



# CLINIC NOTES & MEDICATION PROCEDURES

Children are not allowed to possess or bring any medication to school (the only exception to this rule is for students who have a care plan on file with the clinic that states they may carry their medical supplies).

*\*The contract to carry and self-administer certain medicines can be obtained in the clinic, and must be signed by both the physician and parent/guardian.*

When a student **MUST** be administered medication during school hours, an “Authorization for Administration of Prescribed Medication/Treatment Form” (SO-SS-007) must be completed by a physician and signed by the parents/guardians. This form will need to be filed one time during the school year unless there is a change in the medication or the procedure for which it is to be administered.

All medication must be properly labeled in its **ORIGINAL** container with the name of the child, the prescribing physician, the name of the pharmacy and directions for administration. The medication cannot exceed the dosage required for 30 days and all dates must be current.

- A. Antibiotics shall not be older than 14 days.
- B. Liquid antibiotics need to be refrigerated.
- C. Medication or other liquid antibiotics will be retained in a locked cabinet in the clinic.

If medication is to be taken at home as well as at school, it is recommended that the parents request the pharmacist divide the prescription into two containers, one for the school and the other for home use.

Due to the possible side effects of non-prescription medications or other over-the-counter products, non-prescribed medications will not be dispensed unless the “Authorization for Administration of Prescribed Medication/Treatment Form” is completed by the physician and parent/guardian. Over the counter products must be in their original container with the safety seal intact in order to be dispensed.

PARENTS/GUARDIANS ARE EXPECTED TO PAY SPECIAL ATTENTION TO THE ABOVE POLICY. FOR WITHOUT ADHERENCE TO THESE RULES, SCHOOL PERSONNEL WILL NOT BE ALLOWED TO ADMINISTER OR DISPENSE MEDICATIONS TO YOUR CHILD.

*If your child has daily meds, please notify the clinic on the days they are absent from school.*

## PEDICULOSIS (HEAD LICE)

We ask your assistance in periodically checking your child at home for head lice and nits. Head lice are generally found behind the ears and just above the neck line. They are white, rounded specks approximately one to one and half inches above the scalp. Nits look like dandruff, however, when the hair is shaken or flicked with the finger, they do not fall off.

If head lice nits are found on your child do not treat with a pediculicide unless live lice are present, but you must remove all nits. This may be done partly by using a fine-tooth metal comb, but must be completed by removing any remaining nits by sliding the nit down the hair shaft with your fingernails. Continue to check your child daily and remove nits for the next 2-3 weeks. It will not be necessary for your child to miss any school unless live lice are present. Once nits are found, the clinic will check your child’s head daily and notify you if any nits are found. Your child will be referred to your school’s RN if nits are present after 10 days.

2018-2019

Dear Parent/Guardian:

Through the school year, the Hernando County School Clinics conduct several health screenings in accordance with Florida Statute 381.0056. These screenings are limited to procedures that do not penetrate the skin or any body orifices. The screenings conducted are Hearing, Vision, Height, Weight and Body Mass Index calculation (BMI) on Kindergarten, 1<sup>st</sup>, 3<sup>rd</sup> and 6<sup>th</sup> graders. Sixth graders also receive Scoliosis screenings which assesses curvature of the spine. You will be notified of any findings that appear to be abnormal. At that time, you will be advised of any needed follow-up.

You will be notified by letter, in a sealed envelope, sent home with your child regarding the BMI results. We only send letters to those children that are determined to be overweight or underweight. This letter will explain the categories and recommendations for any action that may be indicated.

Your school will be doing these screenings during the months of September, October, November and December in the elementary schools. Your child should have their glasses with them so we can check their vision properly.

If you have any **OBJECTIONS** to your child participating in any of these screenings, please notify your school in *writing by signing and returning this form*. Please feel free to contact the School Clinic at 797-7067 ext: 200 if you have any further questions.

Thank you.

Marian Chickering

**SIGN AND RETURN ONLY IF YOU DO NOT WANT YOUR CHILD TO BE SCREENED.**

\_\_\_\_\_ Student's Name and Grade

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date

*It would be greatly appreciated if you could include a change of clothing (shorts, skorts, undergarments and socks) in a Ziplock bag with their name on it which can remain in your child's backpack in case of an emergency.*

# CLINIC NOTIFICATION

Student Name \_\_\_\_\_ Teacher: \_\_\_\_\_ Date \_\_\_\_\_

Dear: Parent/Guardian

We want to ensure we understand and meet your child's need. Please let us know what Medical Conditions your child has been diagnosed as having.

Medical Conditions:

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Does your child require Special Meals or Meal Accommodations: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*A Special Meals and Accommodations Form must be filled out and signed by a medical professional if you answered YES to the above question.

Please list the medications your child currently takes and will be taken during school, including dosage and time given:

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Thank you,

Marian Chickering/Clinic