

# *School Health*

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I am usually available at this school on Thursday each week. In Utah we don't have the luxury of a nurse at every school. I cover 6 schools each week, so if you need to contact me you can either leave me a message at the office, leave me a voice mail message, or send me an email.



## *Medication Policy*

Medication can be given to your student or carried by your student ***ONLY with signed authorization*** from both parent and physician. This includes insulin, asthma inhalers, EpiPens, all prescription and over-the-counter medication. The completed medication form must be on file with the school before medication can be given or carried. You can obtain one of these forms from the front office. You also need to know that the medication will not be given by me or another nurse. Because I am only able to be here one day a week at the most, other staff (usually the secretaries) will give the medication (once we have the signed form).

In addition to the District Medication Authorization form the State requires another form turned in for those students wanting to carry an inhaler and/or an epinephrine injector. These forms can also be obtained from the front office.

We want your student to have access to the medication if they need it, so please get this form to us as soon as possible. If we don't have the form and medication is needed we will call parents to come administer it, or we will call 911 if no parent is available and emergency care is needed.



## *Immunizations for School Year 2011-2012*

It is a parent responsibility to make sure the required immunizations are on file with the school ***before*** the child starts attending. If your child is not compliant with immunization law they will be excluded from attending until they are compliant. This is required by Utah State Law.

Pre K	<ul style="list-style-type: none"> <li>• 4 DTP/DtaP/DT</li> <li>• 3 Polio</li> <li>• 1 MMR</li> <li>• 3 Hepatitis B</li> <li>• 1 Varicella (Chickenpox) – history of disease ok – parent must sign pink card</li> <li>• 2 Hepatitis A (1st dose <i>must</i> be given on/after 1st birthday, 2nd must be at least 6 months after first dose or 3 required)</li> </ul>
K – 6th Grade	<ul style="list-style-type: none"> <li>• 5 DTP/DtaP/DT (4 doses ok if 4th given after 4th birthday)</li> <li>• 4 Polio (3 doses ok if 3rd given after 4th birthday)</li> <li>• 2 MMR (both <i>must</i> be given on/after 1st birthday or 3 required)</li> <li>• 3 Hepatitis B</li> <li>• 1 Varicella (Chickenpox) – history of disease ok – parent must sign pink card</li> <li>• 2 Hepatitis A (1st dose <i>must</i> be given on/after 1st birthday, 2nd must be at least 6 months after first dose or 3 required)</li> </ul>

*A child may be allowed to attend school “conditionally” if at least one dose of each required immunization series has been completed and the child is **currently on schedule** to finish the rest. The remaining immunizations must be completed **on schedule** for the child to remain in attendance.*

An appropriate Utah Department of Health Exemption Form must be completed for those children who claim exemption to immunization for medical, religious, or personal reasons. The medical exemption form must be signed by your physician and be on the State authorized form. The personal or religious exemption form is available through the Utah County Health Department. NOTICE: The Health Department charges a \$25 fee for this service.

You can go to your personal physician for required immunizations, or to one of the Utah County Health Department Clinics (listed below).

<b>Utah County Health Department Clinics</b>	<b>Address</b>	<b>Day and time</b>
Provo	151 S University Ave., Provo No appointment needed!	M,T,F 8:00 to 4:30 Wed 8:00 to 7:00 Thur 9:00 to 4:30
American Fork	120 N 1220 East #10 American Fork By appointment only, call Provo Clinic at (801) 851-7025	Mon 3:00 to 7:00



### **Vision Screening**

We complete vision screening in the fall for all students. If your student did not pass, a letter was mailed home recommending they be seen by a doctor for a more thorough vision exam. If you can not afford to follow-up on this please let me know - I have options available.



### **Health Concerns**

If your student has any health concerns (diabetes, asthma, allergies, other chronic health conditions) that need to be addressed please let me know so that we can have a Health Care Plan in place.



### **Accidents/Illness**

Please do not send your child to school if he/she has symptoms of illness. If your child becomes ill at school, you will be notified. Your child will rest in the health room until you are able to pick him/her up. We will not send a sick child home alone. The school will attempt to contact the parents first and then others who have been designated on your Health Information form. Please inform the school if there is a change in your address or phone number. In case of serious accident or illness and we are not able to contact anyone listed on the Health Information form, the school will call paramedics.

### **Should They Stay or Should They Go?**

Children, staff, parents and/or volunteers will be excluded from the classroom if any of the following are noted:

- Fever of 100 degrees or above orally
- Nausea, vomiting or abdominal pain
- Diarrhea-frequent, loose, watery stools
- Unusual drowsiness or tiredness
- Sore throat, acute cold or persistent cough
- Runny nose (thick green/yellow discharge) (non allergenic)
- Red, inflamed or discharging eyes (pink eye) (non allergenic) must be treated with antibiotic drop/ointment for at least 24 hours before returning to school
- Swollen glands around jaws, ears or neck
- Any skin sore oozing of fluid, suspected impetigo (may have a yellow crusty discharge from sore)
- Suspected head or body lice (untreated)
- Earache
- An unexplained rash
- Symptoms which may suggest an acute illness

Conditions needing treatment with an antibiotic may return to the classroom after at least 24 hours of treatment **and** a decrease in symptoms.