

STUDENT: _____
 Last Name First Name Middle Name Date of Birth Grade

Primary Contact in the event of an emergency during school hours:

Contact #1: _____ Relationship: _____ Phone: _____

Contact #2: _____ Relationship: _____ Phone: _____

Health/Medical Conditions: Please check all that apply

<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Cardiac Conditions	<input type="checkbox"/> Gynecological/Menstrual Issues
<input type="checkbox"/> Allergies <input type="checkbox"/> Bees <input type="checkbox"/> Food <input type="checkbox"/> Lactose <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Gluten List Allergies/Intolerances: _____ <input type="checkbox"/> Epi-pen Self-carries? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Hearing Impairment
	<input type="checkbox"/> Cancer: type _____	<input type="checkbox"/> Inflammatory Bowel Disease (IBS, Crohn's, etc)
	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Kidney Disease
	<input type="checkbox"/> Constipation or Encopresis	<input type="checkbox"/> Lupus
	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Lyme Disease <input type="checkbox"/> Acute or <input type="checkbox"/> Chronic
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Asthma (current or history) or Breathing (Respiratory) Disorder If yes, used asthma medication within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No Self Carries Inhaler ? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diabetes Type I Insulin by <input type="checkbox"/> Pump or <input type="checkbox"/> Injection CGM <input type="checkbox"/> Yes <input type="checkbox"/> No CGM type: _____ <input type="checkbox"/> Diabetes Type II	<input type="checkbox"/> Neuromuscular Degenerative Disorder
		<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Arthritis		<input type="checkbox"/> PTSD/Trauma History
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Difficulty communicating pain	<input type="checkbox"/> Pulmonary Hypertension
<input type="checkbox"/> Autoimmune Disorder: _____	<input type="checkbox"/> Dizziness/Fainting	<input type="checkbox"/> Seizure Disorder
	<input type="checkbox"/> Ear Infection/Tubes	<input type="checkbox"/> Skin Rashes
<input type="checkbox"/> Blood Dyscrasias: <input type="checkbox"/> Anemia <input type="checkbox"/> Hemophilia <input type="checkbox"/> Sickle Cell Trait <input type="checkbox"/> ITP <input type="checkbox"/> Von Willebrand <input type="checkbox"/> Other	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Spina Bifida
	<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Thyroid Problems
<input type="checkbox"/> Other Behavioral Health Condition: _____	<input type="checkbox"/> Other Neurological Condition: _____	<input type="checkbox"/> Other Physical Condition: _____

My student is fully vaccinated against COVID-19 Yes No Not yet eligible

Please provide additional details on health conditions that may require nursing services during the school day:

Uses adaptive equipment: hearing aids, sound field amplifiers, wheel chair, or crutches (list)

Takes daily medication (list Name, Dose, Frequency):

Is a student's parent or step parent enlisted in the military? No, not a member of a military family Yes, active duty member

Yes, member or veteran who are medically discharged or retired for 1 year Yes, member who died on active duty

Health Provider Information

Last Name	First Name	Phone	None	Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician _____	_____	_____	_____	_____
<input type="checkbox"/> Provider _____				
Dentist _____	_____	_____	_____	<input type="checkbox"/> Policy #

Permissions:

My child has my permission to receive health/wellness services. I understand the information on this form may be shared with appropriate school personnel in order to meet my child's safety and healthcare needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

I give permission to the school nurse to administer over the counter medications to my child per the **Newburyport Public Schools Medication Protocols** (see page 2 for medication list). To **refuse** one or more of the medications in this protocol, **please list:**

In the event of a public health emergency, I give permission to the school nurse to administer **Potassium Iodide (KI)** (see page 3).

Yes No

Rev. 8/11/21

Parent/Guardian Name

Parent/Guardian Signature

Date

**Newburyport Public Schools
Medication Administration Parent Information**

*Under the direction of
Lars Lundgren MD FAAP, Pediatrician
Newburyport Public Schools Physician*

Dear Parent/Guardian,

We would like to inform you of regulations put in place by the Massachusetts Department of Public Health and the policies adopted by the Newburyport School Committee regarding the administration of medications in school under the guidance of Dr. Lars Lundgren, School Physician.

Over-the-counter medications approved for administration by the school nurses, as well as the protocols are available in each school's health office and on the Health Services webpage found on the Newburyport School's website, www.newburyport.k12.ma.us. The list of medications and protocols is as follows:

- **Acetaminophen (Tylenol) protocol**
- **Aloe Vera Gel Protocol**
- **Anaphylaxis (epinephrine administration) Protocol**
- **Bacitracin Ointment Protocol**
- **Benadryl Protocol**
- **Calamine Lotion Protocol**
- **Cough Drops Sugar Free**
- **1% Hydrocortisone Ointment Protocol**
- **Ibuprofen (Advil or Motrin) Protocol**
- **Narcan (Naloxone Hydrochloride) Nasal Spray Protocol**
- **Peroxyl Mouth Rinse (Antiseptic Oral Cleanser) Protocol**
- **Pramoxine HCL 1% (sting relief pads) Protocol**
- **Tums Protocol**

Every effort will be made to contact parents of elementary students before a medication is given. Over-the-counter medications outside of the standard Newburyport Schools protocols will require both parent and physician signed medication consents. **If you do not want your child to receive one or more of the medications above, please indicate this on the Confidential Health Information sheet above.**

Both consents must be renewed for the beginning of each school year or rewritten as needed. **Potassium Iodide (KI) medication** is treated differently and requires your "yes" or "no" check off for administration in the event of a nuclear emergency and your signature on the Confidential Health Information sheet above.

Overview

There are regulations put in place by the Department of Public Health which the Newburyport School Committee has adopted regarding the administration of medications in school. Except as noted below, students are not allowed to carry or self-administer medication while on school property. **In the best interest of all students' medications should be given outside of school hours whenever possible.** If, however, your child will need to take medication (including over-the-counter medications) during the school day, the following information must be on file in your child's school health clinic before any medication will be given:

- 1.) A signed consent parent/guardian medication form and,

2.) A signed physician medication order by a licensed prescriber that included:

- medication name, dose, frequency, route, and time of administration
- specific instructions, special side effects, or possible adverse reactions

**Both consents must be renewed at the beginning of each school year or rewritten as needed.

Medication must be in its original pharmacy or manufacturer's container and be delivered directly to the nurse in the school by you or a responsible person chosen by you. No more than 30-day supply of the medication should be delivered.

Field Trips: If a child must receive medication while on a field trip, it is the responsibility of the parent/guardian to communicate with the school nurse so that any necessary arrangements for administration can be made prior to the trip.

Short-Term Prescription Medications: The pharmacy label for short term prescription medications (such as antibiotics) can be used in place of the prescriber's written order. The parent/guardian consent is still required.

Inhalers/Epi-pens: Students who need to carry their own inhalers or epi-pens must have written self-administration permission from the licensed prescriber and the parent/guardian. If your child has severe asthma or life-threatening allergies, please send in an extra inhaler or epi-pen to be kept in the clinic.

Narcotic Medications:

Any medication classified as a narcotic in the *Physicians' Desk Reference* will not be administered in school. Students should not be in school if they require narcotic medication.

Self-Administration:

In some circumstances, students may be allowed to self-administer medications during the school day (i.e. inhalers and epi-pens). To self-administer, students must have permission from their licensed prescriber and parent/guardian. Final approval must come from the school nurse. Contact your child's school nurse for more information.

The Newburyport Public Schools will not assume any responsibility for students not in compliance with district medication policies. All questions about medications should be directed to your school nurse. All forms, protocols and pertinent information are available in each health office and may be found on the health services webpage at <http://www.newburyport.k12.ma.us/District/Health-Services/>.

K

Newburyport Public Schools Potassium Iodide (KI) Information for Parents

This fact sheet is about a policy for people, especially those who live within ten miles of a nuclear power plant, who may be exposed to radiation from a nuclear plant emergency. In December 2001, the federal Food and Drug Administration (FDA) said if there was a radiological emergency, people should take a drug that would help protect them from thyroid cancer. This drug is called **potassium iodide (KI)**. The Massachusetts Department of Public Health (DPH) agrees. The questions and answers below will give you more information. The Department of Public Health, the Center for Disease Control, the Newburyport Health Department, and your Newburyport School Nurses feel that the benefits of taking KI are much greater than the risks.

What is potassium iodide (KI) and what is it used for?

If there is a radiological emergency from a nuclear plant, large amounts of something called radioiodine could be put into the air and this could hurt your thyroid gland, or even cause thyroid cancer later on. You could breathe in the radioiodine or eat food that has some radioiodine in it. When you take the KI pill, it protects the thyroid gland from being harmed.

What age group has the highest risk from exposure to radioiodine?

Young children have the highest risk. We have learned this from looking at children in Russia and Japan and other areas that were exposed to the radioiodine from the Chernobyl and Fukushima nuclear power plant accidents.

Only a "YES" on the Confidential Health Form provides your child with KI during an emergency. When should KI be taken?

KI should be taken before or just after you are exposed to radioiodine and your child will receive KI from their teacher or school nurse only if you have checked off "yes" on the Student Confidential Health Form. We are planning ahead in the unlikely event of an emergency. Nurses would give KI to your child only when instructed to do so by the local health department.

What are the risks of taking Potassium Iodide (KI)?

Taking KI is safe for most people. KI should not be taken if someone:

- Is allergic to iodine, *and consult physician for following:*
- Has Graves Disease

- Has any other thyroid illness
- Takes thyroid medication

Be sure to list any of these conditions on the nurses' confidential health form.

Can people have reactions to KI?

In general, most people who have taken KI have not had any reactions (side effects). If people did have a reaction, it did not last very long. In a few cases, babies had a

reaction in their thyroids. Adults who had reactions had stomach problems or a rash. The federal government and DPH thinks the benefits of taking KI are much greater than the risks.

How much KI will be administered?

At the moment, KI only comes in a 130 mg tablet. In an emergency, it is safe for school aged children to take the whole pill. Pills will be crushed for children who cannot swallow pills.

For further information: see the Newburyport School Nurses' web page at www.newburyport.k12.ma.us Rev: 8/2019
Extracted ki-radiological-emergencies <https://www.mass.gov/files/documents/2016/07/nf/ki-radiological-emergencies.pdf>