

Wayland Public Schools Health Services

Welcome Kindergarten parents! We look forward to having your child join us in September. To avoid delays in starting school, the **following information is required for registration**. In accordance with State Law, no child will be able to attend school without providing all the required documentation.

1. Your child must have a documented complete **(5 year old) physical examination prior to entering school. If your child will be turning (age 5) over the summer, send in the current physical and then send the (age 5) one in over the summer months.** Physicals dated from Sep 1, 2018 to Sept 1, 2019 are acceptable.
2. The **following immunizations are required** prior to entry and must have the month, day and year of administration.
DPT/DTaP 5 doses Polio 4 doses Hep B 3doses MMR 2 doses Varicella 2 doses
The physical examination and immunization documentation must be signed by a provider. If your child has an accepted exemption, documentation must be renewed annually and provided to the school nurse.
3. **Results of a vision screening** within last 12 months by your physician.
4. **Health History Form. This form is located on the flip side of this document.** The information you provide allows the nurse to have a better understanding of your child to care for them when they come to the health room.

As parents, you have a tremendous impact on our ability to limit the spread of contagious illness that inevitably hits the school population. As always, please diligently monitor your child's health and strictly adhere to our Health Policy.

Please keep your child at home:

- A. **If your child has vomited or diarrhea, they should remain out of school for a minimum of 24 hours after vomiting or diarrhea has ceased.**
- B. **If your child has a fever of 100.4 degrees F or higher; they must remain out of school for 24 hours after the fever is gone without the child having taken fever reducing medication.**
- C. **If your child is being treated with an antibiotic for a contagious infection (such as strep or conjunctivitis) they need to be on an antibiotic for at least 24 hours before returning to school.**

Please adhere to the above statements even when your child seems to be feeling and/or acting like they are better. Students need to be picked up in a timely manner. **All parents should have a backup plan** in place if you cannot **arrive** to school **within 60 minutes to pick up your ill child**. Thank you, we appreciate your efforts to keep us all healthy!

Medication Policy

- A. All prescription medication must be in a pharmacy container clearly labeled with instructions. Both prescription and over-the-counter medications require both a doctor's order and a parent signature in order to be given. These forms can be obtained from the school website under health or from the school health office. Medication must be delivered by an adult to the nurse (children may not transport medications).
- B. If your child has medication that will be important to have available during the school day, such as an Epi-Pen for a life threatening allergy, respiratory inhaler or seizure medication, please contact the school nurse of your child's assigned school as there may be additional forms required.

Medical Information

Please call the school nurse for any changes in your child's health. Examples include asthma, a strep infection, head lice, concussion, contagious disease, new medication or food allergy, mental health diagnosis, scheduled surgery, hospitalization and/or illness which will cause a prolonged absence. Confidential information should be sent in a sealed envelope labeled "School Nurse". For questions or concerns please feel free to call us.

Kelley Bradford, BSN, RN
Happy Hollow School
508-358-8648

Noreen D'Amico, BSN, RN
Claypit Hill School
508-358-3859

Jennifer McLeod, RN
Loker School
508-358-8614

Wayland Public Schools Student Health History

Name _____ Date of Birth ___/___/___ Sex: _____

Address _____

Parent/Guardian Name _____ Occupation _____ D.O.B _____

Tel# _____ Cell# _____ Email _____

Parent/Guardian Name _____ Occupation _____ D.O.B _____

Tel# _____ Cell# _____ Email _____

Student's Primary Care Physician: _____ Phone# _____ Address: _____

STUDENT'S MEDICAL HISTORY

Illness	Age	Illness	Age	Illness	Age	Illness	Age	Illness	Age
ADD/ADHD		Cancer		Fainting Spells		Heart Condition		Rheumatic Fever	
Asthma		Concussion		Foot Disorder		Kidney Disorder		Thyroid Condition	
Bone Condition		Diabetes		Frequent Ear infections		Nosebleeds		Strep Throat	
Bladder/ Bowel Condition		Epilepsy/ Seizure Disorder		Frequent Headache		More than 3-4 Colds per year		Speech Condition	

Developmental/Medical/Social/ or Family health conditions- Yes___ No___

If yes, please explain _____

Has the student ever had a serious Accident, Surgery, or been Hospitalized? Yes _____ No _____

If yes, please explain _____

Has the student had trouble with Hearing? Yes___ No___ If yes, please explain _____

Name and Address of Ear Doctor _____

Has the student had trouble with their Eyes crossing/turning in? Yes___ No___ Inflammation/Sty Yes___ No___

Name and Address of Eye Doctor _____

Does the student have any allergies? Yes___ No___ Been Prescribed an epi-pen? Yes___ No___

If yes, please explain _____

Does the student take any medications regularly? Yes___ No___ Medication Name(s) _____

Will he/she need medication during the school day? Yes___ No___ Reason _____

Is the student currently under professional medical care for any condition? _____

Signature of parent/guardian: _____ Date: _____

****PLEASE ATTACH CURRENT IMMUNIZATION RECORD**