

NORTH SCHUYLKILL SCHOOL DISTRICT-HEALTH SERVICES  
38 line St.  
Ashland, PA 17921  
570- 874-3661 x 3015  
FAX \*\*570- 874-2857

To ensure the optimum health and safety for your child, please review the following:

1. **MEDICATIONS:** No medication, including over-the-counter, is administered by school personnel unless specific written instructions are received from both the physician and parent. The physician's order must include: name of the student, name of the medication, exact dose, exact time to be given and the physician's signature. New medication orders are required at the beginning of each school year. Students that carry their own inhalers or epi-pen must have a doctor write that the student can self-administer the medication.

**All medication brought to school must be delivered to the nurse by an adult. Medication must be in the original container and properly labeled with a doctors order, orders must be renewed every school year.**

2. **PERSONAL HYGIENE:** Personal hygiene is very important to the child's health and welfare. We ask that parents please stress this with their children.
3. **ILLNESS:** Please do not send your child to school if he/she is sick. If the child has a fever of 100.3 degrees or more, **he/she should remain at home until the temperature has been normal for 24 hours without the aid of medication.** Students with vomiting and diarrhea should remain home as well until symptoms are no longer present.
4. **INFECTIOUS ILLNESS:** Please notify the nurses if your child is diagnosed with an infectious illness such as but not limited to: strep throat, impetigo, Covid-19, flu. It is important that we track the number of cases of infectious illness.
5. ANNUAL SCREENINGS AND EXAMS:
  - a. Height and Weight- all students
  - b. Vision Screening- all students
  - c. Hearing Screening- Grades K,1, 2 and 3
  - d. Scoliosis Screening- Grade 6
  - e. Physical Exams- Grade K and 6 \*\* **Private exams DUE by Oct. 1<sup>st</sup>** \*\*
  - f. Dental Exams- Grades 1 and 3 \*\* **Private exams DUE by Oct. 31<sup>st</sup>** \*\*  
\*\* failure to provide a private exam will automatically make your child eligible for a school exam.
6. ANNUAL HEALTH INFORMATION FORM: Attached and should be completed ASAP. Children **CANNOT** be seen in the nurses' office without an updated form on file.
7. Please notify the school with any changes in phone numbers or contact information. In addition, please notify the school nurse if your child has developed a communicable disease or has a change in their health status.

If you have further questions or concerns, please call me or Nurse Michelle at the school.

Brandy Sullivan RN, BSN, CSN  
Certified School Nurse

**NORTH SCHUYLKILL SCHOOL DISTRICT**  
**Annual Student Medical Update/EMERGENCY CONTACT INFORMATION**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Address \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Please list **Parents/Guardians/Adults** whom your child may be released to

	<u>Name</u>	<u>Relation</u> <u>Parents/Guardian</u>	<u>Address</u>	<u>Phone/Cell Number</u>	<u>Employer and Work</u> <u>Number/</u> <u>Alternate Number</u>
# 1					
# 2					
# 3					
# 4					

**Other Children Living at Home**

<u>Name</u>	<u>Gender</u>	<u>Birthdate</u>	<u>Grade</u>	<u>School</u>

**Does your child have any of these ongoing conditions?**

\_\_\_ Asthma    \_\_\_ Seizure Disorder    \_\_\_ Diabetes \_\_\_ Type 1 \_\_\_ Type 2    \_\_\_ ADD/ADHD

\_\_\_ Frequent Headaches/Migraines (please specify treatment) \_\_\_\_\_

\_\_\_ Abdominal/belly problems (please specify): \_\_\_\_\_

\_\_\_ Emotional/Behavioral Concerns (please specify): \_\_\_\_\_

\_\_\_ Life Threatening Allergy (nuts, bees, etc.) **Please specify allergy and reaction**

**Please List Any Other Health Problems/Allergies Your Child Has:** \_\_\_\_\_

**Consent to Share Confidential Health Information**

The school nurse will share important medical conditions (asthma, seizures, diabetes, etc.) and serious allergies with **only** the staff members that are responsible for your child during the school day. This information is shared to best ensure the proper care of your child. Please contact the school nurse if you do not want this information shared.

Family Doctor/Pediatrician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does your child have health insurance?**

\_\_\_\_\_ Yes - Name of insurance: \_\_\_\_\_ \*information will not be used for billing

\_\_\_\_\_ No – Would you like information on Chip- Pennsylvania’s Health Insurance Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please initial those items which may be used by the school nurse in the care of your child:**

\_\_\_\_\_ Acetaminophen (Tylenol)          \_\_\_\_\_ Hydrocortisone Cream          \_\_\_\_\_ Triple Antibiotic Ointment

\_\_\_\_\_ Tums    \_\_\_\_\_ Menthol Cough Drop

**Please check any of the following your child may have experienced in the past year:**

\_\_\_\_\_ Chronic medical conditions (please specify) \_\_\_\_\_

\_\_\_\_\_ Surgery (please specify) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Other significant illness/injury (please specify) \_\_\_\_\_ Date: \_\_\_\_\_

**Is your child presently under the care of a physician or other health care provider?    Yes \_\_\_\_\_ No \_\_\_\_\_**

**If “yes” please explain:** \_\_\_\_\_

**\*\*If your child has had any immunizations in the last year, please attach a copy of the immunization record.**

**Please list any medications your child is presently taking** \_\_\_\_\_

**Has there been any family changes/life events that affected your child in the past year (marriage, death, serious illness)?**

**\*\*\*IN EXTREME EMERGENCY IT MAY BE NECESSARY TO TRANSPORT YOUR CHILD TO THE NEAREST HOSPITAL\*\*\***

I give permission to the NSSD staff to transport or make arrangements for the transportation of my child to receive emergency medical care in the event that the emergency contacts listed cannot be contacted.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any health concerns regarding your child, please contact the NSE Nurses’ Office at 570-874-3661 x3015**