



SPECIAL EDUCATION

COLLABORATIVE



ADULT SERVICES

Returning Students

Information Packet 2006 – 2007



Paperwork Checklist (Returning Students Packet)

Parents/Guardians,

Please check beside each form you received, sign below & return as soon as possible.

Thank you.

- Paperwork Checklist (*parents sign & return*)
- Intro Letter from Nurse (*keep for reference*)
- Emergency Medical Information (*2pages, complete, sign & return*)
- Emergency Standing Orders (*sign and return, cross out any orders you do not agree to*)
- Physician's Order Form (*sign and return completed by MD w/signature or write "N/A"*)
- Physician's Treatment Order (*sign and return completed by MD w/signature or write "N/A"*)
- Exclusion for Health Reasons (*keep for reference*)
- Communicable Disease Policy (*keep for reference*)

If you are missing any of these forms, please notify the nurse or secretary and we will send them out to you.

Parent/Guardian Signature _____ Date: _____



Intro Letter from Nurse

Dear Parents/Guardians,

Another busy school year is approaching, and along with it the necessary forms to fill out. The most important form is the **Emergency Medical Information**. The nurse, hospitals and paramedics need this information in the case of an emergency. Please remember that it is very important to *notify the nursing office if any of the information changes during the school year, including medication changes even if the medication is not administered at school.*

Physician's orders are required to be renewed yearly for medications and treatments administered at school. Also, if school medication orders change at any time, please have your doctor forward a Physician's Order Sheet to the nursing office. Another important form is the Emergency Standing Orders. Without your consent I cannot administer the medications listed to your child if needed.

Physicals and Immunizations are now required within the first year of enrollment and every three years thereafter. You will be informed in advance when your child is due for either.

All medical forms included are required by the Mass. Dept. of Public Health. These forms need to be received by the nurse no later than June 10, 2005. Feel free to send in the information ahead of time! Please be advised that if we do not have the updated forms prior to the start of the summer program, your son/daughter may be denied entrance to the school.

Feel free to call with any questions or concerns at (978) 528-7800, ext 216. You and your child's physician may also fax any of the forms to (978) 528-7810.

Thank you,

Sandy Gamache, LPN
School Nurse

Brad Brooks
Assistant Program Manager



Emergency Medical Information

Student Name: _____ School Year: _____

Address: _____ Telephone: _____

_____ Date of Birth: _____

SS#: _____ MA Health #: _____

Parent/Guardian

Parent/Guardian

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact (if parents cannot be reached)

Contact 1 Name: _____ Contact 2 Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Relationship: _____ Relationship: _____

Medication(s) taken (list all medication taken by student at home and school):

Medication	Dosage	Frequency	Times	Dx/Reason

IT IS VERY IMPORTANT TO UPDATE THE NURSE OF ANY CHANGES



Emergency Medical Information (continued)

Student Name: _____

Allergies: Yes No If yes, please list: _____

Procedure for allergic reaction (if medication, MD must provide order):

Impairments/Disabilities/Medical Diagnosis (Please include any other information that may be helpful to medical personnel in the event of emergency):

Seizure Activity: Describe a normal seizure or asthma attack and protocol:

Other information the nurse should know about your child?
(behavioral/dietary/other health issues)

Does your child use any equipment?
For example: braces, wheelchair, walker, communication device, etc.?



Emergency Medical Information (continued)

Student Name: _____

INSURANCE:

(Please state company, account number and any information necessary to obtain medical services.)

Insurance Company: _____ Insurance #: _____

Primary Care Physician: _____ Telephone #: _____

Physician Address: _____ Fax #: _____

Is your son/daughter receiving therapy, counseling or Physiological services?

If so, from whom: _____ Telephone: _____

Other than your Primary Care Physician, please list other medical specialists who are involved with your child:

Physician

Physician

Name: _____ Name: _____

Specialty: _____ Specialty: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Dentist

Name: _____ Telephone: _____

Address: _____

Do we have permission to contact the people listed above if necessary: Yes No

What language do you speak at home: _____



Emergency Medical Information (continued)

EMERGENCY MEDICAL TREATMENT CONSENT

I would prefer that emergency treatment be obtained from: (indicate preferred hospital or nearest facility)

Please indicate your approval by signing your name below. In case of a medical emergency requiring hospitalization, student will be taken to the nearest treatment facility and given all life saving measures unless otherwise indicated.

I have reviewed MSEC's Communicable Disease Policy & Exclusion from School Health Policy.

Parent/Guardian

Signature: _____ Date: _____



Emergency Standing Orders

PARENTAL PERMISSION

Nurses may administer the following with parental permission:

1. Acetaminophen 325 mg to 650 mg, per weight schedule, PO every 4 hours for complaints of headache or for temperature over 100° degrees
2. Lip ointment – apply to lips for dry chapped lips
3. Hydrogen peroxide full strength topically for skin abrasion or laceration
4. Caladryl lotion – apply topically to affected skin, i.e., poison ivy or insect bite
5. Antacid regular strength only (calcium carbonate 600 mg) – use up to 2 tablets PO for one dose only for indigestion
6. Ibuprofen 200 mg. PO every 6 hours to relieve muscle pain or cramps
7. Oragel – apply topically for tooth pain/mouth sores as related
8. Hot/cold pack to affected area for pain relief
9. Antibiotic ointment to affected area for minor cuts/scrapes

Epinephrine

Dosage and Administration

Dosage – should be administered based on weight and MD order

Preschool: 0.1 cc I.M or S.C. PRN anaphylaxis, laryngeal edema, or generalized urticaria

Elementary/Middle School: 0.15 cc I.M or S.C. PRN anaphylaxis, laryngeal edema, or generalized urticaria (weight less than 30 kg)

High School: 0.3 cc I.M or S.C. PRN anaphylaxis, laryngeal edema, or generalized urticaria (weight greater than or equal to 30 kg)

**Repeat injection as above in 15 minutes if the child's condition has not improved or has deteriorated and ambulance/EMT has not arrived and the heart rate is below 180 beats per minute.

Benadryl

Dosage and Administration

Child under 50 lbs. give Benadryl (12.5 mg) 5cc P.O. PRN allergic reactions, severe itching, urticaria

Child over 50 lbs. give Benadryl (25 mg.) 10 cc P.O. PRN allergic reaction, severe itching, urticaria

Your signature is required in order for the student to receive any of the above emergency medications.

Parent/Guardian Signature

Date

**MERRIMACK SPECIAL EDUCATION COLLABORATIVE
PHYSICIANS ORDER FORM**

Name of Student: _____ DOB _____

Address: _____ Telephone #: _____

Physician/Clinic: _____ Telephone #: _____

Allergies/Adverse medication reactions: _____

MEDICATIONS/TREATMENTS TO BE GIVEN DURING SCHOOL HOURS

Date	Medication & Dose	Route & Frequency	Treatment Purpose	Special instructions (including parameters for vital sign monitoring if needed)	Duration/Stop Date

Unless indicated by Physician, above medications may be administered by trained staff.

OTHER MEDICATION BEING TAKEN BY STUDENT

Medication & Dose	Route & Frequency	Treatment Purpose	Prescribed by

Physicians Signature: _____ Date _____

Parental Consent Signature: _____ Date _____

(Indicates permission for staff to administer above medications)

**MERRIMACK EDUCATION CENTER
PHYSICIAN'S TREATMENT ORDER FORM**

Student/Client Name: _____ DOB: _____

Address: _____ Phone: _____

Physician/Clinic: _____ Phone: _____

Allergies: _____

DIAGNOSIS/REASON FOR TREATMENT: _____

FREQUENCY: _____

DURATION/ D/C DATE: _____

TREATMENT/PROCEDURE: _____

SUPPLIES TO BE USED: _____

OTHER INSTRUCTIONS/PARAMETERS/EXCEPTIONS: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



Exclusion from School for Health Reasons

The school nurse, or her/his designee may exclude a student from school for health reasons if the student:

1. Has returned from a hospital admission within the past 24 hours. This does not include routine tests or minor injuries. The student will remain at home for observation for the first 24 hours.
2. Has a temperature of 100.5 degrees tympanic (by ear). Temperature must be 98.6 for a full 24 hours prior to returning to school. The exception is a child with a hypothalamic problem (temperature regulation problem) and is symptom free. Each case will be discussed individually.
3. Has an infectious disease (Strep Throat/Pneumonia, etc.) and has not been on antibiotic therapy for 24 hours or as designated by MD.
4. Eye drainage yellow/green in color with pink or red eyes, eyelids, etc.
5. Any undiagnosed rash.
6. Has a culture(s) pending (exceptions can be made at the discretion of the nurse).
7. Is on respiratory precautions, cough/cold or has a significant change in respiratory secretions (green/yellow nasal drainage).
8. Has Chicken Pox/Shingles, with active, draining rash (rash must be dry, non-weeping, and shingles must be covered). Students may attend school with poison ivy as it is not contagious. It should be washed thoroughly and covered.
9. Is experiencing significant seizures activity with medication adjustments (requires note from M.D. stating seizures and meds are stable).
10. Has had persistent vomiting and diarrhea; must be symptom free for 24 hours before returning to school.
11. Has a condition requiring immediate medical intervention, i.e., emergency dental care, sutures, bone setting, or pending a medical diagnosis for any condition.
12. Has a condition that requires on-going supervision, which cannot be supervised in the school setting.
13. Is very sleepy or is experiencing excessive bleeding after a dental visit.
14. Has untreated Pediculosis, Scabies or body lice, or continues to have nits after treatment (must be nit free to return to school).
15. Poses a significant health risk to others in the normal course of school activities.

Such a significant health risk is when:

1. Any student is in the infectious stage of a serious airborne transmitted disease (T.B., Viral Pneumonia, Influenza, etc.).
2. Students who are unable to hygienically manage their bowel and bladder functions and are in the infectious stage of an oral/fecal transmitted disease. Such diseases are, but are not limited to, Hepatitis A, gastro-intestinal viruses (Girdiasis, Salmonella, Shigella, Rotovirus) and parasites such as Pinworms. Also diagnosed with Clostridium Difficile (c-diff) and has not completed treatment.
3. Students who have a disease which may be transmitted by body fluids, and have open lesions and whose developmental level makes it difficult for them to

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refrain from touching lesions and others, therefore, spreading the underlying infection to others. Such diseases are, but not limited to, Herpes, Impetigo, Hepatitis B virus, Staph Aureus, Beta Hemolytic Strep, and Conjunctivitis.

4. Any student who has received antibiotic therapy for 24 hours may return to school at the nurses' discretion.
5. Please notify the nurse of ANY illness so that we may keep accurate infection logs.

August 2006



Communicable Disease Policy

In order to prevent the spread of communicable disease and ensure the rapid recovery with a minimum of after effects, it is advisable to exclude the student from school for the following periods of time. Below are listed the most common contagious diseases and their period of exclusion. Upon returning to school, the student must report to the nurse.

Bacterial Conjunctivitis	May return to school after medical treatment has been provided 24 hours
Chicken Pox	May return to school after all lesions have dried and crusted or one week from appearance of first eruption
German Measles	May return to school after rash has disappeared
Measles	May return to school four days after first appearance of rash
Impetigo	May return to school after all open sores have healed or is small enough that a band-aid will cover the entire area
Strep Throat	May return to school after medical treatment has been provided for 24 hours
Ringworm	May return to school after treatment with antifungal cream has begun; lesions should be covered
Lice/Scabies	May return to school when completely "nit-free"; scabies must be treated with anti-parasitic for 24 hours before student may return to school

August 2006