

Friends Select School
HEALTH ROOM PROCEDURES
2010-2011

The school nurse is available during standard school hours to discuss health-related issues. The FSS health room is located on the first floor across from the dining hall. If the nurse is not present, a note will be posted to indicate the time of her return. The phone number to the Health Room is (215) 561-5900, ext. 114. Calls will be returned as promptly as possible. All policies outlined below are fully disclosed in the *Handbook for Students and Parents*.

MEDICATION: Tylenol, Ibuprophen and Benadryl are the only medications available in the Health Room. If your child requires other medication or an over-the-counter product during the school day, the parent must complete a "Medical Administration Permission Form" (attached here and also posted under "Document Downloads" on www.friends-select.org). Parents should deliver medication to the nurse upon arrival at school so it can be secured in the Health Room. These medications may be administered only in the presence of the school nurse and must be in the original prescription bottle in order to be dispensed.

ILLNESS: Parents/Guardians will be contacted if a child's temperature is 100° Fahrenheit or greater, or if clinically indicated. If a lower school student is determined to be too ill to remain in school, a call will be made to arrange pick up of the child. If a middle or upper school student is required to leave school related to illness, a call will be made for the child to either be picked or to obtain authorization to let the child travel from school alone. Follow-up calls will be made to ensure the child arrives home safely.

ATTENDANCE: If a child is late or absent from school and a call is not received by the school, the school nurse will call the parents/guardians to determine the well-being of the child. Please make every effort to contact the school nurse to avoid calls to your home, work and cell phone. Moreover, any child who fails to sign in with his or her teacher, advisor or administration will be considered absent and a call will be made. It is terribly upsetting to receive a call that your child is not accounted for when he/she is, in fact, present at school, so please encourage your children to sign in with the appropriate faculty or staff member.

EARLY DISMISSAL: If a student is required to be dismissed early from school, a call must be received to facilitate appropriate communication. The school will only accept calls from parents or guardians, not from students.

IMMUNIZATIONS: Each school year, your child's medical records are reviewed. All immunizations and boosters must be up to date in order for your child to remain in school.

FRIENDS SELECT SCHOOL
MEDICAL ADMINISTRATION PERMISSION FORM 2009-2010

In accordance with the law of the Commonwealth of Pennsylvania, students who need to take medications during the school day must bring the medications to the nurse to be stored and locked in the nurse's office. These medications may be administered only in the presence of the school nurse and must be in the original prescription bottle in order to be dispensed.

- All students taking daily medication must provide the school with this "Medical Administration Permission Form" when the medication is brought to school. Prescription medications must be in the original vial as received from the pharmacy and include a signed note from a physician giving permission to administer medication. Over-the-counter medications must be in an unopened container, clearly labeled with the child's full name.

- In addition to the dosage necessary on a daily basis, students taking daily medication for a life-threatening illness (e.g., diabetes, asthma, epilepsy, acute psychiatric disorder, severe allergic reaction, heart condition, etc.) must also bring in an additional 3-day supply to the school for use in an emergency. Each such medication must be in the original vial as received from the pharmacy and be accompanied by this "Medical Administration Permission Form," as noted above.

Student Name _____
Teacher _____
Name of Medicine _____
Time(s) to be given _____
Date(s) to be given _____
Reason given _____

Please check appropriate box below for this medication:

_____ For daily medication (*note preference for return or storage at school*)
_____ Return medication at the end of the day _____ Keep medication at school
_____ For 3-day emergency supply (to be kept at the school)

Comments that will help with the care of your child:

I give permission to the Friends Select school nurse to administer the above medicine as indicated.

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Date _____

Emergency Contact Name and # _____