

Muhlenberg School District Health Services Department

Dear Parent/Guardian:

The Health Services staff is looking forward to an excellent upcoming year for your child at Muhlenberg School District. You indicated that your child was diagnosed with **migraines** in the past.

In order to provide the best possible migraine management for your child at school, we ask for your help with the following. Please:

- **Get a written migraine action plan** from your child's health care provider and give a copy to your school nurse.
You may use the enclosed form or a form from your child's health care provider.
If your child does not have a primary care provider, please talk with our school health team to work out a plan to support your child's migraine needs.
- **Have your child's health care provider complete the enclosed Authorization for Medication During School Hours form** for any medication to be given at school. You must supply medications that are not stocked.
Give the completed form to the school nurse. Don't forget the parent/guardian signature and date.
- **A responsible adult shall bring all medication to school**, except in situations in which the parents, licensed prescriber, and school nurse believe that it is the best interest of the student that he or she carries the medication, such as with an emergency medication like an asthma inhaler. If parent is unable to bring the medication to school, the parent will need to sign a statement giving the child permission to transport the medication to school. The medication must be in its original container.
- All medication must be received in the original labeled container, which should include the student's name, name of the licensed prescriber, name of the medication and exact medication administration instructions. The school shall not administer expired medications. It is the responsibility of the parents to notify the school nurse of any changes to the original prescription label. All medication shall be stored in a secure locked and clean cabinet at all times.
- Tell the school nurse about any changes in your child's condition or migraine action plan.
- Tell your child's doctor or other health care provider about school support for helping your child manage his or her migraines.

Thank you for working with us to help your child. If you have questions or concerns about keeping your child's migraines well controlled while at school, please contact your child's school nurse.

Sincerely,
School Nurse

Estimado Padre / Guardian:

El personal de Servicios de Salud espera un excelente año próximo para su hijo/a en el Distrito Escolar de Muhlenberg. Usted indicó que su hijo fue diagnosticado con migrañas en el pasado.

Con el fin de proporcionar el mejor manejo posible de la migraña para su hijo/a en la escuela, le pedimos su ayuda con lo siguiente. Por favor:

- **Obtenga un plan de acción para la migraña del proveedor** de atención médica de su hijo/a y entregue una copia a la enfermera de la escuela.

Puede utilizar el formulario adjunto o un formulario del proveedor de atención médica de su hijo/a.

Si su hijo/a no tiene un proveedor de atención primaria, hable con nuestro equipo de salud escolar para elaborar un plan que satisfaga las necesidades de migraña de su hijo.

- **Haga que el proveedor de atención médica de su hijo/a complete el formulario de Autorización para medicamentos durante el horario escolar adjunto para cualquier medicamento** que se administren en la escuela. Debe suministrar medicamentos que no estén almacenados.

Entregue el formulario completado a la enfermera de la escuela. No olviden la firma y fecha del padre / Guardian.

- **Un adulto responsable debe traer todos los medicamentos a la escuela**, excepto en situaciones en las que los padres, el profesional autorizado y la enfermera de la escuela creen que es lo mejor para el estudiante que él o ella tenga su medicamento, por ejemplo, con una medicación de emergencia como un inhalador de asma. Si el padre no puede llevar el medicamento a la escuela, deberá firmar una declaración en la que le dé permiso al niño/a para transportar el medicamento a la escuela. El medicamento debe estar en su envase original.

- Todos los medicamentos deben recibirse en el envase original etiquetado, que debe incluir el nombre del estudiante, el nombre del prescriptor autorizado, el nombre del medicamento y las instrucciones exactas de administración de medicamentos. La escuela no administrará medicamentos vencidos. Es la responsabilidad de los padres de notificar a la enfermera de la escuela de cualquier cambio en la etiqueta de prescripción original. Todos los medicamentos deben almacenarse en un gabinete seguro, cerrado y limpio en todo momento.

- Informe a la enfermera de la escuela sobre cualquier cambio en la condición de su hijo/a o en el plan de acción contra la migraña.

- Informe al médico de su hijo/a u otro proveedor de atención médica sobre el apoyo escolar para ayudar controlar sus migrañas.

Gracias por trabajar con nosotros para ayudar a su hijo/a. Si tiene preguntas o inquietudes sobre cómo mantener bien controladas las migrañas de su hijo/a en la escuela, comuníquese con la enfermera de la escuela de su hijo/a.

Sinceramente,

La Enfermera Escolar

Muhlenberg School District
MIGRAINE ACTION PLAN FOR SCHOOL

Student Name: _____ Date of birth: _____

School: _____ Grade: _____

Migraine Triggers: _____

Daily Medications: _____

BELOW IS TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER:

<p>1. Safe Zone</p> <p>Student has any of these:</p> <ul style="list-style-type: none"> • No visible signs of pain • No additional warning signs • Denies pain/other symptoms • Can attend class/do assignments/play 	<p>1. Action</p> <ul style="list-style-type: none"> ○ Avoid triggers ○ Allow desktop fluids ○ _____ ○ _____
<p>2. Caution Zone</p> <p>Student has any of these:</p> <ul style="list-style-type: none"> • Complaints of head pain • Complaints of early migraine symptoms: _____ _____ _____ • Difficulty with class/assignments/play 	<p>2. Action</p> <ul style="list-style-type: none"> ○ Administer medication: _____ _____ ○ Encourage student to drink _____ oz of water ○ Call parent if medicine is used more than _____ times per week ○ Call doctor if medicine is used more than _____ times per week.
<p>3. Danger Zone</p> <p>Student has any of these:</p> <ul style="list-style-type: none"> • Medicine not helping • Vomiting • Other symptoms: _____ _____ _____ 	<p>3. Action</p> <ul style="list-style-type: none"> ○ Administer medication: _____ _____ ○ Notify Parent.

Additional Comments: _____

Licensed Provider (please PRINT): _____

Phone#: _____ Fax#: _____

Provider Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Muhlenberg School District

Authorization for Medication During School Hours

Student Name: _____ **Date of Birth:** _____
School: _____ **Grade:** _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, **each student** must provide the school nurse with a **Medication Authorization** form signed by the student's parent/guardian and a licensed medical prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by a licensed school health professional according to my child's licensed prescriber's directions.

I give permission for my child to transport their medication to and from school

Yes _____ (initials) No _____ (initials)

Parent/Guardian signature: _____ **Date:** _____

Parent/Guardian name printed: _____ **Phone:** _____

Licensed Prescriber Medication Order (below is to be completed by licensed prescriber):

Patient's name: _____ **Date:** _____

Name of medication(ONE form per medicine): _____

Route and dosage: _____

Time of administration: _____

Directions: _____

Discontinuation date: _____

Allergies: _____

For asthma inhalers and epinephrine pen only:

_____ (initial) I have instructed this student in the proper way to use his/her Asthma Inhaler or Epinephrine Injector. It is my professional opinion that this student **should be allowed** to carry and use this medication by him/herself.

_____ (initial) It is my professional opinion that this student **should not** carry his/her Asthma Inhaler or Epinephrine Injector. This medication will be kept in the nurse's office and administered by the nurse.

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____

Prescriber Phone: _____ **Prescriber Fax:** _____

Medication Administration Policy

Dear Parents or Guardians:

To insure your child's good health and safety, the Board of Directors of the MUHLENBERG SCHOOL DISTRICT has established the following policy, which governs the administration of medication to the pupils during school hours.

1. Administering medication:

Whenever possible, medication should be given to your child before or after school. If this is not possible, only the licensed school nurse or his/her licensed designee are authorized to administer medication to the students.

2. Licensed Prescriber/Parent/Guardian Permission:

You as the parent/guardian must provide a written order from a licensed prescriber for the prescribed medication. The licensed prescriber must indicate the student's name, name of the medication, the dosage, the time and dates to be given, possible side effects, any special care needed for the medication, the termination date for administering the medication and the licensed prescriber's signature. This request is valid for one school year.

The parent or legal guardian must also provide written permission to have the school administer the medication. (See attached Medication Authorization sheet.)

3. Medication transport to school:

A responsible adult shall bring all medication to school, except in situations in which the parents, licensed prescriber, and school nurse believe that it is the best interest of the student that he or she carries the medication, such as with an emergency medication like an asthma inhaler. If parent is unable to bring the medication to school, the parent will need to sign a statement giving the child permission to transport the medication to school. The medication must be in its original container.

4. Check- In Procedure:

The school nurse shall record the date the medication is brought in and count and record the number or amount of medication received from the parent/guardian.

5. Original Container/Dosage:

All medication must be received in the original labeled container, which should include the student's name, name of the licensed prescriber, name of the medication and exact medication administration instructions. The school shall not administer expired medications. It is the responsibility of the parents to notify the school nurse of any changes to the original prescription label. All medication shall be stored in a secure locked and clean cabinet at all times.

6. Self-medication/Students medication responsibility:

Students shall not administer any medication to themselves except when the licensed prescriber, the parent or legal guardian and school nurse agree in writing that it is necessary and appropriate. An example of permissible self-medication administration would be the use of an asthma inhaler, epinephrine injector or other similar emergency medications. It shall be the student's responsibility to come to the nurse's office at the appropriate times for medication. If a student fails to report to the health room for medication, the school nurse or licensed designee will locate the student and remind them to take their medication.

7. Documentation:

The school nurse shall keep a separate medication administration record for each student. All records shall be deemed a permanent part of the student's records and shall be confidential, except as disclosed to other staff members on a need-to-know basis only.