

Nashoba Valley Technical High School

School Health Services

100 Littleton Road

Westford, MA 01886

Phone 978-692-4711 x 2110 Fax 978-392-0570 (public fax please use cover)

July, 2014

Dear Parent or Guardian,

Welcome to the Nashoba Valley Technical High School! It is my hope that your student enjoys many healthy and successful years while at Nashoba. Please let me know what I can do to support your child in any way.

The following **HEALTH REQUIREMENTS MUST BE COMPLETED WHEN YOUR STUDENT IS ADMITTED TO NASHOBA TECH:**

- 1) Each student must have a physical examination by his/her healthcare provider and corrective action initiated for any unusual findings, if necessary. This physical must be documented between **August 27, 2013 and August 27, 2014**. A copy of the Massachusetts Health Care Provider's Exam Form is enclosed. A physical from the same dates as above is required for entry into 11th grade and also for participation in school sports or co-op programs.
- 2) The State of Massachusetts has mandated that all school children must be immunized against diphtheria pertussis (whooping cough), tetanus, poliomyelitis, measles, mumps, rubella, chicken pox and hepatitis B. **THESE ARE THE IMMUNIZATION REQUIREMENTS MANDATED BY THE STATE BEFORE STUDENTS CAN BE ENROLLED AT NASHOBA TECH:**
 - Two doses of Measles/Mumps/Rubella (MMR) (all incoming 9th graders)
 - Three doses of Hepatitis B
 - Four doses Dtap/DTP or three or more doses Td; plus one dose Tdap
 - Two doses of Varicella (all incoming 9th graders) or physician-certified reliable history of chickenpox disease
 - Polio series -3 or more doses (usually 4)

You must provide documentation of the dates these vaccines were administered to your child before your child can attend Nashoba Tech. **STUDENTS NOT IN COMPLIANCE MUST BE EXCLUDED FROM SCHOOL UNTIL THE SCHOOL RECEIVES PROPER DOCUMENTATION OF IMMUNIZATION.** There are exceptions to this law for medical or religious reasons. Medical exemptions require a statement from your child's health care provider indicating the reason(s) why one or more immunizations should not be given.

- 3) Please return all health records and forms to the Health Office as soon as possible but **no later than August 22, 2014.**
- 4) If your child is receiving treatment for any persistent physical disability or condition, please include that information also.
- 5) Please make note of the NVTHS Medication Administration policy, which has been included with this information concerning medication administration during school hours.

Please feel free to contact me at the number listed above with any questions or concerns you may have.

Sincerely,

Paulette Paine

Paulette Paine, RN
School Nurse

Nashoba Valley Technical High School

School Health Services

100 Littleton Road

Westford, MA 01886

Phone 978-692-4711 x 2110 Fax 978-392-0570 (public fax please use cover)

Email: ppaine@nashoba.tec.ma.us

Medication Policies & Procedures

Any medication, prescription or over-the-counter, that needs to be administered during school hours, must be done so with the authorization of the school nurse. **No student may carry either prescription or over-the-counter medication including inhalers, at school without the permission of the school nurse.** Self-administration of medication may be allowed for inhalers, Epi-pens, and insulin delivery systems (with glucose monitors) only and must be approved by the student's health care provider, the school nurse and the student's parent or guardian.

All medications must be brought to school by a parent, guardian or designated responsible adult. It must also be properly labeled in a pharmacy or manufacturer's original container. A doctor's order must accompany all medication brought to the school. The student's parent/guardian must also complete and sign the Medication & Parent Consent Form or other note with the following information:

- Name and date of birth of student
- Name of medication
- Reason for administration in school
- Dosage
- Dosage interval (i.e., every 4 hours)
- Duration of administration (i.e., one week)
- List of food or drug allergies
- Name and signature of student's prescribing health care provider
- Potential side effects (if any)
- Parent/guardian signature (unless student is over 18 years of age)

With written permission (page 2 of the Emergency/Health Form) from the student's parent or guardian, the school physician has authorized the school nurse to administer acetaminophen (Tylenol) or ibuprofen (Advil/Motrin). The dosage will be determined according to the protocol designated by the school physician which is on file in the Health Office. The school nurse will do a nursing assessment and brief health history to determine the need for medication. This will include observation for possible fever, pain from injury, orthopedic or orthodontic procedures, headache, menstrual cramps etc. Tums are also available for upset stomach or heartburn.

Other over-the-counter medications must be provided by the student's family and brought to the school in the original containers with an order from the student's prescribing health care provider and parent/guardian permission as noted above. This would include such items as cough, cold and allergy preparations.

Please contact the School Nurse with any additional concerns or questions you may have.

Nashoba Valley Technical High School
School Health Services

Medication Order and Parent/Guardian Consent Form

Under Massachusetts General Laws (MGL) Chapter 112, Section 80 B, a licensed nurse must have a medication order from a physician, dentist, nurse practitioner, or physician's assistant in order to administer any medication, whether it is a prescription drug or over the counter medication.

Licensed Prescriber's Written Medication Order:

Student name: _____ Grade: _____ DOB: _____

Medical diagnosis: _____

Medication: _____ Dose: _____

Route: _____ Frequency: _____ Time: _____

Start date: _____ Duration of order: (all orders expire at the end of the school year) _____

Allergies/Comments: _____

Signature of Licensed Prescriber: _____, MD, NP, Other _____

Print Name: _____ Tel: _____ Date: _____

Parent/Guardian Consent: Complete each statement.

- I, the undersigned, give permission to the School Nurse to administer the above named medication to my child. I have read and understand the Medication Administration Policy printed in the student handbook, I understand that the school personnel are not responsible for any problems arising from the taking of this medication, its side effects or for the omission of the medication.
_____ Yes _____ No
- I give the school nurse permission to speak with my child's physician regarding the prescribed medication.
_____ Yes _____ No
- My child may carry and administer his/her own EpiPen Injector, Albuterol Inhaler and/or Insulin. (Note: all medication orders must be on file with the school nurse. Approval of the school nurse is required.)
_____ Yes _____ No

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: _____

Nashoba Valley

TECHNICAL SCHOOL DISTRICT

100 Littleton Road • Westford, Massachusetts 01886
Telephone: 978.692.4711 • Fax: 978.392.0570 • www.nashobatech.net

Dr. Judith L. Klimkiewicz
Superintendent of Schools

NASHOBA VALLEY TECHNICAL HIGH SCHOOL

July, 2014

RE: Disaster Preparedness Medication

Dear Parent/Guardian:

Nashoba Valley Technical High School has implemented a Disaster Preparedness Plan. It is our focus to keep your child as safe as possible in these uncertain times. In response to this plan, I am requesting you to bring in a three (3) day supply of necessary daily medications for your child. This is needed in the event that we are unable to leave the school or shelter in the event of a disaster. I have enclosed a parental permission slip and a medical doctor order sheet. These forms must be filled out and returned with the medication in a prescription bottle.

It is imperative that all medications that are used on an "as needed basis" be included if they are needed to prevent a larger medical problem. An example is an inhaler. All students who need inhalers should have one that is kept in the nurse's office. Unfortunately, students commonly forget their inhalers. Please fill out the enclosed forms and return with the inhaler or medication.

We would like to be prepared as soon as possible when we return to school. If you have any questions, please do not hesitate to contact me at 978-692-4711, extension 1104.

Sincerely,



Ms. Denise Pigeon
Principal