

1913 Northampton Street, Holyoke, Massachusetts 01040 telephone 413.533-9500 facsimile 413.533-5595 AFFILIATED PROGRAMS throughout the Pioneer Valley

# IMPORTANT MEDICAL INFORMATION 2019-2020

#### TO ALL PARENTS

The laws in Massachusetts 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 Center School.

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

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

If you have any questions or concerns, please do not hesitate to contact me.

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### 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 Any medication that is outdated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 <u>must be accompanied by a signed physician's order.</u> (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 childs' medication at the health office at the end of the year, or it will be disposed according to regulation.

#### MEDICATION POLICY

STUDENTS ARE <u>NOT ALLOWED</u> 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 our 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 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\*

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

If a student is covered by MASSHEALTH, 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 written by Dr. Mia chandler. The nursing staff at Center School cannot treat students other than by a physician's order.
- 3. ALL medications given at school must have a physician's order, either from student's private physician or from our physician signed standing orders.
- 4. A physician's order is implied consent to speak to the physician

#### **PHYSICALS**

The Department of Education requires that all students at Center School have **annual physical** examinations.

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

# **DENTAL**

The Department of Public Health and the Department of Education require that all students have an annual dental screening.

#### **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 Massachusetts state law, and required by our licensors, that all children be immunized according to the Massachusetts Immunization Schedule.

\*\*\*If 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 SCHEDULE ATTACHED

# **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 Massachusetts regulation.

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

A list of these forms follows:

- ➤ 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
- ➤ Immunization schedule



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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



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# Parent Notification of Screening Schedule

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

Vision Grades 1-5 annually (usually in the spring) Once in grade 6-8 Once in grade 9-12

Hearing Grades 1-3 annually (usually in the spring) Once in grade 6-8 Once in grade 9-12

Height /Weight & BMI These are done in grade 1,4,7,10 Usually at the beginning of the school year.

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

Thank you,

School Nurse