

Hunterdon Central Regional High School

SCHOOL HEALTH SERVICES

2009 - 2010

**For Important Information regarding
SPORTS AND SPORTS PHYSICALS
Please Refer To The Athletic Web Site**

**PLEASE CLIP THIS PAGE AND SAVE FOR FUTURE
REFERENCE**

**ABSENCES FROM SCHOOL SHOULD BE REPORTED TO
THE APPROPRIATE HOUSE OFFICE:**

For the 2009 – 2010 School Year:

**FRESHMAN HOUSE OFFICE.....284-7208
SOPHOMORE HOUSE OFFICE.....284-7206
JUNIOR HOUSE OFFICE.....284-7133
SENIOR HOUSE OFFICE.....284-7207
MID-CAMPUS OFFICE.....284-7293**

All health office forms can be found on the HCRHS web site, <http://www.hcrhs.k12.nj.us>. Click on parents or students, select department, then health services and finally forms.

TABLE OF CONTENTS

<u>School Health Services</u>	1
<u>Physical Examinations</u>	
Grade 9 And New Students	3
Sports Physicals.....	4
<u>Immunization Requirements</u>	7
<u>General Information</u>	5
<u>Medications</u>	
Emergency Medications:	
Epipen and Inhalers.....	11
Other Medications	13
<u>Scoliosis Screening Program</u>	9
<u>Insurance</u>	6

DIRECTORY

Secretaries

Cynthia Buckley, 9/10 Health Office..	782-5727, Ext. 5742
..... 9/10 Health Office Fax.....	284 - 7311
Ellen Darish, 11/12 Health Office	782-5727, Ext. 5516
11/12 Health Office Fax.....	284 - 7312

Nurses

Christine Grand, R.N.....	12 th Grade Nurse.....	284-7304
Jennifer Amato, R.N.,.....	11 th Grade Nurse.....	284-7143
Nancy Pinner, R.N.....	10 th Grade Nurse.....	284-7235
Carolyn Sasso, R.N.....	9 th Grade Nurse.....	284-7140

James Barr, M.D.....	School Medical Inspector
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SCHOOL HEALTH SERVICES

The Hunterdon Central School Health Services Program is designed to maximize an individual's health potential and provide a broad spectrum of health services to students. The goals of the school health services program are to:

- identify health defects and needs of pupils
- assist pupils in becoming increasingly responsible for their own health
- promote the optimal level of health for pupils
- provide health education and health counseling for pupils and parents

The following comprehensive school health services are provided to students:

Vision Screenings The vision screening program (N.J.S.A. 18A: 40-1) is performed to screen for visual acuity. Students identified as needing follow-up will be referred to their private medical doctor.

Audiometric Screening Audiometric screening (N.J.A.C 6:29-8.1) is conducted to screen for hearing defects. Referrals are provided to parents of all identified students requiring evaluation by a private medical doctor.

Health Appraisals Health appraisals are conducted to assess normal growth and development. Significant changes in growth and development patterns will be discussed with the student and/or parent. Blood pressure screening is conducted to identify students at risk for hypertension. Health counseling regarding nutrition, exercise, and lifestyle will be provided. Appropriate referrals to private physicians will be made when necessary.

Scoliosis Screenings Scoliosis is the lateral curvature of the spine most commonly detected during the adolescent growth period. Pamphlet Law 2000c.126. requires that all students between the ages of 10 – 18 be examined biennially. This will be

done during the 9th grade physical and then in **GRADE 11** by the school nurse. **PARENTS HAVE THE RIGHT TO REFUSE THIS EXAMINATION BY COMPLETING THE FORM ON PAGE 10.** Students identified as needing medical follow-up will be referred to their private physicians.

Tuberculosis Screening

The N.J.A.C. 6:29-4.2 requires that only the Mantoux intradermal test be used to test students for tuberculosis. Students who transfer into Hunterdon Central during the 2009-2010 school year from foreign countries will be tested. A Mantoux test will be considered acceptable only if it was administered within the previous six months. All students to be tested will be notified by mail. Parents/Guardians must return the permission to test part of the letter to the health office prior to testing.

Medications

Students who need to self-administer emergency medication during school hours, such as, Epipen or inhalers, must have their physician complete the Hunterdon Central Regional High School Emergency Drug Form on page 7. Please bring this form to the health office on the first day of school. **All routine medications, including over the counter medications, that are to be dispensed at school must have a physician's order and must be brought to the health office in the original container** appropriately labeled by the pharmacy or physician with student's name, name of the drug, dosage and times of administration. All medication orders must be renewed at the beginning of each school year. Timely notification of changes must be made to the appropriate health office. **No medications are to be carried by the student for self medication, except for Epipens and Inhalers with the appropriate documentation.** If you have any questions, please call the Health Office.

**PHYSICAL EXAMINATIONS
GRADE 9 AND NEW STUDENTS**

NJAC 6A:16-2.2 & NJSA 18A:40-4 require that each student must be examined upon entry into the school district at their medical home.

A physical examination is required for all grade 9 and new students, any grade level, entering Hunterdon Central Regional High School. Only one physical per year is required for students participating in sports. A sports physical will fulfill the requirement of a Freshman physical and/or a new student physical. The Part A and the Physical Examination forms for 9th grade and new student physicals can be found in the center of this booklet. Athletic Pre-Participation forms, Part A & B, HCRHS Athletic Participation/Parent Permission form, HCRHS Random Drug and Alcohol Consent To Test form and the NJSIAA Steroid Testing form must be used for sports and can be obtained on line @ www.hcrhs.k12.nj.us. Click on student or parent, click on athletics, click on forms.

**9th Grade And New
Student Physicals**

The medical examination shall be conducted by the family physician (medical home) of the student, and a full report sent to the school. If a student does not have a medical home, they should contact the appropriate health office.

**FRESHMEN MUST TURN IN THEIR
PHYSICALS BY:**

SEPTEMBER 30, 2009

SPORTS PHYSICALS

Students who wish to participate in sports shall provide a physical examination by their family physician (medical home), nurse practitioner, or physician's assistant on the Athletic Pre-Participation Physical Examination Form within 365 days prior to the first practice session. In addition, an updated medical history and parent permission must be signed within 60 days prior to the first practice session of each sport.

Physical forms for medical clearance must be submitted to the appropriate health office according to the dates listed below. **REMEMBER** that medical clearance is only the first step in the eligibility process. Therefore, if you want to be eligible to participate on the first day of practice, your sports forms must be submitted on or before the date listed under forms due. Cards submitted after that date might not be eligible for the first day of practice.

IMPORTANT SPORTS DATES TO REMEMBER

Season	Forms Can Be Signed & Submitted STARTING:	Forms Due To Health Office NO LATER THAN:	First Day Of Practice
FALL	6/23/09	7/14/09	Football 8/13/09 Tennis 8/17/09 All Others 8/22/09
WINTER	9/28/09	10/26/09	11/15/09 BOWLING, ICE HOCKEY, SWIMMING 11/27/09 ALL OTHERS
SPRING	1/4/10	2/8/10	3/5/10 ALL SPORTS

GENERAL INFORMATION

PLEASE NOTIFY THE HEALTH OFFICE IMMEDIATELY IF YOUR CHILD HAS BEEN DIAGNOSED WITH ANY TYPE OF COMMUNICABLE DISEASE.

ELEVATOR KEYS

If an elevator key is necessary, a doctor's note must be given to the Health Office. It is the responsibility of the student to return the key promptly when no longer needed. There will be a fee for lost keys.

INTRA-CAMPUS TRANSPORTATION DURING THE SCHOOL DAY

If your child needs on campus transportation for medical reasons, the following information is required:

1. A note from your child's physician requesting transportation and stating that "the student can ride the school bus".
2. Transportation will start within 24 hours of the Transportation Office receiving all required information.

FIELD TRIPS

Any student who requires an inhaler or Epi-pen and is going on a field trip

MUST have the appropriate medication orders on file in the health office before they will be allowed to go on the field trip. Forms can be obtained from either health office, this Booklet or on line @ www.hcrhs.k12.nj.us . Click on parents, then departments, then Health Services, then forms.

OVERNIGHT FIELD TRIPS

A parent or guardian must fill out a medical information form for an overnight field trip. This form can be obtained from the trip advisor. All over the counter medications must have detailed instructions on administration and dosage and be signed by a healthcare provider and parent.. The medication must be in its original container. All prescription medication must have a healthcare provider's signature on the form. Only enough medication for the duration of the trip, in its original pharmacy container, will be accepted. All paperwork must be in the health office 2 weeks before the trip. All approved medication is to be brought in the day of departure and given to the nurse accompanying the trip.

HUNTERDON CENTRAL REGIONAL HIGH SCHOOL
SCHOOL HEALTH SERVICES
2009 - 2010

Re: **ACCIDENT PROCEDURE**

1. The student must notify the teacher, coach, trainer or sponsor of activity of his/her injury or accident immediately.
2. An accident form will be completed by the person in charge and sent to the health office. All accident reports are kept on file.
3. The injured student must report to the health office the day following the accident or upon his/her return to school. If the student is unable to return to school within a few days, the parent should contact the health office.
4. An insurance form will be mailed home when indicated. It is to be completed by the parent/guardian, treating doctor and/or hospital and sent to the insurance company.
5. Once the health office has completed and mailed home the insurance form, it is the responsibility of the parent to complete and forward all necessary paperwork to the insurance company. All correspondence is then between parent/guardian and insurance company. Any questions or problems that arise are to be directed to the School Business Administrator.

OUR POLICY IS AN EXCESS SECONDARY LOSS POLICY THAT BEGINS WHERE YOUR INSURANCE STOPS. HOWEVER, ALTHOUGH THIS COVERAGE IS VERY BROAD, THERE ARE RESTRICTIONS, LIMITATIONS AND EXCLUSIONS IN THIS POLICY. STUDENTS THAT RIDE IN OR DRIVE TO AND FROM SCHOOL IN A MOTOR DRIVEN 2 OR 3 WHEEL VEHICLE ARE NOT COVERED BY THIS POLICY.

IMMUNIZATION REQUIREMENTS

In order for a student to enter and/or remain in Hunterdon Central Regional High School, the student must meet the immunization requirements set forth by the New Jersey State Department of Health Chapter 14 State Sanitary Code 8:57-43 and P.L. 2002 Chapter 58.

HEPATITIS B vaccine can be 3 doses or 2. If you are between 11 – 15 yrs. of age and are given 10 mcg. Recombivax it will be 2 doses. All others will get 3 doses over 6 months. Call the Health Office if you have any questions.

3 doses of **(DPT,Td)** diphtheria, tetanus immunizations
a 10 year booster is recommended

3 doses of **(OPV or IPV)** poliomyelitis vaccine.

1 dose of **Rubeola** (old fashioned measles), 1 dose of **Rubella** (German Measles), and 1 dose of **Mumps** vaccine after one (1) year of age or providing documentation of antibody titers to prove immunity. This vaccine is usually given three in one as an **MMR**. **All students born after January 1, 1990 must have 2 doses of measles containing vaccine.**

All students with medical or religious exemptions must have them verified and reviewed by the Health Office annually.

Families requiring financial assistance should contact the Hunterdon County Health Dept. Reduced Cost Childhood Vaccine Program. The telephone number is (908) 806-4570.

PLEASE SUBMIT MEDICAL CERTIFICATION TO THE HEALTH OFFICE AS IMMUNIZATIONS ARE UPDATED.

STUDENT NAME: _____ Grade: _____

IMMUNIZATIONS : _____

DATES: _____

PHYSICIAN'S SIGNATURE

DATE

SCOLIOSIS SCREENING PROGRAM

PLEASE DETACH AND RETURN THIS FORM

A Scoliosis Screening Program will be offered to all students who have not had a physical examination during the current school year. Scoliosis screening is biennial in accordance with the Pamphlet Law 2000.c126, September 21, 2000.

Screenings will be conducted by the school nurse on all 11th grade students. After the student removes loose fitting clothing, the nurse will inspect the student's spine as he or she stands and bends forward. If a problem is suspected, the student will be rechecked at a second screening by the school nurse and/or school doctor. If further evaluation is recommended, students with signs of possible spinal curvature will be asked to see their own physician for further evaluation.

SCOLIOSIS SCREENING FORM

If the following information pertains to your son or daughter, please complete and return to the Health Office no later than September 30, 2009.

STUDENT'S NAME _____ GRADE: _____

1. Presently being seen by Dr. _____

Diagnosis _____

2. Date of last visit _____

X-rays were/were not taken _____

3. Next scheduled appointment is in _____ months.

If you do not wish your child to participate in this program, please return this bottom section to the Health Office by September 30, 2009. Failure to return this portion of the form will be considered as no objection to the screening program.

STUDENT'S NAME: _____ GRADE: _____

Please be advised that I DO NOT WISH the above named student to participate in the scoliosis screening program.

PARENT'S

SIGNATURE: _____ DATE: _____

[illegible]

Physicians Orders for Medication to be Given in School Epipen And Inhalers

Student's Name

Age

Grade

DIAGNOSIS:

MEDICATION:

DOSAGE:

FREQUENCY:

SIDE EFFECTS:

Medication should: ☐ be stored in the health office and administered by the school nurse

☐ in the possession of the student for self administration

I certify this student has a life threatening illness and the student is capable of and has been instructed in the proper administration of the required medication.

Date	Private Medical Doctor
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Private Medical Doctor

As the parent of _____ I hold Hunterdon Central Regional High School District harmless against any injury or claims that arise as a result of the student's self-administration of the prescribed above medication.

Date _____ Parent/Guardian _____

Date _____ School Medical Inspector _____

I give permission to share this information with appropriate Hunterdon Central Staff.

Parent Signature _____ Date _____

STUDENTS WHO SELF ADMINISTER MEDICATION SHALL REPORT EACH INCIDENT TO THE SCHOOL NURSE WITHIN 24 HOURS OF SELF MEDICATION.

MEDICATIONS	
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PHYSICIANS ORDERS FOR MEDICATION TO BE GIVEN IN SCHOOL

Student's Name

Age

Grade

DIAGNOSIS:

MEDICATION:

DOSAGE:

FREQUENCY:

SIDE EFFECTS:

Date _____ Private Medical Doctor _____

Date _____ Parent/Guardian _____

Date _____ School Medical Inspector _____

I give permission to share this information with the appropriate Hunterdon Central Regional High School Staff.

Date _____ Parent/Guardian _____

