

RIVER GROVE SCHOOL HEALTH CARE REQUIREMENTS

We are asking for your cooperation.

To help you better understand some common illnesses that occur in schools, we have set-up the following guidelines and practices. Children will be sent home when they become ill with any of the following symptoms. Children may not return to school until they are “fever free” without medication and are symptom free for 24 hours. After 3 days absence, a doctor’s note is required. Please call the school before 9:30a.m. to explain all absences **(453-6172 ext. 304)**.

1. Temperature of 100 degrees or higher
2. Vomiting – One episode
3. Diarrhea – Three episodes
4. Any undetermined rash (unless a doctor’s note is received showing a non-contagious condition).
5. Severe nasal discharge (green or yellow)
6. Eye redness or discharge
7. Head lice or nits found on hair shafts

Parents can help:

Be considerate and use good judgment. Do not send your child to school if he/she is sick. Please call in when your child is sick. A note explaining the absence is required for your child to be readmitted to class. Let your child’s teacher or the health aide know if there is any kind of communicable disease.

Make standby arrangements in case your child becomes sick during the school day. Please have alternative pick-up arrangements if you know you will not be able to leave work when sickness arises. Children should be picked-up within an hour of becoming sick. Contact the school office to be sure your emergency contact numbers are current.

We realize that there are times when your child will need medication during the day. The school policy regarding dispensation of medications is:

- Prescription medication must be labeled with the child’s name, the name of the medication, directions about administering the medication, the date, the physician’s name, prescription number and the pharmacy name and telephone number.
- Non-prescription medications will only be administered with written authorization from a parent. The parent’s note must contain the child’s name, the name of the medication, directions about administering the medication, the date, the length of time the medication should be administered and the parent’s telephone number.
- Authorization to Administer Medication Form must accompany any request to administer medication. The authorization will be deemed valid for one week. One form is needed for each medicine to be administered. New forms may be completed for succeeding weeks.

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These guidelines are in keeping with state law regarding dispensation of medications. The health aide is authorized to validate all requests and to monitor student reaction while medicated.

These guidelines are in place to protect all children and are established to cooperate with parents as care is provided for all children.

Your cooperation with implementing these guidelines will make the school a safer, healthier environment and will help to keep communicable diseases under control.

Thank you for your cooperation.

_____	_____	_____
Child's Name	Parent's Signature	Date

Grade Level		

Medical Information:

Known allergies: _____

Glasses or Contact Hearing problems

Other health related issues: _____

Name of medications: _____

Dosage: _____ Frequency: _____