



Notes from the School Health Office



The Town of West Hartford provides the professional registered nursing services for this school through the West Hartford Non-Public School Health Program (CT Section 10-217a). The nurse must follow the guidelines and mandates put forth by State of Connecticut and the West Hartford Public Schools. The following information summarizes some of the policies and services provided by the health program. Please keep this information for future reference. For additional information, you can access the school's website or contact the school nurse.

Physical Exams: Physical exams are required for **ALL new students** entering school, and in the Kindergarten, 3rd, 6th and 9th grade school years. All **pre-school students** are required to provide **yearly** physical forms. Please send the completed Connecticut Health Assessment Record (CHR - blue or yellow form) form to the school office before school begins in August or when the physical is completed during the school year. Both Parts **I and II** of the Health Assessment Record must be filled out by both the healthcare provider **AND** parent/guardian, **including** the parent/guardian signature, or the form will **not** be accepted.

Immunization Requirements: The State of Connecticut requires a complete immunization record for all students entering school and proof of adequate, age appropriate immunizations to be admitted in to school. Please review your child's immunization status and arrange for any necessary updates. If you have any questions please call us or check with your healthcare provider to make sure your child is up to date on all required vaccines. Your child may be refused school admittance if adequate records are not received before the school year begins. **State law requires that your child be excluded from school until the required immunizations are given.** The State of Connecticut has free or affordable health insurance for children. If you do not have access to health insurance for your children, please call 1-800-656-6684 for more information.

Medications: **Please see website for Medication Guidelines.** Students receiving medication, **including** over the counter medications at school, **MUST** have a written order from an authorized prescriber licensed to practice in the United States. State Law requires the medication order form to be signed by **both** the prescriber and parent/guardian giving permission for the medication to be administered. The **Medication Authorization Form** is located on the school website. One exception, for students 12 years of age and up, Ibuprofen and Acetaminophen may be administered if parent/guardian sign and return the permission form titled **Acetaminophen/Ibuprofen – Medication Standing Orders**. Each school year requires new medication orders.

Emergency Medications: Students are **not** to carry medications unless they have self-carry authorization for emergency medications approved by the physician, parent and school nurse. (CT State Regulations 10-212a-1). This includes epinephrine auto-injectors for anaphylaxis, and asthmatic inhalers. If approved for self-carry, the student must be responsible to have their medication with them at all times **including** field trips. If not approved for self-carry, please contact the school nurse to discuss arrangements should emergency medications be needed before and after school hours or during extracurricular activities. **NOTE:** Due to the COVID-19 virus (SARS-CoV-2

virus), effective until further notice, **no nebulized breathing treatments** can be administered in the school setting. All respiratory inhalers **MUST** be used in conjunction with a spacer device.

Emergency Information Forms: At the beginning of each school year the emergency information sheet **must** be completed and signed by parent/guardian. Please return completed form to the school as quickly as possible. This form provides essential emergency health and contact information and gives consent for the school nurse to provide both routine and emergency health care to the student. Please contact the school nurse for any changes in information during the school year.

Illness or medical absences: Please see website for Exclusion Guidelines. Parents/guardians will be notified when necessary to exclude a student from school due to illness or injury. The student must be picked up by parent or authorized person as soon as possible or within an hour of notification. Any student returning to school with a medical or psychiatric condition requiring academic, attendance, or functional accommodations such as orthopedic appliances **MUST** have a medical note from a physician clearing the student to return to school and indicate any accommodations required. Medical clearance must be received before a student can return to PE or participate in any sport activity. Regarding mental health events, a student returning to school with a diagnosis must submit a discharge summary with a plan for safe return to full academic activities.

State Mandated Screenings: Vision screening for distance visual acuity and hearing screenings will be conducted annually as mandated in grades kindergarten through 5th grade, except 2nd grade. Postural screening will be conducted for female students in grade 5 and 7 and male students in grade 8. For any screening results found outside the norm, parents will be notified by referral letter to see their physician for additional evaluation. Referral forms should be returned to the school nurse once completed.

Food Allergies: Food allergies can be life threatening. Strict avoidance of the particular allergen is crucial in preventing anaphylaxis. If your child has a food allergy please communicate that information to the school nurse. It is imperative that teachers are aware of the student's allergy to ensure the student can participate in all classroom activities. If you have any concerns please contact your school nurse.

The **West Hartford Non-Public School Health Program** is proud of our nursing services. All health offices are staffed with full-time Registered Nurses who have a broad background in a variety of clinical settings and public health, all have their Bachelor's Degree in Nursing and many hold advanced degrees or certifications. The Town of West Hartford recognizes and supports our nurses in maintaining and continuing professional education, which enables us to provide exceptional care to students attending our schools.

Your school nurse is someone to get to know! They are essential to help assist your student with any health problem and should be seen as a friend and advocate. Please know confidentiality is a professional responsibility that is strictly enforced. If you have any questions or concerns please call or stop by to see the nurse in your school.



West Hartford Non-Public Schools School Exclusion Guidelines

The West Hartford Non-Public Schools follow these guidelines for the dismissal of students from school due to illness. Includes recommendations for when a student may return to school or should remain at home. These guidelines follow the recommendations of the Academy of Pediatrics, the Connecticut Department of Public Health, the West Hartford-Bloomfield Health District and under the guidance of the Medical Advisor, Dr. Neil Stein. As Professional School Nurses our role is to promote the health of individual students and the entire school community.

1. **Fever**- 100.4 degrees Fahrenheit or higher, the student will be sent home and should remain home 24 hours fever free without fever reducing medications. **NOTE:** If additional symptoms for exclusion are exhibited and presents with a temperature less than 100.4, the nurse may use her professional judgement to exclude a student from school.
2. **Diarrhea**- occurrence of more than one episode at school and/or with additional symptoms. The student can return to school after 24 hours symptom free.
3. **Vomiting**- occurrence of more than one episode of vomiting and associated with other symptoms. May return to school after 24 hours symptom free. Every attempt will be made to distinguish between regurgitating food and vomiting due to illness.
4. **Runny Nose**- Students who cannot control their secretions and/or have green/ yellowish-brown secretions need to remain home until symptoms improve.
5. **Coughing**- Excessive coughing contributing to the inability of the student to participate in class work or is disruptive to other students.
6. **Eyes** – A student who presents with eyes that are pink, have drainage and are swollen will be evaluated by the school nurse. The nurse will determine if exclusion is necessary and if medical care is required before the student can remain in school.
7. **Skin Rash / Hives** – A student will be advised to see a health care provider to evaluate any new onset of rash or hives to determine if it is related to a contagious illness. Symptoms will be evaluated to determine if dismissal is necessary. Any fine or blotchy rash on face, trunk or arms and legs will be dismissed. The diagnosis of the condition will determine when a student can return to school. A student with a contagious diagnosis should be treated with antibiotics for 24 hours before returning to school. If a healthcare provider diagnoses a student as having fifth's Disease, the child can return to school if feeling well and can participate in academics.
8. **Excessive crying / discomfort or pain** – Any student who is unresponsive to first-line treatments such as ice, rest, etc.



West Hartford Non-Public Schools School Exclusion Guidelines

9. **Injury**- Any injury that requires medical attention, a parent will be notified to pick up the student for evaluation. If an emergency situation occurs, the student will be transported by ambulance to nearest hospital for treatment.

10. **Lice** – A student found to have lice will **NOT** be excluded from school. No notification to the classroom will be conducted since Pediculosis is not contagious. The parent of the student will be notified of the findings, the need for treatment, and provided with educational information on Pediculosis and how to treat. The student can return to school once treatment has occurred.
11. **Medical Absences/Conditions**– Students returning to school with a medical diagnoses of **concussion**, or a condition requiring **orthopedic appliances** such as crutches, a brace and/or casting of extremities **MUST** have a medical note from a physician clearing the student to return to school and indicate any accommodations required. Medical clearance must be received before a student can return to PE or participate in any sport activity.
12. **Mental Health Conditions** – Any student returning to school after a mental health event or absence **MUST** submit a discharge summary with a plan for safe return to school and academic activities.



West Hartford Non-Public Schools
Medication Guidelines

The West Hartford Non-Public Schools Health Program follows the State of Connecticut Regulations for the Administration of Medication by School Personal Section 10-212a -10-212a-10. The following is a summary of the requirements for a student to receive medication while attending school or a school activity including participation in a field trip.

1. By State Regulations Section 10-212a-1, Students are **NOT** permitted to carry medications, including OTC medication, during school hours **without** the required medical authorization, except for emergency medications when ordered to self-carry.
2. All medication, including over-the-counter medications, to be given to a student during the school day **MUST** be prescribed by a physician, dentist, optometrist, advanced practice registered nurse or a physician assistant. For interscholastic and intramural athletic events only, a podiatrist.
3. All **authorization forms** for administering the **standing orders** signed by the Medical Advisor for the West Hartford Non-Public Schools shall be for the **current school year** consisting of July 1 to June 30th, and not to **exceed a 12-month period**, and is required for each school year.
4. **Medication Orders** are to include written directions by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the name of the medication, the dosage of the medication, the route of administration, the time of the administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed doses of the medication, the start and termination dates **NOT to exceed 12 month period. Prescriber and parent signature required.**
5. School nurses will only administer **FDA approved medications**. No medication shall be kept in school **without** a medication order.
6. All medications **MUST** be transported to and from the school by a parent or responsible adult, **and** be accompanied with prescriber's medical order and delivered in the **original medication container** to the school nurse, or in the absence of a school nurse, a school administrator. The school will store only a 3 month supply of medication at any given time. Students **with** permission to self-carry may have the medication on their person.



West Hartford Non-Public Schools

Medication Guidelines

7. Students can self-carry emergency medications **only** with permission by the medical prescribers and parent. Emergency medications include asthma inhalers and cartridge injectors of epinephrine for diagnosed allergies. This **excludes** controlled drugs. The school nurse must review each situation to determine if all of the criteria for self-administration are met according to 10-212a-4.
8. **Field Trips** – Student who self-carry emergency medications during routine school days **MUST** carry the emergency medication on field trips to be allowed participation in the field trip.
9. School nurses will administer medication or, in the absence of such nurse, an appointed representative identified as a “qualified personnel” properly trained in administration of medications in accordance with Section 10-212a-3 of regulations.
10. In the absence of the school nurse, a trained, qualified personnel may give injections, such as glucagon, or administer antiepileptic medications to specific students in order to protect that student from harm or death with authorization from a medical provider, parent or guardian and the school nurse except in the case of emergency administration of epinephrine.
11. Storage of medication, except for emergency epinephrine, will be in a separate locked cabinet used only for medication. Emergency medications will be stored in an unlocked, clearly labeled and readily accessible container **during** the school day. Controlled drugs will be stored in a separate locked box within the designated medication cabinet. **All** medications will be locked at the end of the school day.
12. For the purpose of emergency first aid while on school grounds and during designated school hours, the school nurse, or in the absence of the school nurse, a qualified school employee who have completed the training required by Section 10-212a, **may** administer epinephrine to students who experience allergic reactions but **do not** have prior written authorization of a parent or a qualified medical professional. The parent/guardian of a student may submit, in writing, to the school nurse a notice that epinephrine shall not be administered to such student.
13. Discontinued or extra medication not picked up by an **adult will be destroyed** after one week, once notification is given, in the presence of one witness. Controlled drugs will be destroyed in accordance with Section 21a-262-3 of Regulations of the Connecticut State Agencies.
14. For **school readiness programs and before-and-after school programs**, Section 10-212a-10, the designee to administer medications is the director or lead teacher who have been trained in the administration of medication.



West Hartford Non-Public Schools
Medication Guidelines

- a. All medication givers may administer emergency medications **only** to students with a documented **medically-diagnosed allergic condition** which may require prompt treatment to protect the student against serious harm or death. All other medications (non-emergent) will **not** be administered in the before and after school program.

 - b. Emergency medication administration will require the written order of an authorized prescriber and parent/guardian.

 - c. All medications must be handled in accordance with regular school day regulations. All medications shall be stored at the site of the before and after-school program location. In the event that it is not possible for the parent or guardian to provide a **separate supply** of medication, the medications will be stored and locked in the school health office accessible by the designated individual.
- 15. Due to the COVID-19 virus (SARS-CoV-2 virus), effective until further notice, no nebulized breathing treatments can be administered in the school setting. In addition, all respiratory inhaler MUST be used in conjunction with a spacer device.**



Student Emergency Information

School Year 2021 - 2022

West Hartford Non-Public
School Health Services

Class / Grade _____

Student Information

Name: _____ **M / F** **Date of Birth:** _____
Last First Middle

Street Address: _____

City, State and Zip: _____ Home Phone _____

Student Lives With: _____ Primary Language: _____

Parent / Guardian Contact Information

(1) Parent Name: _____ **Best Contact / ER Number:** _____

Employer Name: _____ **Work Number:** _____

Parent Email: _____ **Consent to use for contact:** Yes / No

(2) Parent Name: _____ **Best Contact / ER Number:** _____

Employer Name: _____ **Work Number:** _____

Parent Email: _____ **Consent to use for contact:** Yes / No

***Please identify which parent should be contacted first:** 1st _____ or 2nd _____

Others **authorized** to pick your child up from school: _____

Emergency Contacts

List two names of persons who will assume temporary care of your child if you cannot be reached and your child needs to leave school due to an illness.

Name: _____ **Contact Number:** _____ **Relationship:** _____

Name: _____ **Contact Number:** _____ **Relationship:** _____

Please complete other side for Medical Information



Student Emergency Information

School Year 2021 - 2022

West Hartford Non-Public
School Health Services

Class / Grade _____

Student Name: _____ **DOB:** _____

Last First Middle

Allergies: _____ Insects _____ Foods _____ Drugs _____ Animals _____ Other

If yes, please explain: _____

- Does your child have an **Epipen**? Yes _____ No _____

*If yes, a medical order/action plan and epi pen **must** be submitted to the school nurse.*

Asthma: Does your child have asthma or use an inhaler? Yes _____ No _____

*If Yes, a medical order/action plan, inhaler and spacer **must** be submitted to the school nurse.*

NOTE: Due to the CoVID -19 (SARS-CoV-2 Virus) **NO nebulized breathing treatments** will be administered at school and all respiratory inhalers **MUST** be used with a **spacer** device.

List **Medications** taken at home or school: _____

Other **health concerns/conditions:** _____

***Please note** that **ALL** medications, including over the counter medications, to be given at school **must** be prescribed by a MD, Dentist, APRN, PA, Optometrist and Podiatrist. The order must accompany the medication in its **original** container and be delivered by a parent/adult to the school nurse.

Student's Physician: _____ Contact Number: _____

Dentist: _____ Contact Number: _____

Does this student have **Health Insurance:** Yes _____ No _____

If medically necessary the child will be **transported to Connecticut Children's Medical Center unless otherwise noted in writing.*

In the event of **anaphylaxis, a life-threatening event, the school nurse or, in the absence of the school nurse, a qualified school employee will administer **Epinephrine** in accordance with the medical orders set forth by the School Medical Advisor and CT PA 14-176, unless written notice by parent opting out is received by the school nurse.*

**I understand that in the event of a serious injury/illness the school will contact me. If medical transport is required, I give permission for the school to transport the student for medical care as deemed necessary.*

I understand, and give **permission for the school nurse to provide health services, education, health screenings mandated by the State of Connecticut and to provide routine first aid according to approved medical guidelines and formulary unless written notice by parent is received by the school nurse.*

Parent Name (print): _____ Student Name: _____

Parent Signature: _____ Date: _____

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ___/___/___ Today's Date ___/___/___

Address of Child/Student _____ Town _____

Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, _____ frequency

Medication shall be administered: Start Date: ___/___/___ End Date: ___/___/___

Relevant Side Effects of Medication _____ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number () _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date / / _____

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

I request that medication be administered to my child/student as described and directed above

I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.) I have administered at least one dose of the medication to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ___/___/___

Parent /Guardian's Address _____ Town _____ State _____

E-mail: _____ Cell Phone # (____) _____ - _____ Other Phone # (____) _____ - _____

SELF ADMINISTRATION AND /OR POSSESSION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber (when applicable) and school nurse (when applicable) and must be authorized by parent/guardian in accordance with board policy. In a school: 1. inhalers for asthma and cartridge injectors for life-threatening allergies require authorization by the prescriber and parent/guardian only; 2. students may possess, self-administer or possess and self-administer medications for medically-diagnosed life-threatening allergies; and 3. students who are six years of age or older may possess and self-apply an over-the-counter sunscreen product with only the parent/guardian written authorization.

- 1. Student to self-administer medication specified on this form: _____ YES _____ NO 2.
- Student to possess medication specified on this form: _____ YES
- _____ NO

Prescriber's Authorization and Signature: _____ Date: _____

Parent/Guardian Authorization and Signature: _____ Date: _____

School nurse (RN) Approval of self-administration (if applicable): _____ Date: _____

Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position/ _____ Date: _____

Medication Administration Record (MAR)

Name of Child/Student _____ Date of Birth ____/____/____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/>	<input type="checkbox"/>	
				Yes	No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/>	<input type="checkbox"/>	
				Yes	No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/>	<input type="checkbox"/>	
				Yes	No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

Authorization form is complete

Medication is appropriately labeled

Medication is in original container

Date on label is current

Person Accepting Medication (print name) _____ Date ____/____/____



Non-Public School Health Program

ACETAMINOPHEN (Age 5-11 years) - Medication Standing Order

2021 – 2022 School Year

*No standing order medication can be administered to a student **without** the parent/guardian written permission except for emergency treatment for anaphylaxis or allergic reactions. This Standing order is to be used at the discretion of the school nurse for a student awaiting parent pickup and presents with a temperature >101.*

STUDENTS 5 to 11 YEARS of AGE:

Student Name: _____ **DOB:** _____

Grade / Class: _____

Acetaminophen

Students 5 to 11 years of age may be administered one dose of liquid Acetaminophen according to package insert based on weight and age.

Other Medications this student is taking: _____

Allergies: _____

*To my knowledge, my child is not allergic to Acetaminophen and/or has no medical condition for which Acetaminophen or Ibuprofen would be harmful.

Parent Name: _____

Parent Signature: _____ **Date:** _____



Non-Public School Health Program

ACETAMINOPHEN / IBUPROFEN (Age 12 and up) - Medication Standing Orders

2021 - 2022 School Year

No standing order medication can be administered to a student without the parental/guardian written permission except for emergency treatment for anaphylaxis or allergic reactions. Standing order medications are intended for occasional use and at the discretion of the school nurse. Students who require recurrent use of these medications will need a Medical Authorization Form signed by their own Primary Care Provider.

STUDENTS 12 YEARS AND OLDER:

Student Name: _____ **DOB:** _____

Grade / Class: _____

Acetaminophen

Students 12 years and older may be administered 325 mg – 650 mg every 6 hours as needed for headache without fever, menstrual cramps, dental/orthodontic pain, orthopedic or muscular discomforts.

Ibuprofen

Student 12 years and older may be administered 200 mg – 400 mg every 6 hours as needed for headache without fever, menstrual cramps, dental/orthodontic pain, orthopedic or muscular discomforts. *Given with food if on empty stomach.*

Other medications this student is taking: _____

Allergies: _____

To my knowledge, my child is not allergic to Acetaminophen or Ibuprofen and/or has no medical condition for which Acetaminophen or Ibuprofen would be harmful.

Parent Name: _____

Parent Signature: _____ **Date:** _____