8:57-4) for children entering **SIXTH GRADE. Must submit proof of immunization prior to the first day of school.**

The new requirements are as follows:

1. Children born on or after January 1, 1997 and entering sixth grade on or after September 1, 2008 shall receive one dose of meningococcal containing vaccine.
2. Children entering grade 6 shall receive one dose of Tdap no earlier than the 10th birthday. There must be a span of five years between this vaccine and the last DTP/Dtap or Td dose.

Additionally all new students are required to provide proof of immunizations upon registration. Students transferring from out of state or country must have this completed within thirty days of registration.

If your child has not turned 11 by the first day of school, make an

appointment with the doctor for a day approximate to your child's birthday and bring in a doctor's note on the first day of school.

HEALTH OFFICE PASS:

All students who wish to see the school nurses are required to ask the teacher for a pass to the health office. This pass is important to track the wear about of the children throughout the school day but it also lists the presenting complaint that brings the child to the health office. The child is treated and the pass is then returned to the teacher with a list of what occurred during that time.

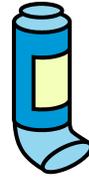
PHYSICALS:

Medical examinations are required for any new student registering to attend school in the West Orange District. Subsequently, yearly physical are recommended to monitor health and growth development. If your child was recently examined, ask the physician or nurse practitioner to complete the form. It is very important that the child receives at least one physical per each developmental age. If your child does not have a medical home please contact your school nurse for your child to be examined by the district physician.

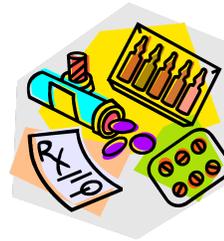
SPECIAL HEALTH CONCERNS:

If your child has any special health concerns please notify the nurse (asthma, diabetes, severe allergies, ADHD, etc.) so that the appropriate planning can be arranged to best meet your child's needs.

ASTHMA MEDICATION IN SCHOOL:



Even if your child has not had an episode in a while, it is a good idea to have medical orders and medication on hand, **JUST IN CASE**. Inhalers and nebulizer medications can be kept in the nurse's office as long as the medication policy is followed. (See medication policy) Inhalers may also be self administered and carried by the student as long as your child's doctor consents to it. Your child's nurse must be aware and have the proper documentation.



MEDICATION POLICY:

All medication including over the counter medication can only be administered by the school nurse with a physician's order. The physician and the parent medication forms are at the end of this booklet. The medication must be in the original box with your child's name on the pharmacy label. This must be accompanied by the physician and parent medication forms.

The nurse is not allowed to give students any medication without a doctor's order including Tylenol and other like medications. Children are allowed to carry emergency medication only (inhalers and Epi-pens) once the school nurse has a parental and a physician consent. Students are not allowed to carry medication without the proper consents.

All medication must be picked up at the end of the school year.

SEVERE ALLERGIES:

If your child has any allergies please notify the nurse. If child has had a severe allergic reaction, please provide the nurse with an Epi-pen and the appropriate medical forms at the beginning of each school year. Your child will also be assigned one or multiple designees to administer the Epi-pen when the nurse is not available. The designee will be trained by the nurse and made familiar with your child's emergency plan. If your child has an Epi-pen at school and is going to participate in any school sponsored after-school activities please notify the nurse so that a designee can be arranged to administer the medication in case of an allergic reaction.



INJURIES:

All injuries during school will be treated by the school nurse and calls or notes will be sent home depending on the severity of the injury. Emergency calls to EMS will be made by the discretion of the school nurse and the school administrators. Parents will be notified in this event.

In the event, injuries occur outside of school that require treatment in the emergency room, a note of discharge and limitations needs to sent to the nurse's office. If the injuries require the use crutches, a note from the physician stating the child is allowed to be in school with crutches and the length of time needed must be brought to the nurse.

CLASS TRIPS:

A nurse may or may not be assigned to go on the school trips. If you child might need medication during the trip please specify and send in the appropriate forms signed by the doctor. Class trips are not always during

school hours and may involve medications needed at different times of the day or evening. Please contact the school nurse if you have questions or concerns.



HEALTH SCREENINGS:

All children have a hearing and vision screening at school according to the New Jersey State Law. If the child fails a form letter is sent home for follow up. Additionally weight, height and blood pressure screenings will be performed to determine if a problem or concern may exist. If there is a concern during a screening you will be notified by letter.

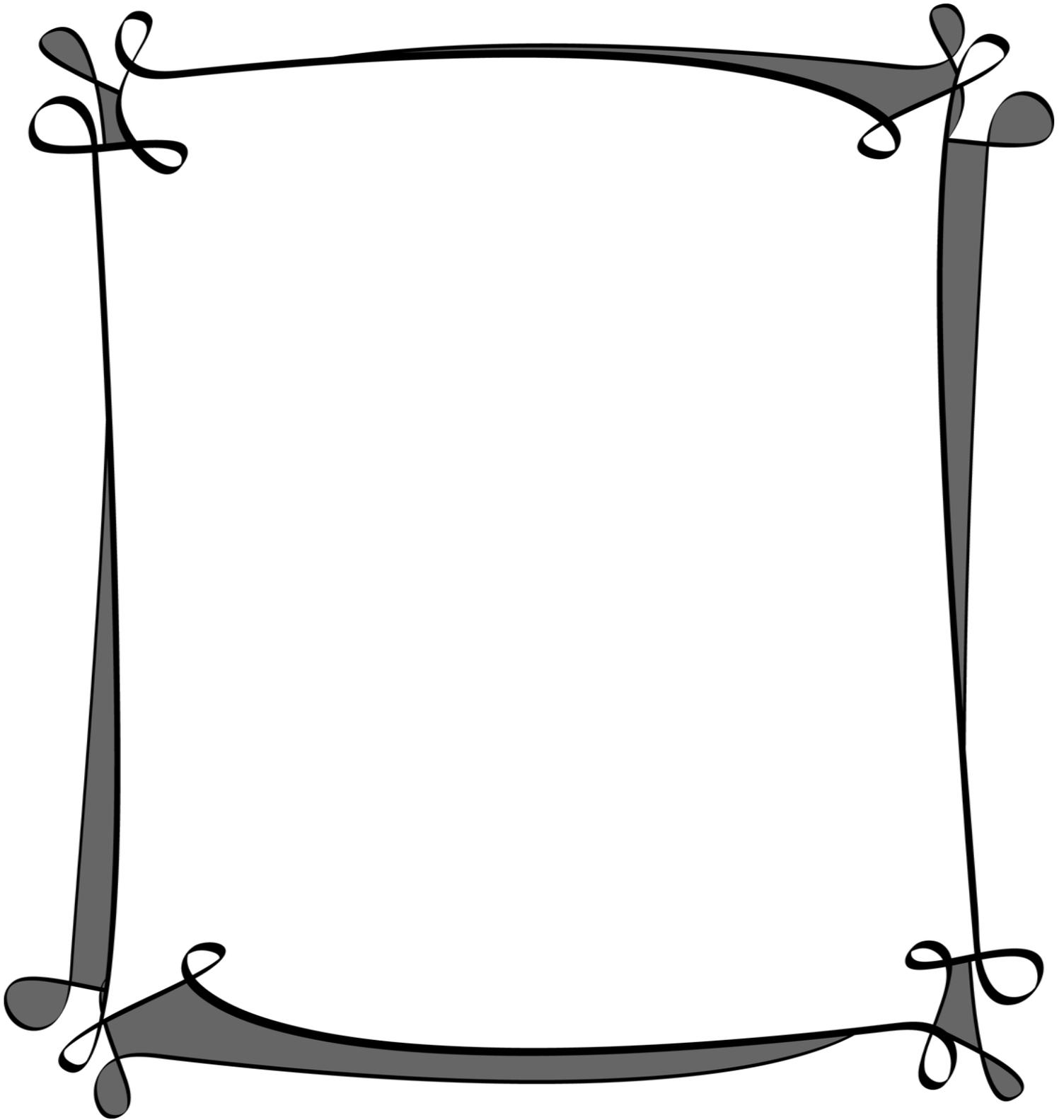


ILLNESSES

How a child feels physically will have a great impact on how they learn, perform and even their behavior. We ask that you keep your child at home if their illness is or may be contagious or could cause illness to other children. We ask your cooperation by calling the school and informing us of the illness.

If your child becomes ill at school, the school nurse will call you to pick him/her up. You or the emergency contact person must sign your child out in the main office. Your child will only be released to the emergency contacts specified on the blue emergency cards.

Thank you for your cooperation in following these health precautions to keeping all the children healthy and protecting them from illnesses. We know it can be difficult for working parents to pick up or keep their child at home sick



Guidelines

When to Keep Your Child Home

Temperature: *Your child MUST remain home, if he/she has a fever over 100.0 F. Your child must be fever free, without medication for 24 hours, Before returning to school.*

Diarrhea or Vomiting: *Your child should be free of Vomiting and diarrhea before returning to school.*

Contagious diseases/: *Your child must remain home when*
Conditions *he/she show symptoms of a Contagious disease such as: Strep throat, flu, impetigo, Conjunctivitis (pink eye), ringworm or if head lice is suspected.*

Continuous cough or nasal discharge: *If your child has Copious uncontrollable nasal discharge or cough this increases risk of exposure to other children and staff please keep your child at home until symptoms are more controlled.*

WEST ORANGE BOARD OF EDUCATION
179 EAGLE ROCK AVENUE
WEST ORANGE, NJ 07052
973-669-5400

PUPIL HEALTH EXAMINATION

NAME: _____ GENDER: _____ DATE OF BIRTH: _____
(Last) (First)

SCHOOL OF ATTENDANCE: _____ GRADE: _____

HEALTH HISTORY

Pertinent Medical History: _____

Allergies: _____ Type of Reaction: _____

Treatment/Medication: _____

Is this child on Medication? _____ Yes _____ No if yes, please specify the type and reason for taking: _____

Latest Immunizations (Dates): Hep. B #1 _____ #2 _____ #3 _____ DTP _____ DT _____

OPV/IPV _____ MMR _____ Varivax _____ Pneumococcal _____ Hepatitis A _____

Meningococcal Vaccine _____ Influenza Vaccine _____ Other _____

Mantoux Tuberculin Tests Date _____ Neg _____ Pos _____ mm induration _____

If positive, result of x-ray _____ Treatment _____

PHYSICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____

Head _____ Heart Rate _____ Murmurs _____

Ears _____ Hearing R _____ L _____ Lungs _____

Face _____ Abdomen _____

Eyes _____ Vision R _____ L _____ Extremities/Orthopedic _____

Nose _____ Both _____

Mouth _____ Corrected – Glasses/Contacts _____ Central Nervous System _____

Teeth _____ R _____ L _____

Throat _____ Both _____ Genitalia _____

Neck _____ Scoliosis Screening Neg. _____ Pos. _____

Scalp _____ If positive, x-ray _____

Skin _____ Treatment _____

SUMMARY: _____

RECOMMENDATION: Student may participate in all physical education activities Yes _____ No _____

Student may not participate in the following physical activities _____

1. Laboratory Work (if indicated): _____ Urinalysis _____ Blood Work-Up _____

2. Other Medical Recommendations: _____

Signature: _____ Date of Physical: _____

Examiner name and title: _____ Check one _____ School Physician _____

Address: _____ _____ Private Physician _____

Telephone: _____ _____ Advanced Practice Nurse _____

**Department of Student Support Services
West Orange, NJ 07052**

To: Physicians & Parents

We are writing to ask for your cooperation as we attempt to best serve the children in our schools regarding the administration of medication during school hours.

The West Orange Public Schools' policy regarding the administration of medication during the school hours is as follows:

- 1) Parents & treating physicians are responsible for the diagnosis and treatment of a student's illness. The administration of prescribed medication to students during school hours will be permitted when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine was not available during school hours.
- 2) Pupils requiring medication at school must have a written statement from the family's physician that identifies the type, dosage, time schedule, purpose of the medication and possible side effects.
- 3) A written statement from the parent or guardian of the pupil giving permission for the school nurse to give the medication prescribed by the family physician is required.
- 4) Any medication to be administered during school hours must be kept in the health office.

Sincerely,

School Nurse

PARENT'S REQUEST FOR ADMINISTERING MEDICATION DURING SCHOOL HOURS

Student _____ DOB _____ Grade _____ School _____

I, the parent of _____, request the school nurse administer the medication
(student's name)

prescribed by _____ for the period from
(Physician's Name)

_____ to _____
(Date) (Date)

The medication is to be furnished by me and is to be pharmacy-labeled with the name of the medicine, the amount to be given, time of day to be taken, and the expected duration of treatment. The physician's name must also be on the label.

The school nurse has my permission to contact Dr. _____
at _____ to the administration and effect of the medication.
(Telephone #)

(Parent's signature)

(Date)

PHYSICIAN'S REQUEST FOR GIVING MEDICATION AT SCHOOL

Date _____

Student's Name _____ DOB _____

To: _____, School Nurse at _____ School

Rx _____
Dosage _____
Time/special circumstances of administration _____
Period of Time _____
Purpose of Medication _____
Possible side effects _____

Physician's Name _____ Date _____