

For Parent Information Only - DO NOT RETURN

REQUIRED MEDICAL RECORD INFORMATION

Daycare – Eight grade

The following medical records are **due by August 1st** to assure entry to school in the fall.

Your child will not be permitted to begin the school year until ALL medical records are up to date.

Please be advised we follow the rules for vaccine requirements in Massachusetts even if you live in RI. Jackie O'Brien, who is the public health nurse in Attleboro, is available to administer this free of charge if it is unavailable from your Dr. If you need her services, call her at 508-223-2222.

If your child is new to Dayspring, at any grade level, a copy of the following must be submitted:

- A current physical exam
- Up to date immunization records (see specific page for preschool, K, 7th)
- An official copy of a birth certificate
- A current record of a lead test date for Daycare (1 y/o), Preschool, and Kindergarten students

If your child is participating in a Dayspring Contact Sports Program, you must submit the following:

- Assumption of Risk Form
- Sport's Candidate Form
- Physical Exam (with a statement from his/her physician that your child may participate in contact sports)
- A Massachusetts Pre-participation Head Injury/Concussion Reporting Form

If your child is entering 7th grade, you must submit the following:

- 2 doses MMR
- 3 doses Hep B vaccine
- 4 doses Polio vaccine
- Proof of 2 Varicella Vaccines or evidence of having had the Chickenpox
- Proof of a Tdap (adult tetanus/pertussis booster)*administer prior to 7th grade
- 1 dose of MenACWY * administer prior to 7th grade **new requirement**

Please remember students may **NEVER** carry any medications of any type into the school building (Any exceptions must be arranged with the school nurse in advance). Medications must **ALWAYS** be delivered to the office by a parent with the appropriate permission forms on file in the nurse's office. In most cases, a physician's permission will be required as well, particularly for prescribed medications.

Both the **MEDICATION PROTOCOL FORM** and the ***MEDICATION/EMERGENCY CARE FORM** must be completed and submitted by August 1st. Both of these forms must be filled out for each student every year. Copies of all medical forms are available in the school office or from the nurse. If you anticipate that your child will need an over-the-counter medication during the school year on a regular basis, you will need to provide the medication (in its original container). Medications are only administered according to the above guidelines unless an emergency arises. (A headache is **NOT** considered to be an emergency)

If your child has a medication that will need to be administered during the school day or requires an emergency medication such as an epi-pen or inhaler, please have the necessary forms (available in the school office) filled out by your physician over the summer and personally bring the medication to the nurse at the start of the school year. One form per medication is required by law. Be sure to check all expiration dates on medications prior to bringing them.

All medications must be picked up the last week of school. They will be held for one week after school ends. They will be disposed of if not picked up. Thank you for your immediate attention and prompt response to these matters. Please keep this page for your future reference.

For Parent Information Only - DO NOT RETURN

REQUIRED MEDICAL RECORD INFORMATION (HIGH SCHOOL)

The following medical records are **due by August 1st** to assure entry to school in the fall.

Your child will not be permitted to begin the school year until ALL medical records are up to date.

Please be advised we follow the rules for vaccine requirements in Massachusetts even if you live in RI. Jackie O'Brien, who is the public health nurse in Attleboro, is available to administer this if it is unavailable from your Dr. If you need her services, call her at 508-223-2222 x 3241.

If your child is entering LCHS, a copy of the following must be submitted:

- A current physical exam (within the last 13 months)
- Up to date immunization records
- An official copy of a birth certificate

If your child is participating in a LCHS Contact Sports Program, you must submit the following:

- Assumption of Risk Form
- Sport's Candidate Form
- Physical Exam (with a statement from his/her physician that your child may participate in contact sports: within the last 13 months)
- A Massachusetts Pre-participation Head Injury/Concussion Reporting Form

If your child is entering 9th-12th grade, your child should have had the following:

- Tdap shot (adult tetanus/pertussis booster)
- 2 Varicella Vaccines or evidence of having had the Chickenpox
- 4 doses of Polio vaccine
- 3 Doses of Hepatitis B
- 2 Doses of MMR
- **11th grade 1 booster dose of MenACWY received on or after 16 years of age NEW REQUIREMENT**

Please remember students may **NEVER** carry any medications of any type into the school building (Any exceptions must be arranged with the school nurse in advance). Medications must **ALWAYS** be delivered to the office by a parent with the appropriate permission forms on file in the nurse's office. In most cases, a physician's permission will be required as well, particularly for prescribed medications.

Both the **MEDICATION PROTOCOL FORM** and the ***MEDICATION/EMERGENCY CARE FORM** must be completed and submitted by August 1st. Both of these forms must be filled out for each student every year. Copies of all medical forms are available in the school office or from the nurse. If you anticipate that your child will need an over-the-counter medication during the school year on a regular basis, you will need to provide the medication (in its original container). Medications are only administered according to the above guidelines unless an emergency arises. (A headache is **NOT** considered to be an emergency)

If your child has a medication that will need to be administered during the school day or requires an emergency medication such as an epi-pen or inhaler, please have the necessary forms (available in the school office) filled out by your physician over the summer and personally bring the medication to the nurse at the start of the school year. One form per medication is required by law. Be sure to check all expiration dates on medications prior to bringing them.

All medications must be picked up the last week of school. They will be held for one week after school ends. They will be disposed of if not picked up. Thank you for your immediate attention and prompt response to these matters. Please keep this page for your future reference.

THIS IS A YEARLY REQUIRED FORM FOR EACH STUDENT

**Dayspring Christian Academy/Liberty Christian High School
MEDICATION PROTOCOL**

The school physician has written a doctor's order for the administration of the medications listed below. If you would like your child to have permission to receive these medications when necessary, please initial medications below and sign where indicated: Permission must be renewed in writing every year. Consent may be withdrawn at any time by contacting the nurse's office. All medications from home must be brought to the nurse's office by parent and proper paperwork must be filled out. This protocol covers only the medication listed below.

A FORM MUST BE FILLED OUT FOR EACH STUDENT SEPERATELY

STUDENT NAME: _____ DOB: _____ GRADE: _____

I give the school nurse permission to administer the following:

* Ibuprofen (Motrin) _____ *Tylenol (acetaminophen) _____ Calamine lotion _____ Cough drops _____

Bacitracin Ointment _____ *Benadryl (Diphenhydramine Hydrochloride) _____

_____ All of the above _____ None of the above

This form must be fully completed; this is what is used constantly & when computers are down.

Father's / Name _____ Work phone (____) _____

Mother's/ Name _____ Work phone (____) _____

Mother's cell #: _____ Father's cell #: _____ Home #: _____

Address _____ City/State _____

Please list all medications your child is currently taking: _____

Please list all known allergies your child has: _____

Medical Concerns including any recent illness or surgery? _____

Student's Physician Name _____ Phone _____

Name of Health Insurance Co. _____

Name of Dental Insurance Co. _____

I give permission for the school nurse to administer the above medication and share the relevant medical concerns with appropriate staff if needed. (Including busing and food service personnel)

Father signature: _____ Date: _____

Mother signature: _____ Date: _____

MEDICATION AND EMERGENCY CARE FORM
NO MEDICATION WILL BE GIVEN WITHOUT WRITTEN CONSENT ON FILE;
ALL MEDICATIONS WILL BE ADMINISTERED AT THE SCHOOL NURSE'S DISCRETION.
(This Form MUST BE returned with your enrollment forms)

**Dayspring Christian Academy/Liberty Christian High School
Medication/Emergency Care Policy**

Medication in school may only be used on rare occasions and then under the following conditions:

1. Medication of any kind may NEVER be brought to school with the student. Any medication **must** be brought to school **by the parent or guardian, in its original container**. Written permission and instructions for administration from a physician must accompany medication. Physician's Order forms are available from the nurse and must be completed and signed before administered. **Inhalers are to be in the nurse's office, not with the child** (*unless specific agreement has been made between the child, parent, school, and physician*). Dayspring Christian Academy will always make every effort to administer all medications according to a physician's order. The **school shall not be responsible for reminding the student to come for the medication; the student must be responsible to appear at the appropriate time**. If the medication schedule can be structured around the school day, we would ask that this accommodation be made. If students will be off campus (field trip, athletic event, etc.), parents are to arrange with the school nurse, in advance, the plan to administer the medication. **This includes non-prescription over the counter meds. All meds not on checklist provided need parent permission and physician script.**
2. If there is an unexpected need for Tylenol, the parent will be called at the time and must give consent before non-prescription medicines will be administered. If the parent is unable to be reached medicine will be given only if there is written permission on file and it can be determined it is within the appropriate dosage schedule to have the medication.
3. List other medicines the child takes daily. List any adverse reactions with over the counter medicines such as Tylenol or children's Ibuprofen.
4. It is the parent's responsibility to keep school medical records current. If there is a change in daily medicines, contact the school immediately by written note to the nurse. This is for the safety of your child especially, if in an emergency situation, other medicines may be given by the emergency personnel. If any alteration of daily activity, a physician's note will be required.
5. If your child has an injury or serious illness requiring a visit to Urgent care, Hospital, and or Physician please return them with documentation of visit and any restrictions or releases re: activity/gym/academics the day they return to school. Including any special instructions, medical or emotional re: the illness/injury.

I hereby authorize Dayspring Christian Academy to arrange for medical examination and/or treatment of my child, _____, should an emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the school to contact me at the emergency numbers I have provided before any medical action is taken. In case of emergency, 911 will be called. The choice of hospital may be limited by the service. If the nurse is present and determines the child is in anaphylactic shock she will administer epinephrine until the EMT's arrive.

Emergency Medical History and Allergies:

My child has the following medical conditions: _____

Name of medications that child is currently taking: _____

List all allergies to medications, food, environmental, other: _____

Type of reaction: _____

Usual course of action: _____

A copy of this form and other forms such as Health Care Emergency Action Plan may be sent with your child to ER if available. (For purpose of communication of Parent information and child's pertinent medical history)

I understand and will adhere to the Dayspring Christian Academy Medication/Emergency Care Policy

Signature of Parent/Guardian _____ Date _____