

St. Peter's Lutheran School

SCHOOL NURSE INFORMATION

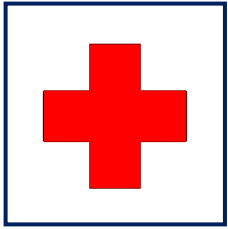
**2017
2018**



**School
Year**

St. Peter's Lutheran School ▪ 719 Fifth Street
Columbus, Indiana 47201
(812) 372-5266
www.stpeterscolumbus.org

+ A Nationally Recognized *EXEMPLARY* School +



Welcome

Our school nurse wants to make sure your child stays in a safe and healthy environment while at school. If your child has any food allergies or other medical conditions that could arise while attending school, our school nurse would like to schedule a time to meet with you and discuss how we would respond should an emergency arise. All information you share with her is confidential.



Also, as we prepare for the upcoming school year, please help us update our records of any immunizations your child may have received over the summer.

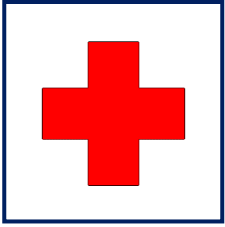
In addition to providing care to students in the nurse's station, our school nurse will also be supporting our Health and P.E. curriculum throughout the school year and will be an important advocate for lifelong health and fitness.

Our school nurse cares about the health and well-being of every student... and so do our teachers and administrators.

If your child is absent due to illness, you MUST call the school office to notify us that your child will not be in school.

This is a very important part of the required partnership between school and home to make SPLS the best school that it can possibly be.

Our school nurse will be in the office every day once the school year begins. You are welcome to drop by the office and talk to her or call and schedule a time to meet with her.



General Health Care Guidelines

Administration of medication to a student during school hours will only be permitted when the failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or the child is disabled and requires medication to benefit from his/her education program at St. Peter's Lutheran School.

For the purpose of this health service, "medication shall include all medicines including those prescribed by a physician and any non-prescribed (over the counter) medications, preparations, and/or remedies.



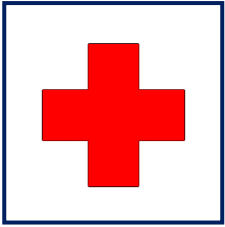
Before any prescribed medication or treatment may be administered to any student during school hours, the school requires the written prescription from the child's physician accompanied by the written authorization of the parent to be filed annually. The prescription must be in the original container, labeled with the student's name and the exact dosage. At no time is the school to administer a dosage other than that authorized by the physician's prescription.

Before any non-prescribed medication may be administered, the school requires the prior written consent of the parent. The non-prescribed medication or treatment must be in its original container, labeled with the student's name, the exact dosage, time to be given, the dosage to be given and reason for medication or treatment. Please note all medications need to be brought to the nurse by a parent or guardian.

St. Peter's strives to provide a safe and healthy environment for our students and staff. Therefore, in addition to the Health and Health Services listed in the Parent Handbook, St. Peter's Lutheran School will send students home if they have a temperature of 100 Fahrenheit or greater. Students must be fever free for 24 hours before returning to school. This means that if we send a child home on Tuesday with a fever, they cannot return on Wednesday. If children are diagnosed with a bacterial illness such as strep or pinkeye, they must be on antibiotics 24 hours before returning to school.

We appreciate your cooperation in following the aforementioned guidelines. Please note that just because Motrin is given and lowers the temperature, this does not mean a child is fever free. Children must be fever free without medication before returning to class. By following these guidelines, we can reduce student and teacher absences.

Thank you for your cooperation in making St. Peter's a safe and healthy environment. Please feel free to contact our school nurse if you have any questions or concerns.



Over-the-Counter Medication

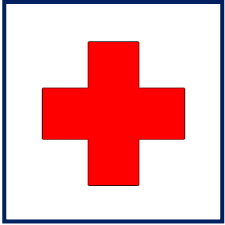
Please complete the Over-the-Counter Medication Form if you will be sending any over the counter medication in with your child during the school year. There are several parents who like to leave Benadryl, Tylenol, Motrin, Cough drops, etc. in the office for their child to use as needed. ***Please remember if you choose to do this, you must bring in your own over-the-counter medication in its original container.*** This is required by the Health Department. By filling out the form on the next page, you are giving the school office staff permission to administer the medicine you send in according to your instructions. Please remember that all medicine should be kept in the nurse's office. Your child may not have medication in their personal possession at any time, including cough drops.



Again, these are rules that the Health Department requires us to follow.

Throughout the school year, it may become necessary for students to have multiple over the counter medications administered to them during the school day. Please know that additional permission forms are available in the school office. Please stop by to pick up extra forms if necessary.

If you have any questions feel free to contact our school nurse.



Over-the-Counter Medication PERMISSION FORM

CHILD'S NAME: _____

Please give _____ permission to take the over the counter medication marked below. I will send the medication in its original container to be used as directed below.

TYLENOL

Amount: _____

Frequency: _____

MOTRIN

Amount: _____

Frequency: _____

COUGH MEDICATIONS

Amount: _____

Frequency: _____

BENADRYL

Amount: _____

Frequency: _____

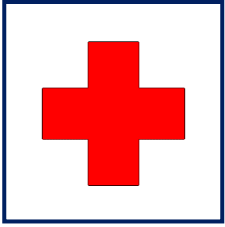
OTHER: _____

Amount: _____

Frequency: _____

Parent/Guardian Signature

Date



Prescription Medication

Please complete the Prescription Medication Permission Form if you will be sending any prescription medication in with your child during the school year. This form gives our school nurse and administration staff legal instructions from your child's doctor when to administer your child's medication. It also gives our school nurse and administrative staff permission to administer the medication as directed.

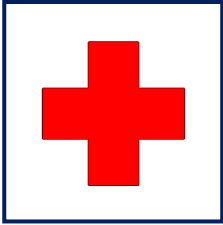


Please have your doctor complete and sign the top portion of the form. Your signature is also required on the bottom of the form. If your doctor's office has a similar form, please have them call our school office and fax a completed form to our school. Our fax number is 372-7556. Please note that if your doctor sends in a fax to our school, you still are required to complete the bottom portion of the form on the next page.

All medications must be in their original pharmacy issued container with the label attached. Medication cannot be taken back and forth between school and home. All medications that are brought to school will remain locked in a cabinet in the nurse's office until a parent or guardian picks it up. We cannot give medication to your child to bring home.

Throughout the school year, it may become necessary for students to have multiple prescription medications administered to them during the school day. Please know that additional permission forms are available in the school office. Please stop by to pick up extra forms if necessary.

If you have any questions about our prescribed medication administration policy, please contact our school nurse.



Prescription Medication PERMISSION FORM

TO: School Personnel at St. Peter's Lutheran School
719 Fifth Street
Columbus, IN 47201
(812) 372-5266 (phone)
(812) 372-7556 (fax)

RE: Administration of Medications to: _____
(student name)

To be completed by the physician or authorized prescriber:

This notice is to inform you that the above named student, enrolled in your school, is currently under my medical care. As a part of that care, this student must receive the following medication for the medical indication listed, at the dosage, route, and interval prescribed below.

Indicated Medical Diagnosis: _____

Medication: _____

Dosage, Interval, & Route: _____

Length of Therapy: _____

Additional Information: _____

I request and authorize you to administer this medication in accordance with the above instructions. These instructions remain in force until: _____. Problems concerning administration of this medication can be referred to at:

Address

Physician's Signature

Telephone Number

Date

To be completed by the parent/guardian:

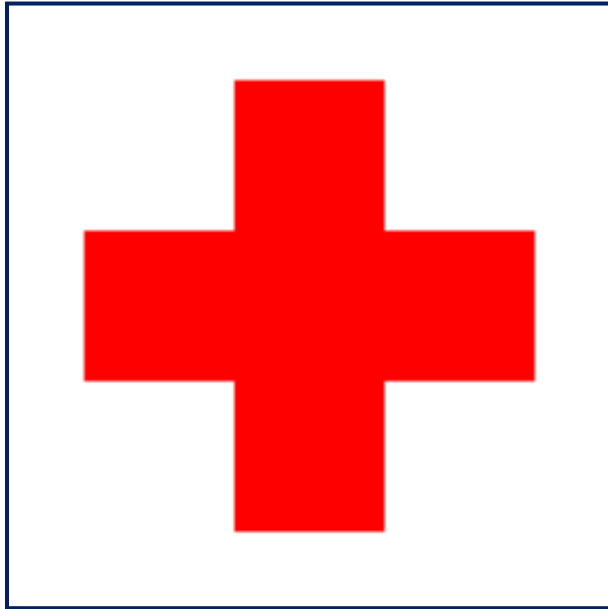
We, as parents of _____, request, authorize and give written permission to you to administer the medication prescribed above in accordance with the instructions provided. We agree to notify you immediately of any change in circumstances concerning administration of this medication.'

Address

Parent/Guardian Signature

Telephone Number

Date



+ To God Alone Be the Glory +