

St. Vincent de Paul School

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Omaha, NE. 68164
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IMPORTANT HEALTH NEWS

RE: Annual Student Health Update
Please fill out one per student by **May 3**

STUDENT NAME _____ **GRADE** _____
(Please Print) First Last

1. Your help is needed to update your child’s health status and assist school personnel to identify potential classroom emergencies and health issues which may affect your child’s learning.

Check any health concerns which pertain to your child:

- ADD/ADHD Allergies Asthma Diabetes Emotional/Mental Hearing
- Heart Problems Injuries Recent Surgery Scoliosis Seizures Vision
- Other, specify _____

If you checked any of the above please specify symptoms, treatment, restrictions and needed adjustments.

My child has no health needs requiring special consideration at school.

IT IS THE PARENTS RESPONSIBILITY TO NOTIFY THE SVDP SCHOOL NURSE IF CHANGES OCCUR.

2. List all medications (include inhalers) your child is currently taking (include name, dose, time & reason):

Medications given at school require special forms available in the school office or website at www.svdp-school. STUDENTS MAY NOT KEEP MEDICATIONS WITH THEM.

3. Immunizations in the PAST YEAR ONLY (month/date/year):

DTP/TD ___/___/___ Polio ___/___/___ MMR ___/___/___ Chicken Pox ___/___/___ Hepatitis B ___/___/___ ___/___/___ ___/___/___

4. Date of last eye exam ___/___/___ glasses contacts (if applicable) Date of last dental exam ___/___/___

5. Physician’s Name: _____ Phone number: _____

6. Hospital Preference: _____
I understand the above information may be shared with school personnel.

Medical Authorization and Waiver

I understand that in case of illness of, or injury to my child, St. Vincent de Paul School will try to notify me at the telephone number listed on the Student Profile.

In case of illness or injury, and until I can be contacted to give specific instructions concerning treatment, my child will be provided basic first aid by the school nurse, school employees or health committee volunteers.

In case of an emergency, if the school is unable to contact myself or any of my emergency contacts, the Emergency 911 system will be activated; and I will be responsible for any expenses incurred.

In consideration for providing treatment and care, whether prior to receiving my specific instructions, in acting on my instructions, or in an emergency, the undersigned for my benefit, for the benefit of my family, and for the benefit of my child, releases, waives, discharges and holds harmless St. Vincent de Paul Church of Omaha, it’s school, The Catholic Archdiocese of Omaha, and each of their employees, agents and health committee volunteers from loss, liability claims or causes of action with respect to such treatment and care, irrespective of whether such loss, claims or causes of action are caused in whole or in part by the negligence of any of the foregoing persons or entities or otherwise.

Asthma/Anaphylaxis Protocol Authorization or Refusal

The Nebraska Department of education has partnered with Attack on Asthma Nebraska to insure that all schools have the education, training and lifesaving medications required to implement the emergency protocol *Emergency Response to Life-Threatening Asthma or Systemic Allergic Reaction (Anaphylaxis)*.

Emergency Protocol:

1. **Call 911**
2. Summon school nurse if available. If not, summon designated trained, non-medical staff to implement emergency protocol.
3. Check airway patency, breathing, respiratory rate and pulse.
4. Administer medications
 - a) administer an IM EpiPen -Jr. for a child less than 50 pounds or an adult Epi-Pen for any individual over 50 pounds
 - b) follow with nebulized albuterol while awaiting EMS. If not better may repeat times two, back to back.
 - c) administer CPR if indicated
5. Determine cause as quickly as possible
6. Monitor vital signs (pulse, respiration, etc.)
7. Contact parents immediately and physician as soon as possible
8. Any individual treated for symptoms with epinephrine at school will be transferred to a medical facility

The schools Epi-Pen and Albuterol do not replace a child's own prescribed medications for asthma/allergy control and management. Parents of students with known diagnosis related to asthma and allergies are expected to ensure their children continue to have medications available and to have an emergency action plan on file with the school nurse. In the event a student experiences a life-threatening asthma attack or systemic allergic reaction, the school nurse will defer to the specific action plan and medication provided by the parents. If there is no action plan and medications on file with the school, the school nurse will refer to the regulatory protocol described above.

Please carefully read and check **ONE** of the following:

- Yes**, in the event that my child experiences a life threatening asthma attack or systemic reaction and there is no specific action plan or medication for my child, then I wish the protocol to be implemented.
- No**. I, for whatever reason, do not wish my child to receive the lifesaving emergency treatment under the protocol.

I understand that if any of the information contained in this form changes, I am obligated to inform the school in writing of such change. I acknowledge that I have read the foregoing in its entirety and have voluntarily signed the Medical Authorization and Waiver / Asthma/Anaphylaxis Protocol Authorization or Refusal Form.

Parent Signature _____ Date _____

Student's full name (Please Print) _____ Grade _____