



Health Center Letter
Landmark High School
Academic Year 2009-2010

Dear Parents and Guardians of Landmark Students,

Below you will find the Student Health and Medical Forms for the 2009-2010 Academic Year, and two separate pages that detail Medical Requirements and Medical/Dental Costs for Landmark High School.

These forms are **required prior to registration and enrollment, and should be completed and returned to the Health Center at your campus before August 1, 2009.**

All Students must submit:

1. Parental Authorization to Treat Form
2. Physical Examination & Immunization Form (*signed by physician*)
3. Medication and Dental Emergency Permission Form
4. Meningococcal Waiver Form or Proof of Vaccination
5. PLUS: Copy of both sides of Your Health Insurance Card & Prescription Drug Card

All Residential Students:

- Dental Health Form (*signed by dentist*)

Female Residents Only:

- GYN Permission Form

Please direct any questions about these forms to the High School Health Center:

High School Health Center: **Phone: 978.236.3264**

Fax: 978.232.9546

Sincerely,

Georganna El Heneidy, R.N.
Director of the Health Centers



Medical Requirements Landmark High School Health Center

Please read this information carefully. Your child's enrollment at Landmark, and in our sports programs, depends upon our having a record of all the following examinations. Students will be sent home if these documents are not on file. This applies to all students whether new, returning, day or residential, and will be strictly enforced. *Summer students returning to Landmark in September do not need to file new examination forms if exams were completed after May 1st.

- **Physical Examination:** Please obtain a complete physical examination some time between May 1st and when your child enters school. It should be reported on the form provided, or one provided by the examining physician. Without this examination, we cannot enroll your child.
- **Record of Immunization:** The School Immunization Law (Chapter 76, Section 15 of the General Laws of Massachusetts) requires that you provide a record of immunization, including the MMR (Measles, Mumps and Rubella) booster and a Tetanus booster. Please have your child's physician complete the **Immunization Form** provided. If your physician has determined that your child's health would be endangered by these immunizations, we will need a written authorization. For details, please read the section of the School Immunization Law quoted below.
- **Dental Examination:** Residential students need a dental checkup sometime between May 1st and entering school. It can be reported either on the form provided, or one provided by your dentist. Please make sure that any necessary dental work is completed before starting school.

***SECTION 15 of the School Immunization Law**

"No child shall, except as hereinafter provided, be admitted to school except upon presentation of a physician's certificate that the child has been successfully immunized against diphtheria, pertussis, tetanus, measles, and poliomyelitis and such other communicable diseases as may be specified from time to time by the Department of Public Health."

"A child shall be admitted to school upon certification by a physician that he has personally examined such child and that in his opinion the physical condition of the child is such that his health would be endangered by such vaccination or by any of such immunizations. Such certification shall be submitted at the beginning of each school year to the physician in charge of the school health program. If the physician in charge of the school health program does not agree with the opinion of the child's physician, the matter shall be referred to the Department of Public Health, whose decision will be final."

"In the absence of an emergency or epidemic of disease declared by the Department of Public Health, no child whose parent or guardian states in writing the vaccination or immunization conflicts with his sincere religious beliefs shall be required to present said physician's certificate in order to be admitted to school."

If your child has been exposed to a contagious disease, please keep him/her at home until your physician gives written permission to return to school.

If your child returns to school with a new medication, or has been seen by a physician for any reason that requires continued care (i.e. illness) a physician's written explanation of diagnosis and treatment **MUST** accompany your child and be brought to the Health Center to ensure continued and correct treatment. **NO VERBAL EXPLANATION BY THE STUDENT WILL BE ACCEPTED.**



Medical and Dental Costs

Landmark High School

Health Center



Landmark provides on-campus nursing services. Any services rendered on campus are provided without cost to the student. Any simple medication normally stocked in the Health Center is also provided without cost.

In an emergency, Residential and Day School students will have access to Dr. Bazylewicz, the school doctor. If your policy requires a referral from your primary care physician prior to treatment, please have your physician write a referral letter to Dr. Bazylewicz in order for him to treat your child when necessary. Please attach the referral letter to the Parental Authorization Form.

Landmark does provide a medical insurance program for overseas boarding students only. For more information, contact Mark Brislin in the Business Office, 978 236-3202. All other parents should check their health plans to ensure that their child is adequately protected, and should expect to be billed for any off-campus medical services provided to their child.

Transportation

Emergency transportation will be provided to a medical or dental office within the Beverly area without cost. Parents will be responsible for transportation to regularly scheduled appointments outside the Beverly area. Office calls or emergency room use will be billed by the physician or hospital just as if the child were home. Special prescription drugs intended for a specific child will be billed at actual pharmacy cost.

Medical Billing

Regular or emergency dental treatment will be billed directly to parents by the dentist or orthodontist.

Whenever appropriate, psychological or psychiatric services will be billed directly to master medical plans. Otherwise, special services not covered in the individual Education Plan may be billed to parents.

Boarding Students: Allergy Treatment

All allergy injections are given at the physician's office and will be billed directly to parents by the physician.

- The allergy serum and instruction sheet must be given to the Landmark School nurse upon registration (or enrollment) at the school.
- Allergy injection appointments are arranged through the Health Center.



Note: A Parent or Guardian must complete and sign this form.



Parental Authorization to Treat Form Landmark School

Student Name: _____ Date of Birth: _____ Sex: _____ Age: _____

Parent or Guardian: _____ Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

Address: _____

If not available, in an emergency contact:

1. _____ Phone: () _____
2. _____ Phone: () _____

Health History: (Circle or fill-in where applicable)

		Allergies		Food Allergies		Diseases	
Ear Infections	Y N	Hay Fever	Y N	Nuts, Type _____		Chicken Pox	_____
Convulsions	Y N	Ivy Poisoning, etc.	Y N	Beans _____		Measles	_____
Diabetes	Y N	Insect Stings	Y N	Dairy _____		Mumps	_____
Asthma	Y N	Penicillin	Y N	Seafood _____		Rheumatic Fever	_____
<u>Mononucleosis</u>	Y N	Other Drugs	Y N	Other _____			
		Specify _____					

Last Tetanus Booster: _____

Operations or Serious Injuries (Dates): _____

Chronic or Recurring Illnesses: _____

Any Family History of Epilepsy, or Other Neurological or Emotional Disorders: _____

Athletic Information: list any fractures, sprains, concussions or bone dislocations: _____

Psychological climate at home: _____ Psychiatric Counseling? Y N

Does student take medication daily? **If yes, please list medications:** _____

Name of Health Insurance: _____ Policy Number: _____

Subscriber's Name: _____ Subscriber's SS Number: _____

Prescription Plan (if applicable): _____

Please copy Both Sides of Insurance Card & Prescription Drug Card and attach to this form, along with a letter of referral from your primary care physician for emergency care, if necessary.

PARENT'S AUTHORIZATION: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed school activities, except as noted by me and the examining physician. I give permission for members of the Landmark School to administer first aid, medications, or any other assistance they consider to be in the best interests of my child. In the event of an emergency, I hereby give permission to the physician selected to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. I hereby authorize the Landmark School physician to examine my child and prescribe medications as he/she deems necessary.

Parent/Guardian Signature: _____ **Date:** _____



Note: A Physician must complete and sign this form.



Physical Exam & Immunization Form

Landmark School

Student Name: _____ Date of Birth: _____

Immunization History

Required immunization must be determined locally. This is a record of dates of basic immunization and most recent booster doses.

DTP Series _____	Booster _____	Tetanus Booster _____
Polio OPV (Sabin) _____	Booster _____	Typhoid _____
Measles Vaccine (live) _____		Tuberculin Test _____
German Measles (Rubella) _____		Mumps Vaccine (live) _____
Smallpox _____		Hep B Series 1 _____
Varicella Vaccine _____	Booster _____	2 _____
Meningococcal Vaccine _____		3 _____

Medical Examination

This examination should be performed between May 1st and when this child enters school, to determine your patient's fitness to engage in athletic or other strenuous activities.

Height: _____	Weight: _____	Blood Pressure: _____	Hemoglobin Test: _____	Urinalysis: _____
Eyes: _____	Skin: _____			
Ears: _____	Hernia: _____			
Nose: _____	Extremities: _____			
Throat: _____	Allergy:			
Teeth: _____s	Please Specify _____			
Heart: _____	General Appraisal of Individual and Family: _____			
Lungs: _____	_____			
Abdomen: _____	_____			

Screening:	(Pass)	(Fail)	(Pass)	(Fail)	(Pass)	(Fail)		
Vision: Right Eye	<input type="checkbox"/>	<input type="checkbox"/>	Hearing: Right Ear	<input type="checkbox"/>	<input type="checkbox"/>	Postural Screening	<input type="checkbox"/>	<input type="checkbox"/>
Left Eye	<input type="checkbox"/>	<input type="checkbox"/>	Left Ear	<input type="checkbox"/>	<input type="checkbox"/>	(Scoliosis/Kyphosis/Lordosis)		
Stereopsis	<input type="checkbox"/>	<input type="checkbox"/>						

For Girls:

Has this person menstruated? _____ If not, has she been told about it? _____
If so, is her menstrual history normal? _____ Special Considerations: _____

Sports: Cleared for all sports/PE _____ **Restrictions:** _____

Special Diet: _____

Special Medicines (Please Name): _____

Dosage and Time to be Given: _____

Reason Medication is Being Given: _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in school activities, except as noted above.

Examining Physician Signature: _____ **MD Date:** _____

Telephone: _____ **Address:** _____



Medication and Dental Permission Form

Landmark School
Academic Year 2009-2010



Student's full name: _____ Birth Date: ____/____/____

PERMISSION TO ADMINISTER MEDICATIONS

Do you authorize Landmark to administer medication to the student named above? This includes prescription and over-the-counter medication, like Tylenol, cough syrup, Epi-Pen, etc...

☐ Yes ☐ No

DENTAL EMERGENCY PERMISSION

Do you authorize Landmark to obtain dental care for the student named above, if dental emergencies occur or if emergency orthodontic treatment is necessary?

☐ Yes ☐ No

CURRENT MEDICATION INFORMATION

Include information about any medication student is currently taking. Please use a second print-out as needed.

Name of Medication:

Dosage:

Time to be given:

☐ I will continue to purchase and send this medication.

☐ I wish Landmark to purchase this medication and charge my child's student bank account.

Prescribing Dr. name & address:

Name of Medication:

Dosage:

Time to be given:

☐ I will continue to purchase and send this medication.

☐ I wish Landmark to purchase this medication and charge my child's student bank account.

Prescribing Dr. name & address: (☐ same as above)

Name of Medication:

Dosage:

Time to be given:

☐ I will continue to purchase and send this medication.

☐ I wish Landmark to purchase this medication and charge my child's student bank account.

Prescribing Dr. name & address: (☐ same as above)

PARENT/ GUARDIAN SIGNATURE

Print name:

Signature:

Date:

/ /



Note: A Licensed Dentist must complete for ALL STUDENTS.



Dental Health Form Landmark High School

Directions: This form must be completed by a licensed dentist for all students between May 1st and when your child enters school. Please return the completed form to:

Landmark High School, Health Center, P.O. Box 227, Prides Crossing, MA 01965-0227

Health Center: **978.236.3264** Health Center Fax: **978.232.9546**

Date: _____

This will certify that: _____
Student Name

Son/daughter/ward of: _____
Parent/Guardian Name & Address

was last examined by me on: _____
Date

() He/she has had all dental work done that is necessary at this time and his/her dental health is good.

() He/she is receiving dental care from this office.

() He/she has a condition which may need attention, and we note or recommend the following:

Dentist Signature: _____

Office Address: _____

Office Telephone: _____



Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges

Revised legislation in Massachusetts now requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to:

1. receive meningococcal vaccine; or
2. fall within one of the exemptions in the law, which are discussed on the reverse side of this sheet.

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the “meninges” and cause meningitis, or they can infect the blood or other body organs. In the United States, about 2,600 people each year get meningococcal disease and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common are at risk, as are military recruits who live in close quarters. Children and adults with damaged or removed spleens or an inherited disorder called “terminal complement component deficiency” are at higher risk. People who live in settings such as college dormitories are also at greater risk of infection.

Are some students in college and secondary schools at risk for meningococcal disease?

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

Is there a vaccine against meningococcal disease?

Yes, there are currently 2 vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older and meningococcal conjugate vaccine is approved for use in those 11-55 years of age. Both types of meningococcal vaccines are acceptable for college students and residential school students 11 years of age and older. For those younger than 11 years of age, meningococcal polysaccharide vaccine is the only licensed vaccine. Both of the vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B,



Information about Meningococcal Disease & Vaccination

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which is not contained in the vaccine. Protection from immunization with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection.

Is the meningococcal vaccine safe?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. The risks associated with receiving the vaccine are much less significant than the risks that would arise in a case of meningococcal disease. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women.

A few cases of Guillain-Barré syndrome (GBS), a rare but serious nervous system disorder, have been reported among people who received meningococcal conjugate vaccine. This information is still being evaluated by health officials. An ongoing risk of serious meningococcal disease exists. At this time, experts continue to recommend vaccination for those at increased risk of acquiring meningococcal disease. However, persons who have had GBS should generally not receive meningococcal conjugate vaccine, and should talk to their doctor about their other options for vaccination.

Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges that provide or license housing?

Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive meningococcal vaccine. At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. All students covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), unless they qualify for one of the exemptions allowed by the law. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and: a) elected to decline the vaccine; or b) could not obtain meningococcal vaccine due to a shortage, but wishes to receive vaccine (as indicated below).

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of this vaccine. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph
- Your local health department (listed in the phone book under government)

Meningococcal Vaccination Form: signature required (please see page 3)



Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

Please check the appropriate box below.

- ☐ After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

-OR-

- ☐ Due to the shortage of meningococcal vaccine, I was unable to be vaccinated, but wish to receive vaccine.

Student Name: _____ Date of Birth: _____

Student ID or SSN: _____

Signature: _____ Date: _____
(Student or parent/legal guardian, if student is under 18 years of age)

Provided by:

Massachusetts Department of Public Health / Division of Epidemiology and Immunization / 617-983-6800