

Kindergarten Information Night

Required medical documentation and health office information

Liz Lopes RN, BSN, NCSN

Crista Nardone RN, BSN

Required Documentation

- Physical Examination
- Immunization record
- Proof of a lead test

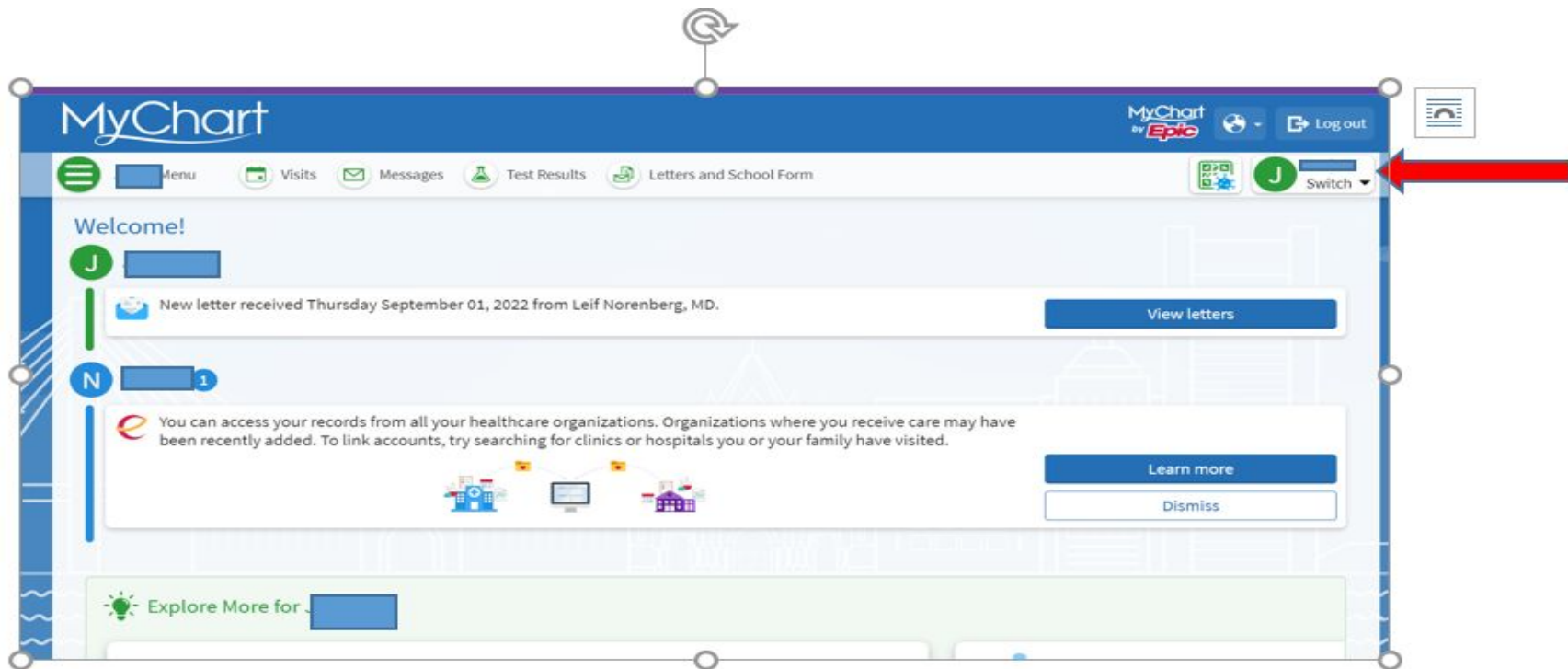
Physical exam

Physical Examination done within 12 months of starting kindergarten

- PE after 9/1/23
- If PE scheduled for the summer, submit copy of most recent PE and then send in updated PE when completed
- Some pediatricians are only giving copy at the physical appointment (take a photo)
- Scan and email it to us
- Send in hard copy and we can make a copy for you to have or for camp if needed
- **Physical exam clearly states**
 - **the date of the physical**
 - **student is cleared for all activities**
 - **must be signed by physician**
- Get physical from Mychart ***do not send visit summary***

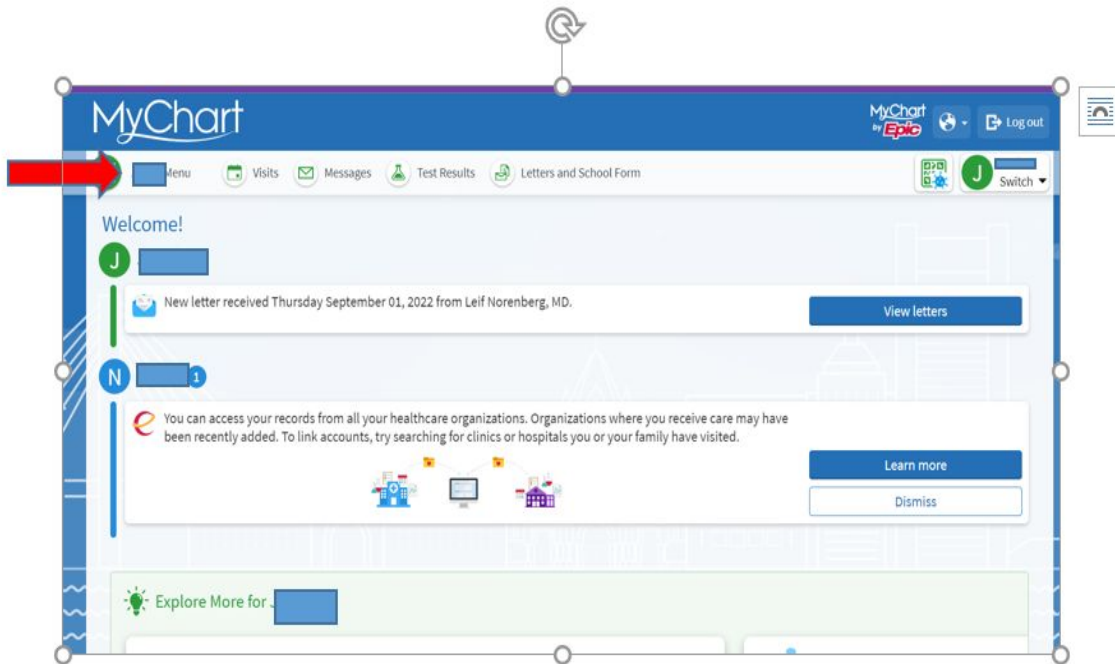
HOW TO PRINT YOUR CHILD'S MOST RECENT PHYSICAL EXAMINATION FROM MY CHART

- You must be on a computer, not a mobile device in order to see the full range of offerings in My Chart
- Log in, make sure it is your child's name displayed in the upper right corner.

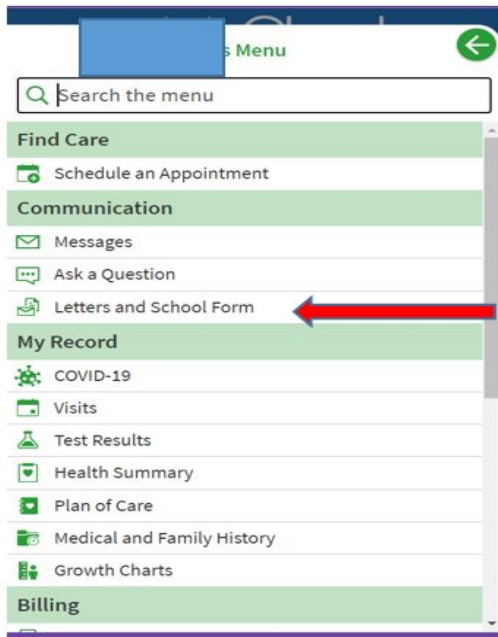


The screenshot displays the MyChart by Epic web interface. At the top, the MyChart logo is on the left, and the MyChart by Epic logo, a globe icon, and a 'Log out' button are on the right. Below the logo is a navigation bar with icons for Menu, Visits, Messages, Test Results, and Letters and School Form. On the right side of this bar, there is a 'Switch' button with a dropdown arrow, which is highlighted by a red arrow pointing to it. A small printer icon is visible in the top right corner of the page. The main content area shows a 'Welcome!' message with a user profile card for 'J [redacted]'. Below this, a notification states 'New letter received Thursday September 01, 2022 from Leif Norenberg, MD.' with a 'View letters' button. Another notification for 'N [redacted]' with a '1' badge is also present. A message about linking healthcare records is shown with a 'Learn more' button and a 'Dismiss' button. At the bottom, there is a section for 'Explore More for [redacted]'.

In the upper left corner, choose menu

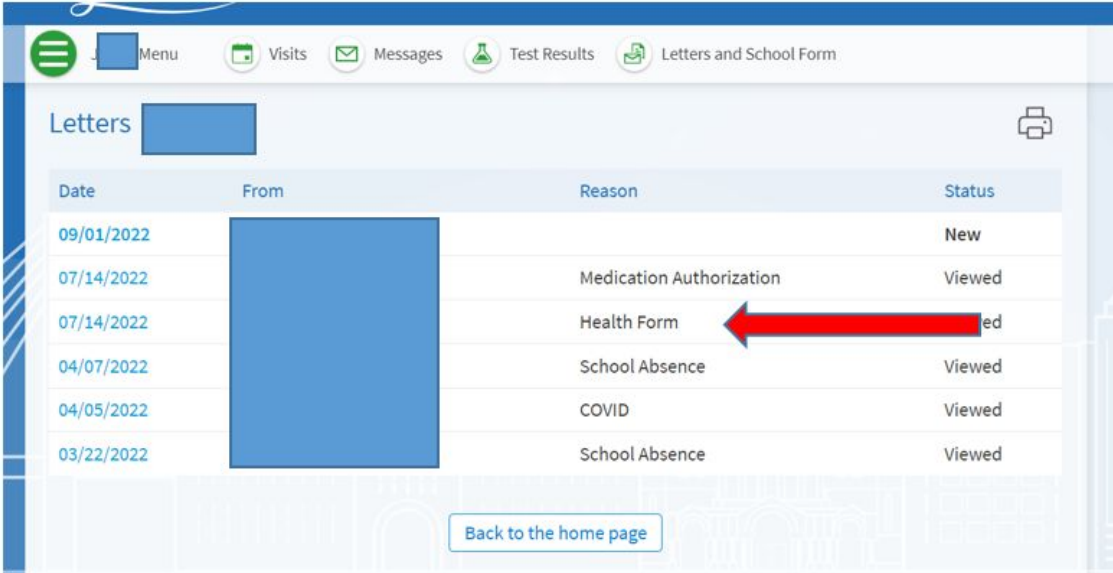


In menu drop down choose “Letter and School forms”



You will see a list of letters available

The physical may be called “Physical exam” or “Health Form” or “School/Camp/Sports Health Form”

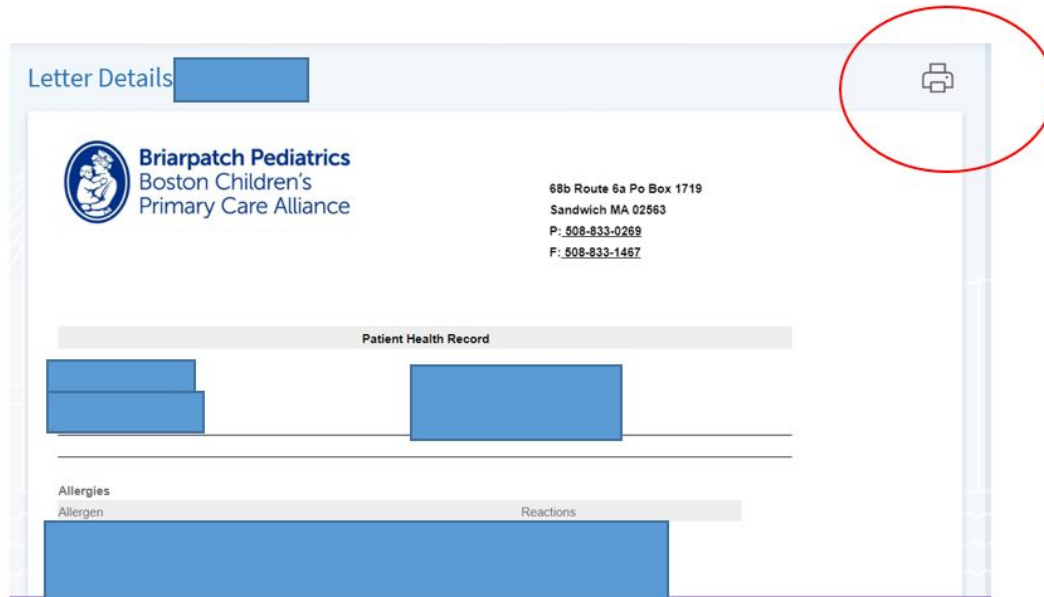


Date	From	Reason	Status
09/01/2022			New
07/14/2022		Medication Authorization	Viewed
07/14/2022		Health Form	Viewed
04/07/2022		School Absence	Viewed
04/05/2022		COVID	Viewed
03/22/2022		School Absence	Viewed


[Back to the home page](#)

In the upper right corner you will see a print icon

You can now bring copy to the main office, email or fax this to your school nurse



Letter Details [Redacted]

 **Briarpatch Pediatrics**
Boston Children's
Primary Care Alliance

68b Route 6a Po Box 1719
Sandwich MA 02563
P: 508-833-0269
F: 508-833-1467

Patient Health Record

[Redacted]

Allergies

Allergen Reactions

[Redacted]

A red circle highlights the print icon in the upper right corner of the page.

NOTES:

- Please do not share your My Chart access details with the school nurse or other staff
- If you don't have access to a printer you can come into the school and use a computer to sign in and print out the forms you need
- ****After visit summaries are not accepted in place of physical examinations****

Required Immunizations

5 DTAP

4 Polio (4th received after 4th birthday)

3 Hep B

2 MMR

2 Varicella

- Medical exemptions are acceptable with written documentation from physician
- Religious exemptions are acceptable, contact school nurse for appropriate forms and must include a written sincere religious belief statement

- MIIS (Massachusetts Immunization Information System)
 - Most pediatricians in the state use this system which is linked to our medical program at school, very helpful for maintaining your child's vaccination records as they go through school, please allow data sharing at your pediatrician's office

Lead test

- Required by Massachusetts DPH for entrance to public preschool and kindergarten
- If born in Massachusetts, most children have had lead test done at some point
- Even if religious/medical exemption for immunizations a lead test is still required

I NEED TO STAY HOME IF

<p>I HAVE A FEVER (100.0 OR HIGHER)</p>	<p>I AM VOMTING</p>	<p>I HAVE DIARRHEA</p>	<p>I HAVE A RASH</p>	<p>I HAVE AN EYE INFECTION</p>	<p>I HAVE BEEN DIAGNOSED WITH A COMMUNICABLE ILLNESS</p>
					
<p>Temp of 100.0 F or more</p>	<p>Within the past 24 hours</p>	<p>Within the past 24 hours</p>	<p>Body rash with itching or fever</p>	<p>Redness, itching and/or "crusty" drainage</p>	<p>COVID, influenza, strep throat, etc...</p>

I AM READY TO RETURN TO SCHOOL WHEN....

<p>Fever free for 24 hours without the use of fever reducing medication (Tylenol, Ibuprofen, Multi-symptom cold/flu relief)</p>	<p>Free from vomiting for 24 hours</p>	<p>Free from diarrhea for 24 hours</p>	<p>Free from rash / itching / fever, OR I have been evaluated by a physician and cleared for return</p>	<p>I have been evaluated by my doctor, on antibiotics for 24 hours and/or have a note to return to school</p>	<p>I have been evaluated by my doctor, have been on antibiotics for 24 hours and/or have a note to return to school</p>
---	--	--	---	---	---

Handwashing is the best prevention



Vision and Hearing Screening

- Screenings are done by the end of September
- If vision screening done at pediatrician on most recent physical exam then not done in school
- The Sandwich Lions Club brings in a SPOT machine and for Pre-K and K students
- We screen for 20/32, if student doesn't pass then a referral letter will be sent home in student's folder, requires follow up with a specialist as early as possible and we require documentation for student's medical file
- Hearing done on all students

Emergency cards

SANDWICH PUBLIC SCHOOLS EMERGENCY PROCEDURE CARD 2023-2024

Student Name: _____ Student ID: _____ NAME: _____ Date of Birth: _____ Gender: M

School Year: 2023-2024 Grade: 0 Homeroom: 111 Homeroom Teacher: Beth Hickson Bus Number: _____

Street Address: _____ Home Phone: _____

Mailing Address: _____

If special custody arrangements exist, the main office MUST have copies of all legal documents to substantiate these arrangements.

Contact 1: _____ Relationship: Mother

Phone and Type: _____

Contact 2: _____ Relationship: Father

Phone: _____

Contact 3: _____ Relationship: Grandmother

Phone: _____

Contact 4: _____ Relationship: Aunt

Phone: _____

Contact 5: _____ Relationship: Grandmother

Phone: _____

Medical Conditions:

Please circle that apply to your child: Asthma Diabetes Heart Condition Migraines Seizures ADHD Other

Please explain:

Allergies: (food, insects, medication, environmental - please specify)

Does your child take medications: (please specify)

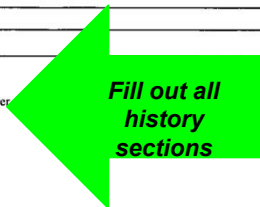
Family Doctor: Hooshmand Phone: 508-477-5306

Family Dentist: Dental Center Pediatrics Phone: 508-830-1212

Does this child have health insurance? Not Answered Does this child have dental insurance? Not Answered

Health Insurance Company: BCBS Policy #: _____ Subscriber: _____

Dental Insurance Company: delta dental Policy #: _____ Subscriber: _____



SANDWICH PUBLIC SCHOOLS HEALTH OFFICE SIGNOFF 2023-2024

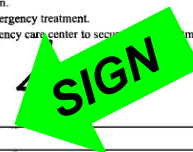
LAST NAME: _____

Student Local ID: _____

Home Room: 111

My signature below gives permission for the following:

- The school nurse to provide first aid and medical treatment to my child for any illnesses or injury that may occur during the school day.
- The school nurse to share relevant information regarding my child's health with appropriate school personnel
- The school nurse to exchange information with my child's physician for the purposes of treatment, referral and attendance coordination.
- In case of an emergency, permission for my child to be transported via ambulance to the nearest emergency care facility to receive emergency treatment.
- In the event that a parent/guardian cannot be reached in an emergency, permission for the attending physician, hospital or other emergency care center to secure treatment for my child.
- My child to use hand sanitizer in school.



Parent/Guardian Signature: _____ Date: _____

*Permissions must be updated annually at the start of each school year.

Extended Stay Medication Planning

If your child takes a daily medication vital to their health and safety, you may choose to provide up to a 3 day supply to be stored in school in case of an emergency situation that requires students to shelter in the school for a prolonged period of time. If you feel this is necessary for your child, please contact the building based nurse(s) to discuss the proper documentation and protocol.

School regulations require a written authorization from both the the physician and parent/guardian for the administration of medication in school. This applies to both prescription and over the counter medications. Medication Authorization forms are available from the nurse's office

Medications should be scheduled at times other than school hours whenever possible.