

MEDICAL INFORMATION AND FORMS

Accidents

In the event of an accident, the school nurse will be contacted. If the nurse is not immediately available, the injured student will not be moved until examined by an adult trained in first aid. It will be the school nurse's responsibility to determine, upon consultation with the Superintendent of Schools or the Superintendent's designee, the need for further medical assistance. In the event that additional emergency medical aid is needed, paramedics will be called. If possible, the parent will be consulted prior to this action. A report of accident or injury form will be completed and placed on file with the school nurse. School District 29 has purchased Student Accident Insurance Coverage on each child's behalf.

This program provides student coverage for injuries incurred while participating in school-sponsored and/or supervised activities, including athletics. Aside from the school-sponsored coverage provided by District 29, the program administrator also offers 24-hour unlimited Dental Accident coverage and also 24-hour coverage providing protection during vacations and weekends. Refer to the Student Accident Insurance information located under the "Parent" tab. Click on "Back to School" and the information is located under the "District 29" heading.

Health Records

Under Illinois law, every student entering kindergarten and students who are new to the District, must have a current physical examination on file. All children entering kindergarten are required to have a vision examination. All children in kindergarten and second grade are required to have a dental health examination.

Physical Exams

Students entering kindergarten, as well as students who are new to the District must have a new physical examination on file at the time of enrollment or registration. A physical exam cannot be accepted for school enrollment unless a diabetes screening has been completed. Lead screening is a required part of the health examination for children age 6 years or younger prior to admission to kindergarten.

Immunizations

The State of Illinois requires that each school child show evidence of immunity to several childhood diseases. State law requires the exact month, day and year of the immunization be shown along with doctor and parent signatures. Proof of immunization must be presented at the time of enrollment, registration, or before October 15th of the current school year. The school nurse can assist parents in obtaining immunizations by providing referrals, as necessary.

Exemptions

Objections of Parent or Legal Guardian

Parent or legal guardian of a student may object to health examinations, immunizations, vision and hearing screening tests, and dental health examinations for their children on religious grounds. If a religious objection is made, a written and signed statement from the parent or legal guardian detailing such objections must be presented to the local school authority. The objection must set forth the specific religious belief which conflicts with the examination, immunization or other medical intervention. General philosophical or moral reluctance to allow physical examinations, immunizations, vision and hearing screening, and dental examinations will not provide a sufficient basis for an exception to statutory requirements. The Illinois Department of Public Health is responsible for determining whether the written statement constitutes a valid religious objection.

Medical Objection

Any medical objection to an immunization must be:

1. Made by a physician licensed to practice medicine in all its branches indicating what the medical condition is,
2. Endorsed and signed by the physician on the certificate of child health Medical Objection examination and placed on file in the child's permanent record. Should the condition of the child later permit immunization, this requirement will then have to be met.

Please call or email me if you have any questions or concerns.

Ann Mertes, R.N.

847-881-9503

mertesa@sunsetridge29.org

Medical Updates and Information by Grade 2014-15

Grade	Certificate of Child Health Examination Form	Vision Examination Form	Dental Examination Form	2014-2015 Emergency Form One form for each student	*District 29 Medication Authorization Form	Physical Exam- Illinois Certificate of Child Health Examination Form
K	Due Oct. 15, 2014	Due Oct. 15, 2014	Due May 15, 2015	Due Aug. 27, 2014	Due Aug. 27, 2014	N/A
1	N/A	N/A	N/A	Due Aug. 27, 2014	Due Aug. 27, 2014	N/A
2	N/A	N/A	Due May 15, 2015	Due Aug. 27, 2014	Due Aug. 27, 2014	N/A
3	N/A	N/A	N/A	Due Aug. 27, 2014	Due Aug. 27, 2014	N/A
4	N/A	N/A	N/A	Due Aug. 27, 2014	Due Aug. 27, 2014	N/A
5	N/A	N/A	N/A	Due Aug. 27, 2014	Due Aug. 27, 2014	Eligible for spring sport Good for 1 year
6	Due Oct. 15, 2014	N/A	Due May 15, 2015	Due Aug. 27, 2014	Due Aug. 27, 2014	Good for 1 year
7	N/A	N/A	N/A	Due Aug. 27, 2014	Due Aug. 27, 2014	Good for 1 year
8	N/A	N/A	N/A	Due Aug. 27, 2014	Due Aug. 27, 2014	Good for 1 year

Concussion information sheet requires parent signature Grades K-8. Students also are required to sign grades 5-8.

***District 29 Medication Authorization forms are required for all students receiving daily medications and "as needed" meds such as Tylenol, Advil, Benadryl. The Allergy Action Plan is to be completed per MD for any child with a severe food and/or bee sting allergy requiring emergency medical care. Please contact your school nurse to review your students Allergy Action Plan.**

****All students must receive physical exams prior to entering Illinois schools for the first time. The exam must have been completed within 1 year prior to the date of entry.**

*****Health exams must be dated after Aug. 27, 2013 for Kindergarten and 6th grade.**

******Vision Examination: Public Act 95-671, effective January 1, 2008, requires that all children enrolling in kindergarten in a public, private or parochial school and any new student enrolling for the first time shall have an eye examination.**

District 29 Medication Authorization

HEALTH SERVICES

Sunset Ridge School 847-881-9455 Fax 847-446-6388
Middlefork School 847-881-9503 Fax 847-446-6221

Student Name _____	Grade _____
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Medication Allergies: _____ Food Allergies: _____ Other Allergies: _____

NON-PRESCRIPTION MEDICATION

Non-prescription medications must be brought to Health Services by a parent/guardian in a manufacturer-labeled container. **Authorizations are valid for 1 school year.**

Medical provider and parent signature required.

Please authorize medication administration by checking appropriate boxes or filling in *other medication*:

- Ibuprofen 1-2 tablets (200 mg ea.) every 6 hours as needed
 Acetaminophen 1-2 tablets (325 mg ea.) every 4 hours as needed
 Benadryl 1-2 tablets (25 mg. each) for allergy symptoms or allergic reaction
 Other medication _____ Dose _____ Frequency _____

PRESCRIPTION MEDICATIONS-Valid for one school year only

Note- A student may carry a pharmacy labeled inhaler with parent authorization only. Please sign and date at bottom of this page. Name of inhaler medication: _____

Medications to manage severe allergic reactions and diabetes

A student may carry an EpiPen (epinephrine injection), Benadryl, Insulin and diabetic supplies with medical provider and parent authorization.

EpiPen with/without Benadryl: _____

Insulin and glucose monitoring: _____

We recommend that *all* emergency medications are stored in the Health Office. It is very important that we have a back-up inhaler that is easily accessible. Please review item #4 on the reverse side regarding self-administration.

Other Prescription Medications: Must be renewed at the beginning of each school year.

All medications must be brought to Nurse's Office by parent/guardian in a prescription-labeled container.

Medication: _____ Dosage: _____

Frequency: _____ Duration of order: _____

Medication: _____ Dosage: _____

Frequency: _____ Duration of order: _____

Other medications not taken at school that may impact learning: _____

Medical Provider Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Physician Office Stamp

Please see reverse side for Administration of Medication Procedure/Guidelines.

05/12

District 29 Sunset Ridge and Middlefork School **ADMINISTRATION OF MEDICATION TO STUDENTS**

Parents/guardians have the primary responsibility for the administration of medication to their children. The administration of medication to students during regular school hours and during school related activities is discouraged unless necessary for the critical health and well being of the student. The administration of medication to students is subject to guidelines established by the Superintendent or designee, in keeping with state agency recommendations (e.g., Illinois Department of Professional Regulation, Illinois Department of Public Health, and Illinois State Board of Education).

PROCEDURES/GUIDELINES:

1. **Medication Authorization Form** - School personnel shall not administer to any student, nor shall any student possess or consume *any prescription or non-prescription medication* unless the student's parent has provided the school with a completed Medication Authorization form. The school nurse reviews the written authorization and may consult with the parent/guardian, licensed prescriber or pharmacist for additional information as necessary. Authorization and any subsequent changes include:
 - A. Physician, advanced practice registered nurse, physician's assistant, dentist, or podiatrist-licensed prescriber's written prescription
 - B. Student's name, medication name, dosage and date of order
 - C. Administration instructions (route, time or intervals, duration of prescription)
 - D. Reason/intended effects and possible side effects
 - E. Parent/guardian written permission.
2. **Appropriate Containers** - Medication and refills are to be provided in containers, which are:
 - A. Prescription labeled by a pharmacy or licensed prescriber displaying Rx number, student name, medication, dosage, and directions for administration, date and refill schedule and pharmacist name.
 - B. Manufacturer labeled, **unopened** non-prescription over-the-counter medication.
3. **Administration of Medication** will be by Certificated School Nurse, Registered Nurse, or school administrator. Other school personnel may also volunteer to assist in medication administration and may be given instructions by the nurse. If no volunteer is available, the parent/guardian must make arrangements for administration. The school nurse or administration retains the discretion to deny requests for administration of medication.
4. **Self-Administration** - A student may self-administer medication at school and activities if so ordered by his/her medical provider. Daily documentation will be provided as below (#6) for such health office supervised self-administration. For "as needed" medications such as those taken by students with asthma or allergies, the physician may also order that the student carry the medication on his or her person for his/her own discretionary use according to medical instructions, however no daily documentation will be possible in this case. Students may carry prescription labeled inhalers with parent written permission only. Self-administration privileges may be withdrawn if a student exhibits behavior indicating lack of responsibility toward self or others with regards to medication. Parent signature on this form acknowledges that "the school district is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil." (Reference IL PA92-0402)
5. **Stock Medications** - Acetaminophen, Ibuprofen and generic Benadryl are kept in stock at school as a courtesy to students in case of an emergency. In an emergency, a one-time dose may be given with phoned parent permission. A Medication Authorization Form will then be sent home for completion and no further doses will be provided without the completed form on file.
6. **Storage and Record Keeping** - Medication will be stored in a locked cabinet. Medication requiring refrigeration will be stored in a secure area. Each dose will be recorded in the student's individual health record. In the event a dose is not administered, the reason shall be entered in the record. Parents may be notified if indicated and it shall be entered in the record. To assist in safe monitoring of side effects and/or intended effects of the treatment with medication, faculty and staff may be informed regarding the medication plan. For long-term medication, written feedback may be provided at appropriate intervals or as requested by the licensed prescriber and/or parent/guardian.
7. **Documentation, Changes, Renewals, and Other Responsibilities** - To facilitate required documentation, medical orders, changes in medical orders, and parent permissions may be faxed to Health Services. It is the responsibility of the parent/guardian to be sure that all medication orders and permissions are brought to school, refills provided when needed, and to inform the nurse of any significant changes in the student's health. Medication remaining at the end of the school year must be released to a parent/guardian or it will be discarded. **Every prescription and over-the-counter medication order must be renewed each school year.**

SUNSET RIDGE SCHOOL DISTRICT 29
Concussion Information and Form

Changes to the Illinois school code recently required districts to adopt a new policy pertaining to concussions and student athletes. The District 29 Board of Education, administration and school nurses felt that the preventative measures outlined in the policy should apply to all District 29 students, not just student athletes. Therefore, all parents are asked to sign the form below to indicate their receipt and review of this important information. Students in grades 5-8 are also asked to sign the form.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays lack of coordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness 	

What can happen if my child keeps on playing with a concussion or returns too soon?

Students with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the student especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the student suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. Because students might not report symptoms of injury, it is critical that administrators, teachers, coaches, parents and students recognize the symptoms of a concussion and respond accordingly.

If you think your child has suffered a concussion

Any student suspected of suffering a concussion should be removed from the game, activity, or practice immediately. No student may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the student should continue for several hours. District 29 Board Policy 720.10 requires students to provide their school with written clearance from a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with Illinois state law, all public schools are required to follow this policy.

You should also inform your child’s coach, nurse or classroom teacher if you think that your child may have a concussion. It is better to miss one game than miss the whole season. When in doubt, the student sits out.

Adapted from the CDC and the 3rd International Conference on Concussion in Sports Document created 7/1/2011

For more information on concussions:

<http://www.cdc.gov/ConcussionInYouthSports/>

www.ihsa.org/resources/sportsmedicine/concussionmanagement.aspx

All parents are asked to sign and return this form to the school nurse indicating their receipt and review of this information. Students in grades 5-8 will not be allowed to participate in extra-curricular sports without a signed form.

Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date

Student Name Printed (Gr. 5-8) Student Signature (Gr. 5-8) Date

Asthma Action Plan



General Information:

Name _____
 Emergency contact _____ Phone numbers _____
 Physician/Health Care Provider _____ Phone numbers _____
 Physician Signature _____ Date _____

Severity Classification	Triggers	Exercise
<input type="radio"/> Mild Intermittent <input type="radio"/> Moderate Persistent <input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent	<input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather <input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air pollution <input type="radio"/> Animals <input type="radio"/> Food <input type="radio"/> Other _____	1. Pre-medication (how much and when) _____ 2. Exercise modifications _____

Green Zone: Doing Well

Peak Flow Meter Personal Best = _____

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Control Medications

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

More than 80% of personal best or _____

Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

Between 50 to 80% of personal best or _____ to _____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days
- Change your long-term control medicines by _____
- Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- Take quick-relief treatment again
- Change your long-term control medicines by _____
- Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Ambulance/Emergency Phone Number: _____

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

Between 0 to 50% of personal best or _____ to _____

Go to the hospital or call for an ambulance if

- Still in the red zone after 15 minutes
- If you have not been able to reach your physician/health care provider for help
- _____

Call an ambulance immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue