

Waitsfield Elementary School Health Procedure

A. Immunizations

The Vermont Immunization Law, Section 1-18 V.S.A., Chapter 21, Subchapter 4, requires all students in grades K-12 be adequately immunized for school attendance unless exempted for medical, religious, or moral reasons.

The following is a list of required immunizations. If your child is in need of any immunization for continued school enrollment, you will be notified.

If your child is entering Kindergarten, or is entering grade 1-6 as a new student from outside your supervisory district, you must submit an immunization record from your primary care provider's office stating the complete dates of each dose of vaccine the child received as listed below:

5 DTaP

4 polio

2 MMR or 2 measles, 2 mumps, 2 rubella

3 hepatitis B

2 varicella (chickenpox) or a history of varicella disease form (attached)

If your child had the chicken pox disease, the attached form must be filled out and returned to the school nurse.

B. Medical Appraisals

Prior to entering the Washington West elementary schools, every child must have had a medical appraisal within a period of one year. In addition, a medical appraisal should be done at the time of transferring into any district elementary school. The school nurse supplies appropriate health and physical forms.

C. Screenings

What is a school screening? Annual health screenings are done according to state mandated schedules. Hearing and vision screenings are required every two years. Screenings in school should not be considered diagnostic. Only certain skills are tested. Screening, as the term implies, only sorts out most of the children who may have problems. School screenings are not as comprehensive as the type of examination a physician, audiologist, optometrist, or ophthalmologist is equipped to give. If you feel that your child has a problem in either hearing or vision, we urge you to have him/her tested in a complete examination. Sometimes a school screening done once a year cannot pick up all deficits.

What is done in a hearing screening at school? Each child is screened at frequencies from 500-4,000 Hz, at a decibel level of 20-25. If a child does not pass the screening, parents are immediately notified and further physician follow-up care is recommended. With further and more comprehensive testing, a physician can investigate the reasons for the deviations found in the initial school screening.

What is done in a vision screening at school? Using various types of eye charts appropriate to grade levels and a specially designed machine, all children are screened for near or far acuity and muscle balance. Muscle balance is a simple screening which, when given, determines if both eyes are “working together on the same image.” Any deviation from established norms for acuity and muscle balance is reported to the parents.

An optometrist or an ophthalmologist, in a more comprehensive test, can determine if the results obtained at a school screening are within a norm criteria. We urge you to keep us informed at school of any care or physician recommendation that your child might have in regards to vision and hearing. If your child has an examination, please have the information sent to the school nurse so she knows how better to work with your child in the school setting.

Blood pressure screening is done at the discretion of the school nurse on an as needed basis.

All children are weighed and measured annually.

D. Emergency Information

A Registration / Student Profile sheet is sent out annually on all students. If there are any telephone number changes or any other additions during the school year, please contact the school immediately so updated information can be maintained in our school files. It is essential that we be able to reach parents at all times. **PLEASE RETURN THE REGISTRATION FORM/STUDENT PROFILE SHEET PROMPTLY.**

E. Medications

The school nurse and school board members believe it is more desirable for medication to be given in the home. However, if under exceptional circumstances a child is required to take medication during school hours and the parent or guardian cannot be at school to administer the medication, only the school nurse, principal, or a designee will administer the medication in compliance with the regulations that follow.

Prescription Medications

The school nurse shall assure in the administration of **PRESCRIPTION MEDICATION** that the following are provided:

- 1) **Written orders** from a physician detailing the name of the drug, dosage and time interval the medication is to be taken, and diagnosis and/or reason for giving the medication.
- 2) **Written permission** from the parent or guardian requesting the school district comply with the physician’s order.
- 3) Medication brought to school in a container appropriately labeled by the pharmacy or physician.

- 4) Delivery of all medications to elementary schools is the responsibility of the parent/guardian or any other designated adult. Students should not transport medications to and from elementary schools.
- 5) The school retains the discretion to reject requests for administration of medicine.

Non-Prescription Medications

The school shall assure in the administration of NON-PRESCRIPTION MEDICATIONS that the following are provided:

- 1) **Written permission** from a parent or guardian detailing the name of the medication, dosage and time to be administered, and the reason for giving the medication.
- 2) No non-prescription medication will be given at school until the school receives the "Parent Permission Form."
- 3) The medication should be transported in its original container.
- 4) Delivery of all medications to elementary schools is the responsibility of the parent/guardian or any other designated adult. Students should not transport medications to and from elementary schools.
- 5) The school retains the discretion to reject requests for administration of medicine.

F. Communicable Disease Control

School health services assist in efforts to prevent and control communicable diseases in cooperation with health departments, physicians, and parents.

Parents are asked to notify the school nurse directly if their child has a reportable communicable disease as diagnosed by a physician.

- Impetigo
- Scabies
- Pink Eye
- Lice Infestation
- Ringworm
- Chicken Pox
- Pertussis
- Strep infection

Some selected diseases/conditions have a high communicable rate, and exclusion from school may be necessary until appropriate treatment measures are taken. If exclusion is necessary, students may return to school following consultation between parent/guardian and school nurse.

G. Transportation

No student is sent home alone or taken home without notifying parent, relative, or sitter. If the student's condition warrants leaving school and the parent cannot provide transportation, a person designated by the school or parent will transport the student to an appropriate destination. If there is an emergency and the parent/guardian is not available, the procedure as indicated on the Registration/Student Profile sheet will be followed. The parents/guardians are responsible for all medical expenses incurred by their child.

H. Attendance

If a child is going to be absent or tardy, the parent or guardian should contact the school by 8:00 a.m. Parents/guardians of students who are absent from school are responsible for presenting the school with a written or verbal excuse for each absence.

I. Illnesses

It is often a problem for parents when their child becomes ill. Although it is a difficult situation, parents should locate alternate care for their children when ill, rather than attending school. Moderately ill children who come to school not only spread the illness to others, but also do not receive enough rest to fully recuperate. As a result, illness may linger unnecessarily. Please consult the following list of common illnesses or conditions that would require a child to be at home.

If your child becomes ill at school, you will be notified immediately and will be expected to have him or her picked up as soon as possible.

Fever: A child with a temperature of 100 degrees or higher should not attend school. A child should also not attend school if he or she feels unable to play outdoors.

Colds and Coughs: A visit to a physician is recommended for a child who has thick, green nasal discharge, and/or a persistent cough lasting more than two weeks. Children who get red/blue in the face when coughing, or produce whooping or croupy noises after or while coughing, may not attend school until these symptoms are gone.

Conjunctivitis (Pink Eye): Conjunctivitis is highly contagious by contact with discharge from the eye. If your child exhibits redness in the white of the eye, yellow drainage and itching, it is necessary to be diagnosed by a physician for proper treatment. A child must be on medication for 24 hours before returning to school. If you choose not to treat your child, he or she may not return to school until all symptoms are gone.

Strep Throat / Scarlet Fever: Strep throat is characterized by fever, sore throat, white spots in throat, swollen glands, and often times stomach ache. Sometimes a rash accompanies strep throat and is known as scarlet fever. The illness is spread by contact with nasal or oral secretions from the infected person. The incubation period is 2-5 days. If you think that your child has strep throat, he or she should be seen by a physician and

have a throat culture done. If the culture is positive, the child must be treated with medication for 24 hours before returning to school.

Impetigo: Impetigo is a highly contagious infection of the skin that starts as a fragile blister containing yellow fluid. When a blister breaks, the discharge hardens into a yellow scab under which the infection thrives. A child who is thought to have impetigo needs to be seen by a physician. If the diagnosis is positive, the child must have had antibiotic treatment (topical/oral) for a full 24 hours before returning to school.

Diarrhea: A child who has three loose stools beyond what the child normally has in a 24-hour period, or loose stools persisting for more than 48 hours, should not attend school. A child may return to school after being diarrhea-free for a full 24 hours.

Vomiting: Children who have vomited may not attend school until they are able to tolerate solid food and/or they have not vomited for 24 hours.

Chicken Pox: Chicken pox is characterized by an itchy rash of small red blisters, usually beginning on the head and then moving to the trunk and limbs. The blisters open and drain, and then form scabs. An airborne virus spreads chicken pox, and the incubation period is 14-21 days. The child is contagious from 24 hours before the rash appears until all of the blisters of the rash have dried up. A child may return to school after all lesions have scabbed over.

Medication: Children who require prescribed medication for an illness that is contagious must be on the medication for 24 hours before returning to school. Those children who require medication administration at school must have an adult bring their medicine to school. Medication must be sent in the original container, and labeled with their name. A medication permission form must be filled out and signed by the parent. If a physician prescribes the medication, the physician must sign the medication permission form, or a note signed by the physician must accompany the medication.

If there are any questions regarding the above health procedures, please contact me.

Sue Dillon, RN
School Nurse

**Documentation of Varicella
(Chickenpox) Disease**



Vermont's School Immunization Regulations apply to students in attendance at any public or independent kindergarten, any elementary or secondary school and certain post-secondary schools. Before school entry, students must have the required immunizations, including 2 doses of varicella (chickenpox) vaccine. However, students who have had chickenpox disease can still enroll provided this form be completed, signed and provided to the school. Please note that this form does not need to be signed by a physician or other health care provider.

This document is being submitted on behalf of the following student:

Name:

_____ / _____
Last First

Date of Birth :

____/____/____

I _____ **verify that the above listed student**
Parent/Guardian/Self (18 and over)

had varicella (chickenpox) disease in ____/____.
Month Year

Signature of parent or guardian of student or student 18 and over

____/____/____
Date

**The Vermont Department of Health
Immunization Program
108 Cherry Street
Burlington, Vermont 05401**

**802-863-7638 or
1-800-464-4343 ext. 7638
healthvermont.gov**