



## ***Student Health Services*** **2007-2008 School Year**

### **Dear Parent/Legal Guardian:**

As the school staff works with you this year, we need your assistance and cooperation in preparing for the possibility that your student might need to take medication, need assistance with a medical condition or procedure, become ill, or have an accident during school hours. We hope this letter will explain our policies and procedures.

### **EMERGENCY INFORMATION/HEALTH CONDITIONS/CHRONIC ILLNESSES**

Emergency contact and health information should be updated annually by the parent or legal guardian within 5 days of the beginning on the new school year (as well as upon entering a Fulton County School) by completing and returning the Emergency Contact Information form (EMG01) to the school. Schools may ask for additional updates at the beginning of the second semester and on other occasions. You can make copies yourself or request additional Emergency Contact Information forms from the school in the event that the student's condition changes. The school should be informed of any student who has a health or medical condition, chronic illness, or requires assistance for any medical procedure, treatment and/or problem, or takes daily medication(s).

Current accurate health and telephone information enables the school to contact you in case of emergency, accident, or illness and will help us to ensure the health and well being of the student. If any information changes during the school year, please contact the school immediately. It is the parent or legal guardian's responsibility to keep the student's health and contact information (telephone numbers, address, etc.) updated. ***In case of a serious accident or illness at school, your child will be transported by ambulance to an emergency medical facility. The parent/legal guardian is responsible for all expenses.***

### **PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS**

When possible, medication should be taken at home. However, if medication must be taken at school, on a field trip or during a school chaperoned "before" or "after" school activity, the following policies and procedures apply:

1. Medication Administration Form – The parent/legal guardian must complete an authorization and instruction form entitled "***AUTHORIZATION TO GIVE MEDICATION AT SCHOOL***". For prescription medication, your physician/healthcare provider must also sign the form. Non-prescription (over the counter) medication only requires the signature of the parent/legal guardian. A copy of this form is attached. You may also print off copies of the form from Student Health Services website: [www.fultonschools.org/dept/healthservices](http://www.fultonschools.org/dept/healthservices). The school can not give medications without the accompanying form. The same form is used for prescription and non-prescription medications. All medication authorization forms are good for **one school year**. A faxed copy of the form from you doctor's office is acceptable after parent/legal guardian's signature. **Please use a separate form for each medication.**
2. The medication and the authorization form must be taken to the school clinic/office by the parent/legal guardian. However, if this is not possible, the student should be instructed to take the medication and authorization form directly to the school office/clinic upon arrival to school. Please instruct your student that under NO circumstances should medication be shown or shared with another student! It is essential for the parent/legal guardian to bring controlled substance medications to the school personally. Medications that are considered controlled substances by the State of Georgia (includes medications for ADD/ADHD and pain) should be appropriately stored in the school clinic.  
**Note: In High School, the medication form is used when supervision, storage, or administration by the school is required.**
3. Only medication in its ORIGINAL container from the store or pharmacy is accepted. Non-Prescription medications in small bottle size are preferred due to limited storage space. Both prescription and non-prescription medication sent to school must have current labeling on the bottle. Medication in bottles that have expired labeling **will not** be given to the student. **The medication in the bottle must MATCH the label, MATCH the student, MATCH the Authorization Form and have a CURRENT prescription label on the bottle.** A new prescription bottle with correct labeling is required for any dosage change. **The school cannot alter dosages without a new authorization form from you and/or your doctor/health care provider**

**Turn form over**

4. At the designated time the student will go to the clinic/office to take the medication. Assistance/supervision by the school clinic will be given in accordance with the instructions on the authorization form. The parent/legal guardian should notify the school when assistance is needed for the student in order to maintain an appropriate medication schedule. **Medication is a parental responsibility; therefore, Fulton County School employees will not assume any liability for supervising or administering medication, and the school system retains the privilege of refusing to supervise/assist in administering medication, except where otherwise required by law.**
5. Unused medication should be retrieved from the school/office within one week after medication is discontinued and at the end of the school year; otherwise, the school will dispose of the medication. Medication left at the end of the school year will be discarded.

### **AUTHORIZATION FOR STUDENTS TO CARRY A PRESCRIPTION, INHALER, EPIPEN, INSULIN OR OTHER APPROVED EMERGENCY MEDICATION**

If you have a student who has asthma or other emergency health related conditions that require self administration of medicine while at school, or have a student who needs to carry medication on his/her person, you must complete an Authorization for Students to Carry a Prescription, Inhaler, Epipen, Insulin, or Other Approved Medication Form. You may obtain a form from your child's school. This form requires a physician, the parent/guardian, and student's signature. **You are strongly encouraged to keep a "back-up" supply of any emergency medication such as inhalers, epipens, diabetic medication, etc in the school clinic. For further instruction, please call your school clinic.**

### **STUDENT ILLNESS/INJURY**

Students who are sick, contagious and/or have a fever greater than 100.4 **MUST NOT** be sent to school. In order to return to school, a student should be fever free for at least 24 hours and not require medications to reduce fever. When a student becomes ill at school, the parent/guardian MUST ARRANGE for the student to be taken home. In the event a student runs a fever, has a potential contagious illness or has a more serious health problem while at school, the parent will be notified to pick up their child immediately. A note from a doctor may be requested by the school, in order for your child to return to school.

On the Student Enrollment and/or Emergency Contact Form, please list friends/relatives as emergency contacts for your student when you cannot be reached. Please list your best contact information such as a cell phone number- if applicable. This information is especially important if your student travels a distance to and from the home area to school.

### **IMMUNIZATIONS**

Beginning with the 2007-08 School Year (as of July 1, 2007) - there are new immunization changes/requirements. The changes will primarily affect Pre-K, Kindergarten, Rising Sixth Graders and all New Students (new entrant). Please contact your health care provider or local health department if you have questions. A detailed description of the changes can be found on the Fulton County School System website at: [www.fultonschools.org](http://www.fultonschools.org). Please click on the Student Registration icon.

Georgia requires students to be immunized against measles, mumps, polio, rubella, whooping cough, tetanus, diphtheria, hepatitis B, haemophilus influenza, and varicella.

By working together, we can strive to ensure the health and well being of every student so that he/she can benefit from the education program. Should you have any questions or need additional information, please contact your Cluster or Special Needs Nurse or the Office of Student Health Services at (404) 763-6836.

**Thank you.**

***Lynne P. Meadows, RN, MS***  
**Coordinator, Student Health Services**  
**Fulton County Schools**