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Tana M. Raymond, RN BSN MA  
School Nurse

Tel: 973-340-5038  
Fax: 973-340-6851

## 2011/2012 SCHOOL YEAR

Dear Parent/ Guardian:

Welcome to School #8 for another school year.

Attached you will find four important documents from my office. Please read them all. First, there is a letter regarding health screenings that will be conducted during the school year. If you do not wish to have your child screened you must send me a written notice not to screen your child. If I do not hear from you I will understand that I have permission to screen your child.

Second, I have attached the Garfield School district's Medication Policy. If your child needs to take medicine in school or needs a medical procedure done in school, this policy needs to be followed.

Third, I have given you a letter with regards to the district's height and weight screen. It contains the state guidelines concerning additional evaluation in that area.

Finally, I have enclosed the district guidelines for keeping your child home when he/she is sick.

Please fill out the emergency cards that your child brought home. You must fill out 2 cards. One is for the Main Office and one is for the Health Office. It is very important that you fill these cards out fully in the event we need to reach you. Be sure to include cell and work numbers. If your numbers change during the school year please notify us.

If you have any questions or need to speak to me regarding your child, please feel free to contact my office at (973)340-5038 ext 8029.

**HAVE A GREAT SCHOOL YEAR!**

**TANA M. RAYMOND RN BSN MA  
SCHOOL NURSE**

# GARFIELD PUBLIC SCHOOLS HEALTH SERVICES

## HEALTH SCREENING INFORMATION

Throughout the school year, your child will be receiving a variety of health screenings to maintain an optimal level of health and fitness.

Listed below are the screenings your child will receive during the school year as per the New Jersey State School Health Guidelines:

**PHYSICALS** (by Garfield School Physician): Grades 1, 3, 5 and Self Contained classes  
*Referral will be sent home for any abnormality noted by the school physician*

**HEARING SCREENING:** Grades K-3 and Self Contained classes  
*Referral will be sent home for non response to 20 dB HL after two failed results spaced within two to four weeks*

**VISION SCREENING:** Grades K, 2, 4 and Self Contained  
*Referral will be sent for visual acuity result between 20/40 and 20/200.*

**SCOLIOSIS:** Any student 10 years of age and older  
*Referral will be sent for any noted abnormality*

**HEIGHT, WEIGHT, AND BLOOD PRESSURE:** All students  
Referral will be sent home in accordance with the criteria outlined in the New Jersey State School Health Services Guidelines

**If you do not wish for your child to participate in any of the above screenings, you must send a written statement to the School Nurse and your' child's physician must complete the required screenings by March 1<sup>st</sup> of the school year.**

## Medication Policy

Dear Parent/Guardian:

We would like to inform you of the medication policy adopted by the Garfield Board of Education on January 16, 1986. It concerns the administering of any medications in schools. This includes prescription drugs and over the counter products.

In order to administer medication in the school all THREE of the following are necessary:

1. A note from the parent/guardian asking that the medication be given to their child
2. A doctor's note stated the name of the medication, purpose, dosage, route and time it is to be given.
3. Medication must be brought to the nurse in the original, labeled container.

According to State mandate, the certified school nurse or parent/guardian is the only person permitted to administer medication in the school. Therefore, if for any reason a school nurse is not available, it will be responsibility of the parent/guardian to administer the medication.

If there are any questions please contact your school nurse.

## *Garfield School Health Services Annual Height & Weight Screening*

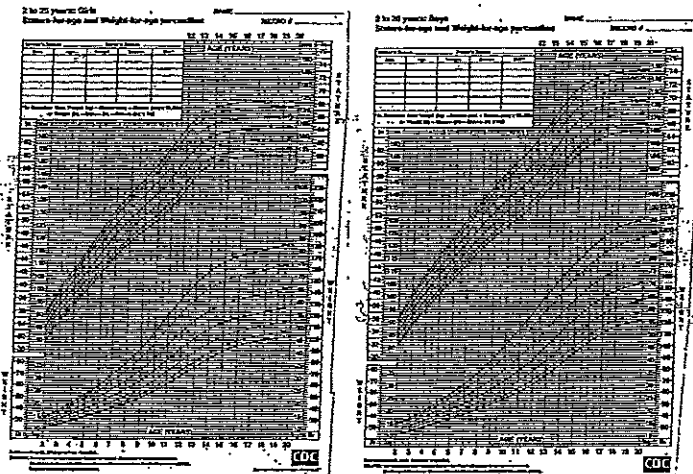
Dear Parent /Guardian,

Each school year your child's height and weight is measured and recorded as outlined in the School Health Services Guidelines. (NJAC 6A 16-2.2 (e) 3).

In accordance with these guidelines, the following will require additional evaluation by the family healthcare provider:

- Calculated weight for age or height greater than the 95<sup>th</sup> percentile.
- Calculated weight for age or height less than the 5<sup>th</sup> percentile.
- Calculated height for age less than the 5<sup>th</sup> percentile.
- Dramatic change in growth pattern.
- Significant weight loss.

These percentiles are determined by utilizing the National Center for Health Statistics Growth Chart. You will be notified in writing if your child requires additional evaluation for any of the above.



If you have any questions, please contact your school nurse.

Thank you for your continued interest in maintaining an optimum level of health for your child.

# GARFIELD HEALTH SERVICES

## **Reasons for Keeping Your Child Home:**

- Illness during the night
- Fever is present ( 100 or above)
- Complains of nausea (upset stomach or vomiting), abdominal distress (stomachache, cramps or diarrhea), or headache prior to leaving for school
- Development of rash on face and/or body
- Has a very severe cold, cough and/or sore throat
- Has inflamed red itchy eyes with a discharge from them (crusty upon wakening)

## **Remember**

An ill child cannot function properly in the classroom. The spread of disease through class or school can be checked if the sick children remain home during the acute stage of an illness. If any of the above are detected by the school nurse, your child will be sent home.

## **Notify School if:**

- Your child is going to be absent
- Symptoms of communicable disease ( rashes, swollen glands, etc
- Hospitalization takes place
- You need to have your child dismissed early for a doctor's appointment

## **Obtain a note from the doctor if:**

- Child is to take medication of any kind in school (see medication policy)
- Child has received an examination or vaccine
- Child is out of school 3 consecutive days or more for illness
- Child has a communicable disease – child will not be re-admitted without a release from the doctor
- Child has an unidentified rash such as impetigo, poison ivy or head lice
- Child is unable to participate in certain activities due to injury or illness
- Child has a medical condition we should be aware of (diabetes, asthma, heart disease

## **Send a note to school:**

- When child is returning after an illness (stating reason for absence)
- When the information on the child's emergency card changes

Please keep this notice handy for future reference. If you have any questions contact the school nurse.