



**CONNECTICUT**  
EDUCATION CENTER

1370 Enfield Street, Enfield, CT 06082  
Phone: 860-698-6307 Fax: 860-698-6484

# IMPORTANT MEDICAL INFORMATION 2019-2020

TO ALL PARENTS

The laws in Connecticut are changing in regard to the administration of medication in schools, immunization requirements for admission and parent/guardian authorization requirements. You will find enclosed the policy and requirements needed in order for your child to receive medical, or nursing services and medication while at CEC.

This packet also contains information on what documentation we will need from you to comply with Connecticut law and requirements from our licensors, as well as treatment policy.

Please make sure that you read carefully and understand the information enclosed so that your child will be able to receive any necessary services while at school.

## PRESCRIPTION MEDICATION

1. ALL prescription medication must:
  - Be in its original pharmacy container
  - Have the original prescription label
  - Be current (we cannot give last years medication)
  
2. The prescription label **MUST** include:
  - Student's name
  - Doctor's name
  - Medication name, route, dosage, frequency and duration
  - Date filled and quantity of medication

**\*NOT ACCEPTABLE:**

1. "As Directed" {unless accompanied by a physician signed directions}
2. Any changes made on the label, or anything scratched off
3. Any medication that is outdated
4. Any medication with someone else's name on it
5. With no instructions on the label

3. Any medication that has a longer duration than ten (10) days must be accompanied by a signed physician's order. (i.e. Allergy medications, inhalers, ritalin).
  
4. A signed physician's order must accompany any controlled substance {such as Ritalin} that includes *specific* directions.
  
5. We **DO NOT** give medications to students to transport. Guardians may pick up their child's medication at the health office at the end of the year, or it will be disposed according to regulation.

## MEDICATION POLICY

STUDENTS ARE NOT ALLOWED TO KEEP MEDICATIONS, INCLUDING OVER-THE-COUNTER MEDICATION, IN THEIR POCKETS OR BACKPACKS. PLEASE SEND MEDICATION DIRECTLY TO THE SCHOOL NURSE

## **OVER-THE-COUNTER MEDICATION**

We cannot give over-the-counter medication that is not listed in our medication consent form and with doctor's orders. If you wish to send some from home it must be accompanied by a written, signed physician's order. {see "PRESCRIPTION AND NON-PRESCRIPTION MEDICATION ORDER" enclosed with paper forms}

## **HOMEOPATHIC MEDICATION**

We cannot give homeopathic preparations, megavitamin doses, herbal vitamins or medications without a written, current and signed physician's order including potential side effects, indications for use and dosage intervals. We must also receive medication in the original packaging, unopened if OTC, with original label and have written parental consent.

**\*WE MUST HAVE A SIGNED, DATED "AUTHORIZATION TO ADMINISTER MEDICATION" FORM FROM YOU\***

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## **We must have a legible copy of your insurance card.**

If a student is covered by health Insurance, which requires a primary care provider (PCP), we should have that physician's name on the Medical Authorization Form.

**\*\*WE MUST HAVE A SIGNED, DATED  
"MEDICAL AUTHORIZATION" FORM FROM YOU IN ORDER  
TO CARE FOR YOUR CHILD\*\***

## **TREATMENT POLICY**

1. Without a signed "AUTHORIZATION FOR MEDICAL TREATMENT" form, Health Services cannot treat a student.
2. ALL students will be treated according to the Health Services Standing Orders. The nursing staff at CEC cannot treat students other than by a physician's order.
3. ALL medications given at school must have a physician's order from student's private physician.
4. A physician's order is implied consent to speak to the physician

## **PHYSICALS**

The Department of Education requires that all students at CEC have **physical examinations** prior to enrollment, in grade 6 or 7 and in grade 9 or 10.

**MAKE SURE YOUR DOCTOR DATES THE PHYSICAL FORM!!!**

**DENTAL**

The Department of Public Health and the Department of Education require that all students have a dental screening/assessment prior to enrollment, in grade 6 or 7 and in grade 9 or 10.

**VISION**

Vision screenings are conducted annually according to Department of Public Health regulations. The students receive either the Stereo-Optical screening, Snellen eye chart of Tumbling E eye chart. The school nurse usually does these screenings during the early months of the year.

**IMMUNIZATIONS**

It is a Connecticut state law, and required by our licensors, that all children be immunized according to the Connecticut Immunization Schedule.

\*\*\*If a student is not in compliance the primary provider will be contacted and informed that immunizations are out of compliance. If there is a communicable disease outbreak for which the student has not been immunized they must be excluded from school.\*\*\*

**Immunization Policy**

A list of students who have medical and religious exemptions, or those who are without complete immunization status, is kept in the event there is a communicable disease outbreak as required by Connecticut regulation.

To assist you I have a listing of the forms that you may need to have signed and dated by your physicians and/or yourself.

- Physical Exam Form
- Permission for administration of non-prescription medication and Epinephrine
- Parental Authorization to Administer medication Form
- Physicians Medication Order Form (may be copied if more than 1 medication)
- Consent to Exchange Information (PCP, Dentist, Prescriber if medications during school)
- Statement of understanding



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### STATEMENT OF UNDERSTANDING

I have read and understand the Important Medical Information packet.  
I understand I may contact the nurses at any time during school hours with any questions.

Student: \_\_\_\_\_

\_\_\_\_\_  
Legal Guardian Name (PRINTED)

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

**Connecticut State**

Connecticut mandates that schools screen students for Height & weight, hearing, vision and scoliosis. Your child is automatically enrolled in the screening program here. The screening schedule is as follows:

## **SCHOOL SCREENINGS\***

### **PHYSICAL BY PCP (including vision, hearing and Postural)**

Prior to school entry  
Grade 6 or 7  
Grade 8 or 9

#### **VISION**

Once in Kindergarten  
Once in First Grade  
Grade 3 through 5 - Yearly

#### **HEARING**

Once in Kindergarten  
Once in First Grade  
Grade 3 through 5 - Yearly

#### **POSTURAL**

Girls: grade 5 and 7  
Boys: Grade 8 or 9

\* If you wish your child to be exempt from any screening, *except physical*, please notify the school nurse in writing and we will exclude your child from the screening.