



ST. BARTHOLOMEW ACADEMY

The Catholic School that makes a difference in your child's life.

HEALTH/MEDICAL UPDATE

2018 - 2019 SCHOOL YEAR

Student's Name _____ Grade _____

Dear Parents,

To update your child's school health record, may we please have the following information. Also, throughout the school year the screenings of height, weight, blood pressure, vision, hearing will be done on the children. If you prefer your child not be screened, please send a letter to the nurse. The policy of sending permission slips for scoliosis exam will continue. Your cooperation in these matters is sincerely appreciated.

Anne Stefanoski, RN

1. Any serious illnesses, injuries or operations in the past year? If so, please explain below:
2. Any additional medical tests? If so, please list:
3. Any additional immunizations? If any immunizations have been administered, please have the doctor indicate the immunization with completed date (month/date/year) and his/her signature and return with this form.

(cont'd)

4. Any serious allergies? If so, please list:

5. Presently taking medication? If so, please list:

Please list below any other additional information you feel may be of value in updating your child's health record such as diabetes, asthma, epilepsy, seizures, wears glasses, learning problems.

Parent's Signature _____ Date _____



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Medication / Accident / Illness Policy

Dear Parents/Guardians,

If it is necessary for students to take medications during school hours, the following guidelines must apply:

- (1) A form must be submitted annually for children who require medication on a long-term basis.
- (2) The parent/guardian must give permission for the school nurse or, in her absence, the principal or his/her designee, to administer the medication.
- (3) The physician must specify the medication, dosage, frequency, route of administration and indication.
- (4) The medication must be brought to the Health Office by the child or parent/guardian in its original container with the pharmacy label. The label must indicate the child's name, the medication, dosage and frequency of administration.
- (5) A child may not keep medication with him/her in the classroom.

Please Note: The above applies to over-the-counter medication as well as prescription medication and cough drops.

Please continue to send necessary information for the following:

- (5) Any student returning to school with crutches or other medical devices will need a note from the doctor. The note will include permission for the student to return to school, restrictions and instructions for care while in the school environment.
- (6) A note from the doctor will be necessary for gym excuses due to extended illness or injury and absences beyond 5 days.

Thank you for your cooperation.

In Christ,

Sister Elizabeth Calello
Principal

KEEP THIS FOR FUTURE REFERENCE