

PARENT INFORMATION FROM THE SCHOOL NURSE HOLY FAMILY SCHOOL

OFFICE HOURS: M-F 8:00-3:00 **PHONE** 330-757-3713 **FAX** 330-757-7648

FIRST AID: First Aid will be administered to students and staff who become injured or ill during the course of the school day. **PLEASE BE SURE TO KEEP PHONE CONTACT NUMBERS CURRENT ON YOUR CHILD'S EMERGENCY MEDICAL AUTHORIZATION FORM.**

KEEPING OUR STUDENTS AND STAFF HEALTHY: Students who are ill **BEFORE COMING TO SCHOOL** should remain at home when their presence in school endangers their own health and the health of others. Students returning from an absence due to illness should be symptom-free and should not have had any fever, vomiting, diarrhea, etc. for at least 24 hours prior to their return to school.

If a student has had a throat culture testing for strep throat, **PLEASE DO NOT SEND YOUR CHILD TO SCHOOL UNTIL RESULTS ARE KNOWN. IF POSITIVE FOR STREP, STUDENTS SHOULD NOT RETURN TO SCHOOL UNTIL HE/SHE HAS TAKEN AN ANTIBIOTIC FOR AT LEAST 24 HOURS, AND IS FEELING WELL ENOUGH TO ATTEND.**

MEDICATION POLICY: For students who are well enough to attend school, but may require medication for a short time, it is strongly recommended that these medications be administered outside of school hours. The child's physician may be able to order some medication's in a time-release or long-acting form, eliminating the need to take the medication at school. If this is not a possibility please contact me during my office hours.

PERMISSION FORMS FOR MEDICATION: **ALL** medication, whether prescription medication or an "over the counter" medication, **MUST** have been ordered by a physician **BEFORE** it can be administered at school. Please ask Mrs. Gaines, the school secretary, or myself for a medication form if you anticipate needing one. The parent or guardian is responsible for delivering the medication to the school office with the medication in its original container, accompanied by the medication form.

ASTHMA INHALERS: Ohio law allows students requiring asthma inhalers to carry them during the school day with a form on file at school. The student's physician and parent must have signed this form, **BEFORE** the student brings the inhaler to school. Please call me if your child will be carrying his/her inhaler, and I will send a form to you.

EPINEPHRINE AUTOINJECTORS: Ohio law now permits students who have the possibility of a life-threatening allergic reaction to food, insect stings, etc., known as **ANAPHYLAXIS** to possess and carry an **EPI-PEN OR AUVI-Q** device. The prescribing physician and parent must have signed a form **BEFORE** the auto injector is allowed in the student's possession. 911 and the parent are called if it has been necessary

to use the auto injector. If your child will be carrying his/her auto injector, please call and I will send a form to you.

FOR SAFETY REASONS, STUDENTS ARE **NOT PERMITTED** TO CARRY OR SELF-ADMINISTER ANY TYPE OF MEDICATION AT SCHOOL (except Parent/physician-authorized asthma inhalers and EPIPENS).

IMMUNIZATIONS: All student immunizations required for school attendance by the state of Ohio are audited and kept on file in the nurse's office. If your child is deficient in immunizations, you will be notified. In order to stay in school, the child's immunizations must be kept up to date. For your convenience, all childhood immunizations may be obtained for a small fee at regularly scheduled immunization clinics throughout Mahoning County District Board of Health. Call 330-270-2855 for dates and times. No family will be turned away for the inability to pay for immunizations. Your child's personal physician may give required immunizations if you desire. If any immunizations are received during the school year, please send a copy of the doctor's record and I will update the student's health record.

SCREENINGS PERFORMED DURING THE SCHOOL YEAR:

VISION: Grades Pre-K, 1, 3, 5, 7, and parent or teacher referral

HEARING: Grades Pre-K, 1, 2, 3, 5 and parent or teacher referral

PEDICULOSIS (HEAD LICE): Screenings may be performed at anytime during the school year. PLEASE NOTIFY ME IF YOUR CHILD HAS HAD HEAD LICE, OR HAS BEEN RECENTLY EXPOSED TO IT. THIS IS IMPORTANT TO PREVENT SPREAD OR REINFESTATION IN THE CLASSROOM. ALL SCREENING RESULTS REMAIN CONFIDENTIAL.

I am looking forward to working with you and your children in helping them remain healthy learners at Holy Family School! Please know that I am available to discuss any questions or concerns you may have regarding your child's health during the school year. Please feel free to call, and I will return your call as soon as possible.

Sincerely,

Jeneane Beato RN, BSN, LSN
School Nurse