

# VENTNOR EDUCATIONAL COMMUNITY COMPLEX

## HEALTH OFFICE

### Middle School Health Packet

To All Parents and Guardians:

In order to provide your child with a safe and healthy 2016-2017 school year we ask that you review and complete the following information included in the Ventnor Educational Community Complex - Middle School, Health packet. The information included in this packet will help to ensure a smooth transition into the upcoming 2016-2017 school year.

Please **COMPLETE AND RETURN** the information in this packet to the **HEALTH OFFICE** by **September 9, 2016**. The information in this packet is also available on the VECC Website under the Health Office Tab or can be picked up in the Health Office.

**Included in this packet you will find:**

- **Health History Update**
- **Medication Policy**

NOTE: Please contact the School Nurse directly for all emergency medications so that a care plan can be developed for your child for medical conditions such as asthma, food / bee-sting allergies requiring the use of an EpiPen, diabetes, seizure disorder, metabolic conditions, etc.

**NOTE: All 6<sup>th</sup> graders must have the immunizations that are required by the State of New Jersey in order to attend school.**

Please contact the Health Office with any questions or concerns regarding your child's health.

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# VENTNOR EDUCATIONAL COMMUNITY COMPLEX

## HEALTH OFFICE

### MEDICATION ADMINISTRATION DURING SCHOOL HOURS

To: All Parents/Guardians,

School Board policy states that schools may **NOT** give any medication(s) to children during school hours unless an **Authorized Medication / Treatment Form is completed by the health care provider and the parent.** You will find the form in this packet. This form can be obtained in the School Health Office or on the VECC website under the Health Office tab. All medication authorizations for chronic or long term conditions shall not be good for over 12 months. **The Authorization / Treatment Form must be signed by the doctor and the parent/ guardian.** Parents are responsible for seeing that adequate supplies of the medication(s) are provided for the school.

If at all possible, the medication should be scheduled to be given at home, rather than during school hours. Medication given during school hours requires a **written order by the prescribing physician which must contain the following:**

1. The purpose of the medication
2. The Dosage
3. The time at which or the special circumstances under which medication shall be administered
4. The length of time for which medication is prescribed
5. The possible side effects of the medication.

Medications given at school must be provided in current, original containers with original pharmacy labels. Please request the pharmacy fill your prescription in two (2) labeled containers so there is proper labeling at home as well as at school.

The labels must include: name of student, name of drug, directions concerning dosage, time of day to be taken, name of prescribing physician and date of prescription.

***Students may NOT bring the medication to school.***

**ALL MEDICATION(S) MUST BE DELIVERED BY THE PARENT/ GUARDIAN TO THE SCHOOL NURSE**

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