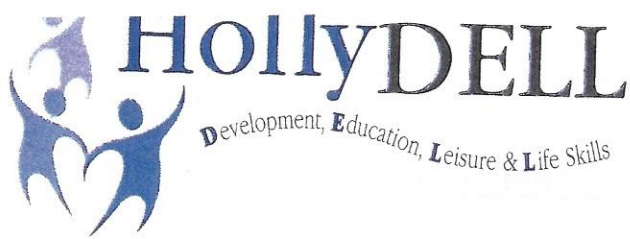


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Preschool • Elementary • Secondary  
T.O.P. Program  
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G.O. Program  
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S.C.O.P. Program  
Speaking Candidly On Our Perspective

## SCHOOL NURSE MEMO

Dear Parent/Guardian:

We would like to take this time to welcome your child to a new school year. The guidelines listed in this newsletter have been developed to provide your child with the safest and best atmosphere for learning.

The HollyDELL School has a full compliment of nursing staff including a certified school nurse as required by N.J.A.C. 6A:16-2.1 and registered nurses. We have full time nursing services for our 610 building as well as our 303 building.

Our School Health Services include the following:

- Yearly height, weight, vision, and blood pressure screening
- Hearing screening for students ages 3 to 9, 11, 13 and 15, may be referred as needed.
- A scoliosis screening examination by our school nurse on students ages 10 to 17 every other year
- Implementation of doctors' orders as prescribed for your child during the school day

Please feel free to contact us with any questions or concerns.

Thank you,

Tina Capano, R.N.  
Barbara DeGeorge, R.N.

## I. ILLNESS AND ABSENCE:

- a. It is **mandatory** that you notify the school if your child is going to be absent. Please call the school by 9:00 a.m. and leave a message, including the reason, with the receptionist or the nurses' office at extension 328 for 610 students; extension 408 for 303 students. The nurse or receptionist will relay the information to your child's teacher.
- b. After five (5) consecutive absences, a doctor's certificate is required by the HollyDELL School policy, before your child may return to school. After a hospital stay, a doctor's note is required for your child to return to school. New orders may be required.

### \*\*OF SPECIAL IMPORTANCE\*\*

Parents should keep their child home when they show evidence of any active illness, fever.

If any student develops an illness while at school, the parent/guardian will be called to take the child home.  
COVID 19 information for reopening will be forthcoming. Please check our website in August.

## II. MEDICATION:

- a. If your child must take medication during school hours, the nurse may administer it only under these conditions:
  - Completion of the **Permission for Administering Medication** form (attached). This is valid for one (1) year and must be completed by both the parent/guardian and the doctor. Please return to the nurse by the first day of school.
  - This includes administration of G-tube feedings.
- b. Medication must be sent to school in a properly labeled pharmacy container which states the name of the medicine, dosage, time, date of expiration, doctor's name and name of child.
- c. Empty medicine containers will be sent home for refill as needed.
- d. Medication must be brought to school by a responsible adult (either you or the bus driver). If medication is sent in the student's backpack, you must call the office to make them aware.
- e. A doctor's order must be obtained for **any change** in medication dosage or time. (A new release form must be obtained.)
- f. Please inform us of any tips you have if your child has difficulty taking his/her medications.

### III. IMMUNIZATIONS:

#### STATE LAW REQUIRES THAT ALL CHILDREN BE IMMUNIZED.

- a. If you have not sent a copy of your child's immunization or your record needs updating, send your immunization records to school with your child. If you have the original, we will copy and return as soon as possible. Only immunization records bearing your doctor's signature, an official school record or a public health department record, can be accepted as official.
- b. Please contact the school nurse for the procedure to follow if your child is exempt from immunization for medical or religious reasons.

### IV. EMERGENCY FORMS:

- a. Each child must have an emergency form on file. The information listed on this form is essential in the event of an illness or an emergency.
- b. New emergency forms are required each September so that the information is current and correct. Please notify the school if there is **any change** during the year.

Please advise us of any examinations or tests scheduled for your child: orthopedic, neurological, vision, hearing, blood levels, etc.

Every attempt is made to keep records up to date and the results of these tests may be important when establishing or revising educational plans and therapy plans.

You will be informed of any illness, accidents or other health related matters concerning your child that occur during school hours. Please inform us if there are matters which you would like to be informed of, such as stool or seizures.

Your cooperation will be greatly appreciated.