

RIVERDALE PUBLIC SCHOOL DISTRICT

52 Newark Pompton Turnpike • Riverdale, New Jersey 07457-1419

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NANCY DI BARTOLO
Business Administrator/
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973-839-1300 Ext. 103

Dear Parents/Guardians:

Welcome back to all and I hope you all had a fun-filled, safe and healthy summer. I am writing to summarize health office news that may facilitate a smooth start to the new year. Attached please find:

- **Form #1:**
Information describing medication/health office procedures and policies: *Reminder, all medication, whether over-the-counter or prescription, must be in the original labeled container or packaging.*
- **Form #2:**
This form to be completed by student's physician for prescription and over-the-counter medication unless it is Tylenol. For permission for Tylenol at school, parents may complete this form and our school physician, Dr. Rasa, will provide permission for the administration of Tylenol.
- **Form #3:**
Annual Health Information Update form to be completed and returned to the nurse.
- **Form #4:**
Permission form to share medical information with classroom teacher or faculty members as deemed necessary (i.e. asthma, allergies, etc. – Please call with any questions).

Other reminders:

- Please complete *both* side of the two emergency cards and return to school promptly. Notify the office or myself if any of these numbers should change during the course of the year.
- Again, it is school policy to have any student with an unidentified skin rash and/or pink eye to be evaluated by a physician and provide a note permitting re-entry to school.
- Please inform me of the results of any vision/hearing evaluations or immunizations that have been completed during the summer as a result of school referrals.
- I will contact students in grade 6 if they have not initiated, per state mandate, Hepatitis B vaccinations in addition to Menactra and DTP booster mandated for September 2009.
- I urge all of you to carefully consider the free and reduced lunch program. If you feel that you qualify, please take a few minutes to complete the confidential form. (All lunch forms must be signed and returned regardless of whether or not you are applying for the free or reduced lunch program.)

As always, I look forward to another wonderful year with your children. Please do not hesitate to contact me with any questions or concerns.

Sincerely,



Karen Rapone, RN

973-839-1300 ext. 104

RIVERDALE SCHOOL – HEALTH SERVICES AND POLICIES

Emergency Cards:

- Please complete both sides of the 2 cards and return to the health office promptly. (One set will remain in the Main Office.)
- Please be sure to update any specific health concerns – i.e. asthma, allergies, other chronic health concerns.
- Please add any information regarding immunization updates.

Annual Health Update:

- Any student diagnosed with allergies to food or insects; or diagnosed with asthma, will shortly receive a form to complete – keeping the health office aware of any changes in the child's protocol.

Medication Administration:

- Any prescription medication that needs to be administered in school must be accompanied by a signed doctor's note, a parent note and arrive in the original labeled container.
- Over-the-counter medication must be accompanied by a parent note, arrive in the original labeled packaging, and then signed by the school physician, as per school policy.
- All medication must be carried to and from school by the student's parent.
- *As per new state regulations and school policy, no medication may be administered in school except by a registered nurse or the specific child's parent. This includes over-the-counter medications as well as prescription medicine. The only exceptions are those students who have met the criteria to administer their own inhalers and/or Epi-pen. Every effort will be made to secure a substitute nurse on those school field trips where medication is necessary to be administered. In lack of a registered nurse, we will ask the student's parents to attend the trip.*

Self-Administration of Inhalers or Epipens:

- A doctor's authorization and a parent note must be submitted to the health office in order for a student to carry and self-administer their own inhaler and/or Epi-pen in school.
- There are specific guidelines regarding self-administration of medication and these guidelines will be discussed with both the parent and student when self-administration of medication becomes necessary.

Screenings:

- Routine screenings are completed annually. They include hearing, vision, height and weight.
- Scoliosis screenings are completed annually, as mandated by law, for students in grades 5–8.
- Please notify the health office with the results of any referral you may have had regarding these screenings.

Dental Screenings:

- Dental screenings are provided annually on those students who desire screening.

Physicals:

- All students entering Riverdale School (as Preschool/Kindergarten or transfer student) must have a physical examination and a report forwarded to the school nurse.
- Any student in grades 6, 7, 8 who wishes to participate in either our basketball, softball, or baseball programs must have a valid physical on file in the health office prior to trying out. You will receive more information shortly regarding sport's physicals.

Skin Rashes and Communicable Diseases:

- Any student with an unidentified skin rash must have the rash evaluated by a physician before being readmitted to school.
- Any student with a communicable disease will be readmitted to school – per school policy – depending on specifics of diseases.

Physical Education Excuses:

- Mr. Schneider will be sending home instructions regarding notes to excuse from physical education class.

NJ Kid Care:

- I have information on the NJ Kid Care Program, which provides affordable health insurance to uninsured children who qualify.

Please contact me throughout the year with any questions or concerns. Again, I look forward to working closely with you and your wonderful children.

Sincerely,



Mrs. Rapone, R.N.

RIVERDALE PUBLIC SCHOOL DISTRICT
52 NEWARK POMPTON TURNPIKE
RIVERDALE, NEW JERSEY 07457



AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

Student's Name: _____ Grade: _____ DOB: _____

Parents Name: _____ Telephone: _____

I request that my child be allowed to take the medication listed below, at school, to be administered by the school nurse. (I understand that the district shall bear no liability as a result of any injury arising from the administration of prescribed medicine to this pupil and further acknowledge that I shall indemnify and hold harmless the district, its employees or agents against any claims arising out of the administration of the prescribed medicine.)

Parent/Guardian Signature
Date

THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN

Diagnosis for which medication is given: _____

Name of the medication: **TYLENOL** _____

Type: _____ Dosage: _____

If medication is to be given daily, at what time? _____

If medication is to be given on an as need basis, describe: _____

How soon can it be repeated? _____

List significant side effects: _____

List the time treatment is recommended: _____

Other information: _____

Other medication the child may be on at home: _____

Physician's signature Date

Type or print physician's name

Principal's receipt of Parent request for administration of prescribed medication:

Kevin A. Pitt

Principal's signature

Date 2009 - 2010
School year

RIVERDALE PUBLIC SCHOOL
RIVERDALE, NJ - Form #3

IMPORTANT: Please take a minute and complete the following questions. We are required to complete a school health plan at the beginning of each year and I need to update health information on each student. Your cooperation is greatly appreciated.

1. Is your child currently diagnosed with asthma _____ yes
_____ no

2. If you answered yes to question #1, is your child currently utilizing medication to treat his/her asthma:
_____ yes
_____ no

3. Does your child have any allergies to food _____ yes
_____ no
4. If you answered yes, please list items: _____

5. Does your child have any allergies to insects/bees: _____ yes
_____ no
6. Does your child wear glasses/contacts (circle one) _____ yes
_____ no
7. Please list any chronic conditions /health concerns that you may have regarding your child:
a. _____ none
b. _____

8. List/describe any medical/surgical care your child may have received over the past year:

If you answered "yes" to any one of these questions, I will contact you for further details.

Student's Name _____ Grade _____
Parent/Guardian Signature _____ Date _____

Thank you.
Sincerely,

Karen Rapone, RN
973-839-1300 Ext. 104

RIVERDALE PUBLIC SCHOOL
RIVERDALE, NJ – FORM #4

PARENT/GUARDIAN PERMISSION TO RELEASE AND EXCHANGE
CONFIDENTIAL INFORMATION

I hereby authorize an exchange of information to occur between the School Health Services Nursing staff and School Faculty, (as deemed necessary), with:

NAME: (Primary Care Provider/Prescribing Doctor):

PHONE: _____

ADDRESS: _____

Regarding: _____ any or all information
_____ specific information regarding:

Contained in the record of:

Student's Name: _____

Date of Birth: _____

Do you currently have health insurance for your child: _____ yes
_____ no

If "yes", please list insurance company:

This authorization is in effect for one calendar year from today.

Date: _____

Signature of parent or guardian:
