

IMPORTANT HEALTH ALERT

Dear Parents,

Here is a handy guideline 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 has 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 8:30 a.m. until 2:45 p.m. daily for any questions or concerns.

Sincerely,

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 PROVIDED 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 _____