

## IMPORTANT HEALTH ALERT

Dear Parents,

Here is a handy guide line for reference when it is appropriate to keep students home from school. If we take a few simple precautions, we can hopefully minimize the spread of infection and keep students and staff healthy. Here are a few simple guidelines to follow:

1. Students with a fever of 100.2 degrees and above should not be sent to school. They must be fever free for at least 24 hours before returning to class.
2. Children with productive or discolored nasal discharge or cough should also remain home. One of the most common ways for viruses and colds to be spread is from droplet infection. If a cough is persistent your child should be seen by your family physician to rule out bronchitis, pneumonia or other respiratory illnesses that may require antibiotics.
3. Any child with a rash of unknown origin should be kept at home until the diagnosis is clear. Children who have received the Chicken Pox vaccine have been known to come down with mild cases. Chicken Pox have an incubation period of 14 to 21 days. They are also contagious 24 hours before a child begins to show signs of a rash. Even though most rashes are benign, some can be contagious and spread to others in our school community.
4. Those suffering from diarrhea or vomiting need to be kept home from school. They should be symptom free for 24 hours before returning.
5. When we approach the cold weather season, children should be dressed appropriately for outdoor recess, including hats and gloves.
6. If medication needs to be administered in school, whether it is over the counter or a prescription, it cannot be administered by the school nurse or other school personnel without a physician's consent form. These forms are available in the office.

If your child comes to school ill, he or she will be sent home. I know the difficulty of being a working parent; however, if a student is sick to ensure a good recovery and prevent the spread of the illness to other children and staff, it is important that they remain home until they are symptom free. Please remember, if a child is absent for three or more days, a physician's note is required to return to school. I am available from 8:30a.m. until 2:45p.m. daily for any questions or concerns.

Sincerely,  
Diane DeSombre RN  
School Nurse

**ELYSIAN CHARTER SCHOOL MEDICATION FORM**

**Student** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

To be completed by the physician or authorized prescriber:

**Reason for the medication** \_\_\_\_\_

**Name of Medication** \_\_\_\_\_

**Generic Name of Medication** \_\_\_\_\_

**Form of medication/treatment:**

\_\_\_\_\_**Tablet/Capsule** \_\_\_\_\_ **Liquid** \_\_\_\_\_ **Inhaler** \_\_\_\_\_ **Injectio** \_\_\_\_\_ **Nebulizer** \_\_\_\_\_ **Other**

**Instructions (Schedule and dose to be given at school:)** \_\_\_\_\_

**Start:** \_\_\_\_\_ **Other Date:** \_\_\_\_\_

**Stop:** \_\_\_\_\_ **Other Date/duration** \_\_\_\_\_

\_\_\_\_\_ **For episodic/emergency events only**

**Restrictions and or important side effects** \_\_\_\_\_

**FOR ASTHMATIC INHALERS ONLY**

**THIS STUDENT IS BOTH CAPABLE AND RESPONSIBLE FOR SELF ADMINISTERING THIS MEDICATION.**

\_\_\_\_\_**NO** \_\_\_\_\_ **YES SUPERVISED** \_\_\_\_\_ **YES UNSUPERVISED**

**THE STUDENT MAY CARRY THIS MEDICATION** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**PLEASE INDICATE IF YOU HAVE PROVIDE ADDITIONAL INFORMATION:**

\_\_\_\_\_**ON THE BACKSIDE OF THIS FORM** \_\_\_\_\_ **AS AN ATTACHMENT**

**Physician's Name:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Physician's Phone Number:** \_\_\_\_\_

To be completed by parent/guardian:

**I give permission for (name of the child)** \_\_\_\_\_

**to receive the above medication at school according to standard school policy. All medication must be brought to school in its original container.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Relationship** \_\_\_\_\_