

TEWKSBURY PUBLIC SCHOOLS

SCHOOL HEALTH SERVICES

As the school year begins, it is an appropriate time to familiarize you with health policies that will take place in the coming year in the Tewksbury Public Schools.

1. **ACCIDENT /ILLNESS forms:** Please correct and return as soon as possible. Any recent health problem that is not reflected in your child's health record should be brought to the school nurse's attention immediately. **The importance of correct forms cannot be overemphasized. Please update the school with any changes during the school year.**
2. **Screenings:** State law mandates the following screenings:
 - Height, weight and BMI measurements in grades 1, 4, 7 and 10. This information will be mailed home individually to the parents/guardians.
 - Vision screening is conducted during the year in grades 1-5, 7 and 9. Parents/guardians will be informed if the child requires follow up. These are screenings and are not to be used as diagnostic studies.
 - Hearing screening is conducted during the year in grades K-3, 5, 7 and 9. Parents/guardians will be informed if the child requires follow up. These are screenings are not to be used as diagnostic studies.
 - Postural Screening is conducted on all students in grades 5 – 9. This is mandated by the state of Massachusetts. You will be notified prior to the screening and if your child requires follow up.
 - **A Parent /guardian may refuse any screening for their child in writing to the school nurse.**
3. **Physicals:** State law in grades K, 4, 7, & 10 mandates school physicals. Physical exam forms were sent out in the spring. In addition, most Doctor's offices have a similar form of their own, which is acceptable. Please return all completed forms by **October 1st**.
4. **Medication:** State law Please call the school nurse in your child's school for medication order and parental permission forms. **NO Medication, prescription or over the counter**, can be administered without these forms. All medication must be in a pharmacy labeled container or original manufacturer's container. Please contact the school nurse for any medication administration including prescribed, over the counter medications, inhalers etc Forms are currently available from the school nurse and soon from the TPS website. **Self-administration is not permitted for over the counter medications. Inhalers require MD orders and written parent permission for self administration prior to review by the school nurse.**
5. **Illness, Injuries and Surgeries:** Please call the school when your child is absent. In the event of a physician documented contagious illness, it is important for the school nurse to know. This is for the protection of your child as well as the other students and staff that may be susceptible to infection. **A doctor's note is required when the student returns to school when there are any restrictions in activity, including the nature of the restriction and the time/ length of the restriction especially in cases of hospitalization and surgery.** Students should have documentation from a MD before returning to school, with splints, braces crutches, slings, and stitches etc.
6. **Concussion and Head Injuries:** Head injuries/ concussions must be reported to the school nurse, when reporting back to school. **Documentation from the health care provider must be provided to the school nurse that the student may return to school along with any restrictions in activity or academics that may be required. Please contact the school nurse prior to returning to school.**

Please call the school nurse at your child's school for any questions and for more information regarding these procedures.

Dear Parent/Guardian:

We would like to inform you of the policies that have been put in place to provide for the health and safety of students requiring medication administration during the school day.

The school nurse is responsible for the administration of all medication, as required by Massachusetts General Law, Chapter 94C. When your child needs a medication during the school day, please act promptly to follow this policy so that we may begin to administer the medicine as soon as possible.
Thank you in advance for your cooperation.

The medication permission form must be completed by both physician and parent/guardian, in ink and be on file in the Health Office before any medication is administered.

The following statements highlight the main points of the policy. The entire policy is available for review in each health office.

- Medication orders must be renewed at the beginning of each school year.
- Non-prescription medication (over-the-counter) will be handled the same as prescription medication.
- School physician signed protocols for acetaminophen(Tylenol) and ibuprofen(Advil, Motrin) are in place and only require a parent/guardian signature
- Once a day medication administration must be scheduled at times other than during school hours.
- All medication must be delivered to the Health Office by the student's parent/guardian, or a designated adult.
- Only a thirty (30) day supply of medication will be accepted at any time.
- All medication must be delivered in a correctly labeled pharmacy, or manufacturer's medication container.
- The pharmacy-labeled container can be used in lieu of a physician's order only in the case of short-term medications, i.e., those medications to be given for ten (10) school days or less. If the school nurse has a question about the medication, she may request a licensed prescriber's order.
- Self-administration of medication outside of the health room must be authorized by the school nurse.
- If a medication needs to be given during a school sponsored event such as a field trip, the school nurse must be contacted in advance, in order to allow time to make special arrangements, prior to the outing.
- A parent may retrieve the medicine from the school at any time.
- All medications must be picked up by a parent/guardian, before the close of the school year. Any medications that are not picked up by the close of school will be destroyed.

**WRITTEN PARENT / GUARDIAN CONSENT
FOR MEDICATION ADMINISTRATION**

General Information

(Please Print Clearly)

Name of Student: _____ Birth Date: _____

School: _____ Grade: _____ Sex: _____

Name of Parent/Guardian: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Phone No. where you can be reached in emergency: *cell number or pager*: _____

Other person, if any, to be notified in case of emergency if parents are unavailable

Name: _____ Relationship: _____ Phone No.: _____

Please list any medication your child is currently taking.: _____

Please list any allergies your child has: _____

CONSENT

1. I give permission to have the school nurse give the following medicine (*please check box*):

Tylenol (Acetaminophen) ☐ as prescribed by: school physician protocols to my child:

Ibuprofen ☐ _____
(Student's Name)

2. I give permission for my child to self-administer medication if the school nurse determines it is safe and appropriate Yes _____ No _____

3. I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medication administration including adverse side effects as he/she determines necessary for my child's health and safety.

Yes _____ No _____ Any restrictions on release: _____

(Please Note: I understand that I may retrieve the medicine from the school at any time and that the medication will be destroyed if it is not picked up within one week following termination of the order.)

Signature of Parent/Guardian: _____

Relationship to student: _____ Date: _____

Tewksbury Public Schools

Accident Illness Form



To the Parents of School Pupils:

In the case of accident, illness, or other emergency, school principals must be able to locate the parent or some other person who will care for the child. We must have on file the names and phone numbers of two other persons who may be called to pick-up the child if the parents cannot be reached. Please provide the information requested below and then return this form to the school promptly. Thank you for your cooperation.

Pupil's Name _____ D.O.B. _____ Grade _____

Mother/Guardian _____ Lives with Parent listed: Y ___ N ___

Home Address _____ Home Phone _____

Place of Employment _____ Business Phone _____

Cell Phone _____ Email _____

Father/Guardian _____ Lives with Parent listed: Y ___ N ___

Home Address _____ Home Phone _____

Place of Employment _____ Business Phone _____

Cell Phone _____ Email _____

Is there a court order in place that prohibits the release of your child to another adult? Y ___ N ___

If yes please attach a copy of it to this form.

Name of two persons who may be called to pick-up the child in the absence of the parents:

Name _____ Relationship _____

Address _____ Phone 1 _____ Phone 2 _____

Name _____ Relationship _____

Address _____ Phone 1 _____ Phone 2 _____

Name of Health Insurance Provider _____

Name of Doctor _____ Address _____

Phone _____

May we have permission to contact the child's primary care provider? Y ___ N ___

Please list your child's **current** health issues _____

Does your child have life threatening allergies? Y ___ N ___ If yes, to what? _____

Medication allergies _____

Some medical information, especially diabetes, food allergies, asthma and others may need to be shared with supervising adults (such as bus drivers, lunchroom staff, teachers and specialists) who will be responsible for your child's safety.

Are there any restrictions to our sharing this information? Y ___ N ___

Please notify the school of any changes in the above information

Signature

Date