



## **USD 288 SCHOOL NURSES**

### **ILLNESS GUIDELINES**

#### **ILLNESS:**

**Students with the following health condition(s) shall be excluded from school:**

- \* Oral temperature of 100.4 degrees F or more
- \* Eyes inflamed with purulent discharge (Pink Eye)
- \* Drainage from ears(s)
- \* Skin Lesions (i.e. impetigo, ringworm, and scabies etc) until under treatment from a physician.
- \* Vomiting
- \* Diarrhea (2 or more stools)
- \* Severe cough
- \* Severe sore throat/Swollen glands
- \* Strep throat (must be on antibiotics for at least 24 hrs and fever free for 24hrs)
- \* Undiagnosed rash- If your child has a rash of unknown origin, they will need to be seen by a physician to make sure the rash isn't contagious.



## **MEDICATION GUIDELINES**

Medication at School: All student medications, including over-the-counter, must be administered through the health room under the supervision of the school nurse.

Prescription Medications Written request from the physician or dentist should accompany all medication to be administered at school. A written request from the parent/guardian must accompany all medication for initial administration. Continuation of administration will require parent's signature on the school form- [Medication Administration](#)

\*Medications administered three times or less a day shall be administered at home, unless a written request from the physician specifies medication to be given during the school day hours.

\*The official prescription container should accompany all medication. Two containers, one for home and one for school should be requested from the pharmacist. Any changes in type of drugs, dosage and/or time should be accompanied by a new physician order and/or a newly labeled pharmacy container.

\*All medication maintained in the school setting should be kept in the health office in a locked area. Students are not allowed to keep medication on their person, backpack, or locker. In the administration of medication, the school employee shall not be deemed to have assumed any legal responsibility other than acting as a duly authorized employee for the school district.

Over-the-counter medication: (ie: aspirin, cough and cold preparations, etc.)- All over-the-counter medication should be accompanied by a physician or dentist request. The medication should be in the original package and/or container. A written request from the parent/guardian must accompany all medication and a continuation of administration will require parent's signature of the school form- [Medication Administration](#)

## **IMMUNIZATIONS**

Parents- Please check the immunization requirements for 2021-22.

[Immunization Requirements 2021-22](#)



## **Forms**

[Immunization Requirements 2021-22](#)

[Kansas School Immunization Requirements Frequently Asked Questions](#)

[Healthy Futures Dental Consent](#)

[Medical Exempt](#)

[Religious Exempt](#)

[Medical Statement to Request Meal Modification](#)

[Medication Administration](#)

[Asthma Intake Form](#)

[Kansas Asthma Action Plan](#)

[Seizure Intake Form](#)

[Seizure Action Plan](#)

[Allergy and Anaphylaxis Action Plan and Medication Orders](#)

## **KSHSAA PHYSICAL FORM**

[PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTION](#)