



FROM THE NURSE'S DESK.....

IMPORTANT HEALTH ASSESSMENT DOCUMENTATION/ NOTATION:

ANY STUDENT WITH NOTED HEALTH CONDITIONS ON THE HEALTH PORTION OF INFOSNAP/ HEALTH ASSESSMENT FORMS **WILL REQUIRE VERIFICATION/ DOCUMENTATION FROM THEIR PHYSICIAN,** PRIOR TO THE DEVELOPMENT OR CONTINUATION OF A HEALTH CARE-PLAN. PLEASE PROVIDE THE LATTER DOCUMENTATION TO YOUR CHILD'S SCHOOL NURSE AS SOON AS POSSIBLE, PREFERABLY PRIOR TO THE FIRST DAY OF SCHOOL.

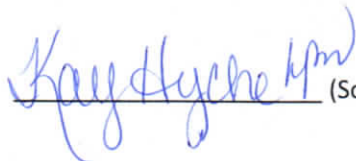
IF YOU RECEIVE A LETTER REGARDING YOUR CHILD(REN)'S IMMUNIZATION S (EXPIRED CERTIFICATE OF IMMUNIZATION) – **YOU MUST PRESENT AN UPDATED CERTIFICATE OF IMMUNIZATION** BEFORE YOUR CHILD(REN) WILL BE ALLOWED TO RECEIVE A SCHEDULE/ HOMEROOM TEACHER ASSIGNMENT IN AUGUST. PLEASE MAKE SURE YOUR CHILD(REN)'S SHOTS ARE BROUGHT UP-TO-DATE OVER THE SUMMER MONTHS. **KEEP IN MIND – ALL 5th graders entering 6th grade NEXT School Year must have a TDAP immunization prior to entering 6th grade. Please contact your child's Pediatrician or the local Tuscaloosa County Health Department to schedule an appointment.**

Tuscaloosa County Health Department Immunization Clinics are typically held every Thursday in the Summer by appointment only for those with **MEDICAID OR NO INSURANCE** – PARENTS SHOULD CALL TO VERIFY IMMUNIZATION DAYS AND MAKE APPOINTMENTS EARLY IN THE SUMMER - TCHD (205)562-6900.

- There is no charge for children covered by Medicaid, however, the Medicaid card must be presented.
 - All other clients will likely be charged a fee, based on their income.
 - Clients need to bring immunization records with them.
 - Students with Private Insurance should see their Primary Physician.
- **UPDATED PARENT/PRESCRIBER AUTHORIZATION ORDERS REQUIRED FOR NEXT SCHOOL YEAR** IF YOUR CHILD(REN) REQUIRE MEDICATION ADMINISTRATION/ PROCEDURES TO TAKE PLACE DURING THE SCHOOL DAY, YOU MAY OBTAIN A MEDICATION ORDER FORM FROM THE TCSS.NET WEBSITE OR THE SCHOOL. FORMS SHOULD BE RETURNED TO THE SCHOOL NURSE AT THE TIME THE MEDICATION IS **BROUGHT IN BY A PARENT/GUARDIAN** (PREFERABLY PRIOR TO THE FIRST DAY OF SCHOOL). **ALL PRESCRIPTION MEDICATION REQUIRES A DOCTOR AND PARENT SIGNATURE. ALL OVER THE COUNTER MEDICATION ONLY REQUIRES A PARENT SIGNATURE,** ONLY IF THE MEDICATION AND DOSAGE IS APPROPRIATE FOR YOUR CHILD(REN)'S AGE (SEE BOTTLE DIRECTIONS FOR DOSING IN REGARDS TO AGE), OTHERWISE A DOCTOR'S SIGNATURE IS REQUIRED.
- NO ZIPLOCK BAGS OF COUGH DROPS, ETC. WILL BE ACCEPTED. ALL OVER THE COUNTER MEDICATIONS MUST BE IN THE ORIGINAL, UNOPENED CONTAINER.
- NO EXPIRED MEDICATION WILL BE ACCEPTED.

- ALL INHALERS MUST BE IN THE ORIGINAL BOX WITH THE PRESCRIPTION LABEL INTACT.
- ANY PRESCRIPTIONS REQUIRING HALF TABLETS, MUST BE SPLIT PRIOR TO THE MEDICATION BEING BROUGHT TO THE NURSE'S OFFICE.
- AS MUCH AS REASONABLY POSSIBLE, WE ASK THAT ANY MEDICATION, TO BE ADMINISTERED ON NEXT SCHOOL YEAR, IS BROUGHT TO THE NURSE'S OFFICE ON THE Date(s) of August 5/6 BETWEEN THE HOURS OF 8:00 - 2:00.
- **AT NO TIME IS IT PERMISSABLE FOR A STUDENT TO CARRY ANY MEDICATION ON PERSON, UNLESS PROPER "SELF ADMINISTRATION/ KEPT ON PERSON" PAPERWORK WITH REQUIRED SIGNATURES HAVE BEEN SUBMITTED TO THE SCHOOL NURSE.**
- ALL MEDICAL EQUIPMENT AND MEDICAL SUPPLIES (DIABETIC GLUCOMETERS, NEBULIZERS, ETC.) MUST BE PROPERLY LABELED WITH YOUR CHILD'S FIRST AND LAST NAME.

Thanks in advance for your cooperation!



(School's Name) SCHOOL NURSE