

PARENTS: Please fill in only the heading section and sign the Consent at bottom of page.

SCHOOL HEALTH EXAMINATION FORM

Name _____ School _____

Address _____ Birth Date _____ Sex _____

Parent/Guardian Name _____ Phone _____

PHYSICIAN'S REPORT

Height _____ Weight _____ Lungs _____

Skin _____ Abdomen _____

Eyes _____ Bones & Muscles _____

Ears _____ Genitalia _____

Teeth _____ Nervous System _____

Glands _____ Posture _____

Heart _____ Pulse _____

Blood Pressure _____

REPORT TO SCHOOL

Pertinent past history (Seizure disorders, diabetes, allergies, asthma, orthopedic problems, skin conditions, etc):

Physical findings which are of significance to the school:

Recommendations & restrictions:

Return this form to Judy Akin, RN, MS, District Nurse, School District of Marshfield, 425 W Upham St, Marshfield, WI 54449

DATE _____
Signature of Examining Physician

CONSENT

The undersigned hereby consents that the above report be made available to personnel in the School District of Marshfield, and that this report be kept in the name child's cumulative school folder.

DATE _____
Parent or Guardian

**State of Wisconsin
Department of regulation and licensing
KINDERGARTEN EYE HEALTH EXAMINATION REPORT**

Student's Name _____ Birth Date _____ Sex _____

Parent or Guardian _____ Phone _____

Address _____

City, State, ZIP _____ County _____

School _____ Date entering kindergarten _____

The State of Wisconsin encourages parents of kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- Brief history (general health and eye health) of the child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: ____ Yes ____ No

Date of examination:

Physician Signature

Print or stamp:

Physician Name

Address

Phone

**Return to Judy Akin, RN, MS, District Nurse,
School District of Marshfield, at 425 W Upham St,
Marshfield, WI 54449**

Important Notice to Parents

This examination is not required by law.

Disclosure of the information noted above is necessary to comply with the statutory purpose as outline in s.118.135. Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature: _____

Date _____

School District of Marshfield
Medication Permission and Instructions

(Return this form to your child's school office.)

(parents fill out this section)

Name of Child _____ Birth Date _____
School _____ Grade _____
Parents Names _____ Telephone _____
Emergency Telephone _____

To Parent or Guardian:

- If your child requires medication while at school, please complete top portion of this form and sign indicating your permission.
- The bottom section of this form **MUST** be completed by a physician if your child requires a prescription medication while at school.
- Please indicate the dosage and frequency of any non-prescription medication your child will need to take while at school in the box below.

All medication to be given at school MUST be in the original labeled container or it will not be administered.

I hereby authorize the designated school staff to supervise and/or dispense medication as instructed by the physician until such time as the physician or I notify you of a change in writing.

I also give permission for school personnel to communicate with my child's physician when necessary. I further agree to hold the designated person(s) harmless in any and all claims arising from the administration of this medication at school.

Signature of Parent or Guardian

Date

(physician fills out this section)

To Physician: In order to provide you the opportunity to retain the power to direct, supervise, decide, inspect, and oversee the administration of the prescribed medication, please complete the following information and sign.

	Medication	Dose	Time to be given	Route	Short term duration until	Check here for entire year
1						
2						
3						

Direct contact should be made with me should the following occur: _____

Physician Telephone: _____

A conference with designated school personnel requested: Yes No

Signature of Physician

Date

(school use only)

Received by: _____ Date: _____

1. No medication will be administered by school personnel unless the Medication Permission and Instructions form is completed by both the parent and physician and is returned to the school office. A new form must be completed each year and whenever the physician changes the prescription.
2. Only district nurses (RN) may accept verbal medication orders, which shall be documented. All telephone medication orders will be verified in writing by the physician.
3. Prescription medication to be given in school must be in a pharmacy labeled bottle.
Non-prescription medication must be in the original labeled container and labeled with the student's name.
Medication arriving in improperly labeled or unlabeled containers such as envelopes, baggies, or wrapped in aluminum foil will not be administered.
4. Medication will be taken by the child at the designated time, administered by the individual(s) who have been authorized in writing by the building principal and trained by the district nurse. It is the responsibility of the student to go to the office at the designated time to get his/her medication, with consideration given for student's age and ability. If the student refuses to take the prescribed medication, the parent or guardian will be contacted immediately. Dispensing of medications will be monitored by the district nurse who will report irregularities to the building administrator.
5. Reliable students in grades seven and above may be permitted to carry and self-administer certain medications (with the exception of controlled substances) provided that active parental and physician consent forms are on file for self-administered medication. In such cases, school personnel will not maintain daily written records for self-administered medications. The district is not responsible for self-administration of medication by pupils who do not have active parental and physician consent forms on file with school administration.
All controlled substances must be given under the supervision of district personnel.
6. Students may carry asthma inhalers so they have immediate access to these medications. The Self-Medication Request form must be on file. School staff will not document self-administration of this medication. Parents are encouraged to place a back up inhaler in the school office.
7. All medication administered at the school will be kept in a locked cubicle, drawer or other safe place. Only limited quantities of any medication are to be kept at school.
8. Parent transportation of all medication is strongly encouraged. Controlled substance medications must be brought in to the school by the parent.
9. The length of time for which the drug is to be administered, which is not to exceed the current school year, shall be contained in the written instructions from the prescribing physician. Further written instructions must be received from the physician if the drug dosage changes or the time the medication is to be administered is changed from the original instruction. Written notice must be provided by the physician or parent/guardian if the drug is to be discontinued.
Students shall not share medication/treatments with other individuals. Any student violating this rule will be subject to disciplinary action.
10. An accurate and confidential system of record keeping shall be established for each pupil receiving medication.
 - a. An individual record of each pupil receiving medication shall be kept including the type of medication, the dose, the time given and the duration.
 - b. School personnel will report any unusual behavior of students on medication to the District Nurse or the Principal.
11. Non-prescription medications. Designated personnel will administer non-prescription (over-the-counter) medications only with parental approval as indicated by written consent on the Medication Permission and Instructions form. Note: All criteria listed above must be adhered to regarding "over-the-counter" medications with the exception of the written authorization from the physician.
12. Injectable medications. The procedures for the administration of medication must be followed before any emergency injectable medication may be given.
No employee, except a health care professional, may be required to administer a drug to a pupil by any means other than ingestion. Injectable medications, prescribed on an emergency basis, may be administered by identified building personnel who have volunteered to administer injections if the situation demands. These individuals will receive training and an individual written plan for the student from the district nurse(s). This plan will have been approved by the student's parent and physician.
Any student receiving epinephrine for a possible allergic reaction or glucagon for severe hypoglycemia will be immediately transported to the nearest hospital via emergency transport.
13. Parents/guardians are strongly encouraged to participate in any field trip when their child requires medication. The building principal will designate the staff member responsible for administering medication to students on a field trip or activity. The staff member will carry the medication. Medication will be in a single dose envelope or container labeled with the student's name, medication, dose, and time to be given. Epinephrine auto injectors and glucagon injection kits must accompany any students for whom they have been prescribed.
14. The parent or guardian shall pick up unused portions of medication within three (3) days after the completion of the school year or when medications have been discontinued. Medications not picked up will be disposed of.