



## JONES COUNTY SCHOOLS CLINIC RECORD POLICY



Jones County school nurses are based at the elementary, middle, and high schools. We would appreciate your cooperation and assistance in preparing for the possibility that your child might become ill, have an accident, or need to take medication during school hours. **The school nurse will not be able to treat any student who does not have the attached completed form on file in the Clinic.**

### **Emergency Information**

The Jones County School Clinic Record, attached, should be updated annually. **Please sign in four places** to enable us to better serve your child. Remember to notify the school immediately should any information change during the school year.

### **Prescription and Over the Counter Medication**

Medications are **NOT** to be transported by children on school buses. Medications must be in the original prescription container, no baggies, foil, etc. Please do not ask your child to transport medicine. Drugs of any kind are dangerous in the possession of children. ***MEDICATIONS THAT ARE PRESCRIBED FOR THE AM MUST BE ADMINISTERED AT HOME.***

If a child must carry medications (ex: inhalers for asthma, epi pen), a written statement from the doctor **MUST** be presented and kept on file at all times.

Medications to be given at school **MUST** be listed on the School Clinic Record attached, and on the Medical Authorization and Release form available from teachers and the school office. **NO prescription medication will be given to children at school without written signed consent from a parent or guardian. Verbal consent is NOT a valid form of communication when the safety of children is at risk.**

**If a child is to receive medication for longer than 20 days, the Medical Authorization and Release form MUST be signed by the prescribing physician.**

It is the responsibility of the parent/guardian to inform the school of any changes. New medications or dosage will not be given unless a new form is completed. Medication is a parental responsibility; school employees will not assume any liability for supervising or assisting in the administration of medication.

Unused medication should be retrieved from the school office/Clinic within one week after medication is discontinued; otherwise the school will dispose of the remaining medication.

### **School Illness and Injury**

Sick students who are contagious **MUST NOT** be sent to school. To be considered non-contagious the student must be **fever free for 24 hours (below 100.4 degrees)** and have no **vomiting or diarrhea for 24 hours.**

When a student becomes ill the parent/guardian **MUST** arrange for the student to be taken home.

When a child has minor symptoms (headache, sore throat, etc.), an over the counter medication may be given to alleviate the symptoms, if the OTC medication section of the School Clinic Record has been completed and signed. Parents will be notified in writing when any over the counter medication is given. If a student comes to the clinic more than 3x in week, or more than 10x with the same complaint, the parent will be called and a note that they have been seen by a physician will be required. ***Please see Clinic Rules section in the Student Handbook.***

Written notice will be sent home when minor injuries require basic first aid. If a major injury occurs, parents will be contacted by phone using the numbers on the emergency contact section of the School Clinic Record. Please update this information when there are changes.

By working together, we can strive to ensure the health and well being of every student so that he/she can benefit from the educational program. Please contact the school nurse if you have any questions or concerns. We look forward to working with you and your child.

**\*\*Please keep this policy for your records and return the completed attached form (front & back), SIGNED IN FOUR ASTERISK MARKED PLACES, to your child's teacher.**

## JONES COUNTY HIGHSCHOOL 2020-2021 CLINIC RECORD

This form serves as the nurse's permission to treat students. Medication and/or first aid may not be administered without this form being completed, signed, and returned to school.

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone 1: Day ( ) \_\_\_\_\_ Work Ext: \_\_\_\_\_

Phone 2: Day ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone 1: Day ( ) \_\_\_\_\_ Work Ext: \_\_\_\_\_

Phone 2: Day ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

### IN CASE OF ILLNESS OR EMERGENCY

In case of illness or emergency and the above parent or guardian cannot be reached, I authorize the Jones County School staff to contact the persons listed below. I authorize those below to sign my child out of school.

Name	Relationship	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child currently have any of the following conditions or any health issues of which we should be aware?  
\_\_\_\_\_ if so, please give details in the space below.

Seizures \_\_\_\_\_ Asthma \_\_\_\_\_ Fainting \_\_\_\_\_ Heart Condition \_\_\_\_\_ Diabetes \_\_\_\_\_

Physical Impairments \_\_\_\_\_ past Broken Bones \_\_\_\_\_ Kidney Condition \_\_\_\_\_

Past Surgeries \_\_\_\_\_ Hearing Problems \_\_\_\_\_ Vision Problems \_\_\_\_\_ Acid Reflux \_\_\_\_\_

Explanation of the above \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If yes, to what? \_\_\_\_\_

If your child has allergies, what symptoms does he/she have? \_\_\_\_\_

What treatment will he/she need if the symptoms occur? Benadryl \_\_\_\_\_ Epi – Pen \_\_\_\_\_

Parents/Guardians are responsible for supplying the school with students' epi-pens. If your child has food allergies, a doctor's note must be on file so that food will not be given at school and a replacement food can be given at lunch.

\*\*\*\*\*PLEASE COMPLETE BACK SIDE\*\*\*\*\*

**Prescription Medication****Child's Name** \_\_\_\_\_

Does your child take prescription medication at home on a regular/daily basis? \_\_\_\_\_ If yes, what medication(s) and for what reason? \_\_\_\_\_

Will your child need routine medication given at school? \_\_\_\_\_ if yes, complete the following.

Will your child require medication administration during school hours?    yes    no

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_

Special Instructions: \_\_\_\_\_ Time(s) given: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_

Special Instructions: \_\_\_\_\_ Time(s) given: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

All medication must be brought to school by the parent/guardian to be given to the school staff. Students should never be given medication to give to the teacher. All medication must be in a properly labeled prescription bottle. You will be required to sign a medication administration authorization form and have the doctor sign for prescription medications that will be given on a routine basis for more than 20 days. **ALL MEDICATIONS PRESCRIBED TO BE ADMISTERED IN THE AM MUST BE GIVEN AT HOME.**

I, the undersigned, hereby release and agree to hold harmless and indemnify the Jones County Board of Education and any employee of the Board from any liability whatsoever occasioned by the administration or non-administration of the above-described medication(s) to my child during school hours in accordance with the above instructions.

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

Sign if your child requires daily medication to be given at school.

**Over the Counter Medication**

I do hereby grant the school permission to administer the chosen over the counter medications (below) to my child without further notification. I do hereby release the Jones County School System and the school nurse, or designee, from liability for any adverse reactions that might occur as a result of my child taking these medications.

\_\_\_\_\_  
\*\*Parent's Signature

\_\_\_\_\_  
Date

**PLEASE CIRCLE YOUR CHOICES for conditions below (both can be circled if two are listed):**

**If nothing is circled, nurse will use her discretion as what to give.**

Tylenol or Motrin for headache or mild pain  
Benadryl for allergic reactions or allergy symptoms  
Tums for heartburn/ upset stomach

Parents will be called to take children home to prevent the spread of germs if their child has fever, vomiting, diarrhea, or severe cold symptoms. A child that has been sent home must be free from fever, vomiting, and diarrhea for 24 hours before returning to school. I give the school nurse, or designee, permission to treat and administer basic first aid as outlined per school policy. In case of serious illness or injury, the school will contact me or the designees assigned. Should these be unavailable, I give permission for the school personnel to call 911 for emergency transport to the emergency room at \_\_\_\_\_ Hospital. I have no objection to the release of pertinent information to school staff, ambulance attendees, and/or doctor's offices. Fees for transportation and medical services will be the responsibility of the parent/guardian.

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

I have received a copy and understand the policies on medication administration and treatment.

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