

**Monomoy Regional School District
Health Services
Standard Guidelines**

Dear Parent/Guardian:

Many of our standard Health Services protocols and guidelines remain in place. Please review the following information regarding medication, physical exams, immunizations, health updates and Massachusetts State Mandated Screenings. Please see the separate information attached regarding COVID-19 protocols and guidelines. If you have any questions or concerns, please contact the School Nurse.

Medications:

- All medication is to be given under the supervision of the School Nurse.
- Medication must be delivered to the School Nurse in a pharmacy or manufacturer-labeled container by the parent/guardian or other responsible designated adult. **Do not send any medication to school with your child.** Please ask your pharmacist to provide separate bottles for school and home. No more than a 30 day supply of medication should be delivered to the school
- Every effort should be made to give prescribed medication outside of school hours.
- Medications that cause drowsiness are inappropriate for school use; students requiring this type of medication should stay home from school.
- Certain medications (inhalers, epinephrine, diabetic supplies and digestive enzymes) may be carried by your child with parental authorization, appropriate documentation from licensed prescriber, and the approval of the School Nurse.

Monomoy Regional School District requires that the following forms be submitted to the Health Office **in order for your child to receive medication at school:**

Prescription medication to be given at school:

- **Medication Authorization for Prescription Medication form** – to be completed by your child’s licensed prescriber. This order must be renewed as needed for dosage/medication changes and at the beginning of each academic year. Parent/guardian authorization is required and is included on the order form.

Over the Counter Medication:

- In accordance with Monomoy Regional School District standing medical orders, the School Nurse may administer **acetaminophen, ibuprofen, diphenhydramine (antihistamine), and antacid** as needed in accordance with manufacturer’s label instructions. **Parent/Guardian Authorization for Over the Counter Medication Administration form must be on file in the Health Office.** Students who request over the counter medication repeatedly will be asked to obtain a medical evaluation by a licensed health care provider.

Other health issues:

- Please inform the school nurse immediately regarding any communicable diseases.
- Please notify the school nurse of any changes in your child’s health status. This includes new medications or revised dosages, serious illness or injury, identified allergies, growth and development concerns or behavioral health issues.
- Sick children often must be sent home from school. It is important that emergency contacts/phone numbers are up to date in Aspen. *(Note: For 2020-2021, please submit an additional four (4) emergency contacts.)*

Immunizations and Physical Exams

- The Massachusetts Department of Public Health specifies minimum immunization and physical examination requirements (105 CMR 200.00 and 220.00) for admission to school.
- A copy of a physical exam is required prior to entrance to school or within 30 days after school entry and at intervals of three or four years thereafter (grades 4, 7 and 10).
- A physical exam is required for participation in all school sponsored athletic activities. Physical exams are valid for 13 months. All physical exams must be current and on file in the Nurse's Office in order to participate.
- Although we encourage every child to have a healthcare provider, immunizations are offered by appointment at the following:
 - Barnstable County Department of Health - 3195 Main Street/Old Jail Building, Barnstable, MA. Please call 508-375-6617 for more information and hours.
 - VNA of Cape Cod Public Health & Wellness Department - Cranberry Plaza, 434 Route 134, South Dennis, MA. Please call 508-957-7423 for more information and hours.

State Mandated Screenings

Screenings are conducted by health services staff according to the Massachusetts Department of Public Health regulations. If screening results indicate the need for follow-up, the parent/guardian will be notified. Parents may choose to opt their child out of a specific screening by sending a letter in writing to their child's school nurse.

(Note: For the 2020-2021 school year, the state has suspended the state-mandated screenings due to the COVID-19 pandemic.)

- Vision and Hearing Screenings - Screenings are performed in accordance with Commonwealth of Massachusetts regulations. Students may be screened at any time during the school year or upon request.
- Growth Screening - Height and weight are measured in accordance with the Commonwealth of Massachusetts regulations and are recorded in the students' medical record.
- Postural Screenings - Massachusetts General Law requires that every student in grades 5 through 9 be screened for scoliosis each year.
- SBIRT - In 2017 Massachusetts Legislature enacted requirements for public schools. Screening, Brief Intervention, and Referral to Treatment (SBIRT) focuses on prevention, early detection, risk assessment, brief counseling and referral for assessment that can be utilized in the school setting. Use of a validated screening tool will enable school health teams to detect risk for substance use related problems and brief intervention strategies will help to address these concerns at an early stage in adolescents. This screening will be conducted in grades 7 and 9.

Please complete the enclosed forms and submit to the Health Office as soon as possible.

Healthy regards,

The Monomoy Health Services Department

Monomoy Regional School District
Health Services

Health History

In order to keep your child's school health record up to date, this form should be filled out promptly and returned to the Health Office. This information will be reviewed by the School Nurse and kept confidential.

Student Name: _____ DOB: _____ Grade: _____

Parent/Guardian name(s): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Doctor: _____ Dentist: _____

Health Insurance: _____ Policy Number: _____

Does your child have any allergies (food, medication, insect, latex, environmental)? YES ___ NO ___

If yes, please explain:

Does your child carry an EpiPen or Epinephrine auto-injector? YES ___ NO ___

Does your child have a history of any of the following:

Diabetes? YES ___ NO ___

Asthma or exercised Induced asthma? YES ___ NO ___

Head injury/Concussion? YES ___ NO ___

Recent hospitalization/surgery? YES ___ NO ___

Bone or joint disease/injury? YES ___ NO ___

Significant illness (mononucleosis, pneumonia, lyme disease, migraines etc.)? YES ___ NO ___

Mental Health concerns (depression, anxiety, eating disorders, substance abuse, etc.)? YES ___ NO ___

Has your child ever been treated for a heart condition (high blood pressure, murmur, chest pain, arrhythmia, infection)? YES ___ NO ___

If the answer is yes to any of the above, please give dates and details:

Does your child take any medications? YES ___ NO ___

If yes, please list name of medication, reason for taking, dosage, time of day and licensed prescriber:

Permission to Administer Over-the-Counter Medication

(MRMS and MRHS students only)

Student's Name _____ Date of Birth: _____ Grade: _____

Allergies: _____

The School Nurse may, as a result of a nursing assessment, administer ibuprofen or acetaminophen for fever or pain/discomfort, Calcium Carbonate (ages 12 and up) for heartburn/upset stomach, and Diphenhydramine for minor, non-life threatening signs of allergic reaction (hives, localized itching, and/or rash). Although it is preferable that an individual order from the student's health care provider is on file in the Nurse's Office, use of the Monomoy Regional School District's Standing Order for the above medication is an option for a limited number of medication administrations. Dosage dispensed will be in accordance with the manufacturer's/label instructions.

Please note if there is a contraindication for your child to receive any of the above medications:

Parental Releases:

1. By signing below I give consent for medication administration to my child for the above over-the-counter medication.
2. By signing below I grant permission for the School Nurse to share information relevant to my child's health condition with appropriate school personnel on a need to know basis to ensure my child's health and safety needs.
3. I grant permission for the school nurse to exchange information with my child's healthcare provider. All information will be kept strictly confidential and used only to provide appropriate individualized healthcare services for my child while in school or school related activity.

In the event of illness or injury, the school will make every effort to notify me or the emergency contact on file with the school. In the event that emergency medical care is necessary, emergency medical services (EMS) will be activated.

Signature of Parent/Guardian _____ Date _____