

McFarland School District Health Services Parent Handbook



Healthy Children Learn Better



EC-2

McFarland Primary School
6009 Johnson St.
(608) 838-3146

3-5

Waubesa Intermediate School
5605 Red Oak Trail
(608) 838-7667

6-8

Indian Mound Middle School
6330 Exchange St.
(608) 838-8980

9-12

McFarland High School
5103 Farwell St.
(608) 838-3166



McFarland School District operates a student health office in each school during school hours. Health Office staff have knowledge and training in first aid procedures to assist students with daily health concerns. Supervision and coordination of District health services are the responsibility of the District Nurse. In addition, the District Nurse collaborates with Dane County Public Health to provide a variety of screening and health education programs, develops Individual Health Plans (IHP), participates in Individualized Education Programs (IEP) and 504 Plans, presents in classrooms, provides staff training, and serves on various District committees.

The McFarland School District's website has a "Health Services" page. Numerous resources in addition to Medication Consent Forms can be found on that page. To view our web page, go to <https://www.mcfarland.k12.wi.us/district/dept-health-srvs.cfm>.

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Health Services: Annual Online Registration

For the safety and well-being of all students, the school district requires parents/guardians to complete an annual online registration process at the start of every school year. This process ensures that our health office and emergency personnel have access to the most current and accurate medical information for your child.

During online registration, you will be required to provide and update the following vital information:

- **Current Medical Conditions:** Please list any existing health conditions, allergies, or physical limitations your child may have. Medical conditions requiring an Individual Health Plan or Emergency Health Plan will be created by the School Nurse and shared with Parent/Guardians for review.
- **Medications:** Detail any medications your child is currently taking, including dosage and administration instructions if applicable during school hours.
- **Emergency Contact Information:** Provide up-to-date contact details for parents/guardians and at least two additional emergency contacts in case we are unable to reach you in an emergency. See *Emergency Information & Response* below (pg. 18).
 - **Emergency Authorization:** This grants school staff authorization to administer first aid or seek emergency medical treatment if necessary even when a parent cannot be reached.
- **Physician and Medical Facility Information:** Include the name and phone number of your child's physician, and preferred medical facility.
 - See [Health Care Insurance resources](#), also available on our [webpage](#), for information on obtaining health insurance, prescriptions and more.
- **Immunizations:** Updated immunization information requested for all incoming KF, 7th, and 12th grade students. See *Immunization* information below (pg. 5-7).
- **Kindergarten Only:** Families will be required to review, complete and submit the following [KE Health Packet](#) prior to the start of Kindergarten to the McFarland Primary School Health Office.

It is important that this information is reviewed and updated annually, and any changes throughout the school year are promptly communicated to the school health office. Having accurate records allows us to respond swiftly and effectively in any health situation and ensures your child receives appropriate care during the school day. Thank you for helping us maintain a safe and healthy environment for all students.

Immunizations

Childhood immunizations are an effective intervention in preventing a variety of childhood diseases. Immunizations (in the form of vaccines) can prevent children from contracting these diseases and eliminate the threat of severe disabilities. State statute 252.04 requires that all K through 12 students meet minimum immunization requirements before admission to school. The [requirements](#) (also available in [Spanish](#)) are available through the Department of Health Services at www.dhs.wisconsin.gov.

Waivers (students excused from obtaining vaccination) can be claimed for medical, personal conviction, or religious reasons. To claim a waiver, a parent/guardian (and physician, for health waivers) must complete a [form](#) - see step 4 (also available in [Spanish](#)) and return it to the student's school health office.

Upon admission, student immunizations are documented in Infinite Campus as a part of your child's student record. When students receive additional vaccinations and boosters, it is essential for parents to communicate dates to Health Services in order for us to maintain accurate records. Our system is linked with the Wisconsin Immunization Registry (WIR), and information there will update in our system as well. Guardians have access to WIR and may verify the immunizations recorded in that system online at www.dhfs.wisconsin.gov at any time using their child's social security number.

Please complete the student immunization record [form](#) (accessible via web link during the online registration process or page 7 in this packet) and return it to the Health Office at your child's school. **The Department of Public Instruction requires that all immunization records/waivers be reported within the first 30 days of each school year.**



STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

**Table 144.03-A
Required Immunizations for the 2021-2022 School Year and the Following School Years**

Age/Grade	Required Immunizations (Number of Doses)								
5 months through 15 months	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV	
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV	
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV	
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B			
Grade 7 through grade 11	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			1 Mening
Grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			2 Mening

- Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
- D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTaP/DT/Td vaccine for all students Pre-K through 12th. Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note:** A dose four days or less before the 4th birthday is also acceptable.
- DTaP/DTaP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note:** a dose four days or less before the 4th birthday is also acceptable.
- Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
- Polio vaccine for students entering grades Kindergarten through 12th. Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note:** a dose four days or less before the 4th birthday is also acceptable.
- Laboratory evidence of immunity to hepatitis B is also acceptable.
- MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note:** A dose four days or less before the 1st birthday is also acceptable.
- Varicella vaccine is chickenpox vaccine. Students with a reliable history of varicella disease are not required to receive the Varicella vaccine. A physician, physician assistant, or advanced practice nurse prescriber must document a reliable history of varicella disease by indicating that the student has had varicella and signing the Student Immunization Form (DHS Form 04020L). Students (excluding new enterers and kindergartners) with a parental report of disease prior to May 2024 are considered compliant.
- One dose of Meningococcal vaccine (serogroup A,C,W,Y) is required for students entering 7th grade, and a booster dose is required for students entering 12th grade. Students are assessed for this requirement in 7th grade and 12th grade only. Current Wisconsin students in 8th-11th grade will not be assessed for this requirement until they enter 12th grade. A second dose is not required for students who received their first dose of MenACWY at age 16 years or older.



STUDENT IMMUNIZATION RECORD

Instructions to Parent: Complete and return to school within **30 days after admission**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 Personal Data

Please Print

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, ZIP Code)			Phone Number	

Step 2 Immunization History

List the **month, day, and year** your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry:
<https://www.dhfs.wisconsin.gov/immunization/registry>

Type of Vaccine*	First Dose MM/DD/YYYY	Second Dose MM/DD/YYYY	Third Dose MM/DD/YYYY	Fourth Dose MM/DD/YYYY	Fifth Dose MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine					
Meningococcal (serogroup ACWY)					

Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required.
☐ I attest that this student has a reliable history of varicella disease.

Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? Check all that apply.
☐ Varicella ☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B
If **yes**, provide laboratory report(s)

SIGNATURE – Health Care Provider Date Signed

Step 3 Requirements

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 Compliance Data

Student Meets All Requirements
Sign at Step 5 and return this form to school.

Or

Student Does Not Meet All Requirements
Check the appropriate box below, sign at Step 5, and return this form to school. **Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs.**

☐ Although my child has **not** received **all** the required doses of vaccine, the **first dose(s)** has/have been received. I understand that the **second dose(s)** must be received by the 90th school day after admission to school this year, and that the **third dose(s)** and **fourth dose(s)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

Note: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

Waivers (List in Step 2 above, the date(s) of any immunizations your child has already received)

☐ **For health reasons** this student should not receive the following immunizations

SIGNATURE – Physician Date Signed

☐ **For religious reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

☐ **For personal conviction reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

Step 5 Signature

This form is complete and accurate to the best of my knowledge. Check one: (I do ☐ I do not ☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

Guidelines for Assessing Your Child's Health

Students are encouraged to remain at home when they are sick, however, they should attend school consistently to be successful. Patterns children develop regarding health and illness often carry over into future school years, adulthood, and the work world. We consider school your child's "job", and attendance is a crucial aspect of success. Our goal is to work with students, parents, and staff to promote optimal health thus creating the best environment for learning. Students absent from school due to illness can not participate in after-school activities until they feel well enough to return to the classroom. Please notify the health office at your child's school if they have been diagnosed with a contagious illness. See [DHS Wisconsin Childhood Communicable Diseases](#) for exclusion guidelines.

When Should I Keep My Child Home From School?

See [Guidelines for Sending Your Child to School](#) - *Please keep your child home from school if they show any of the following symptoms:*

- **Fever** (100.4°F or higher): Fever free for 24 hours without use of fever reducing medication
- **Vomiting or Diarrhea**
 - Unknown cause: Until symptom free for 24 hours
 - Rotavirus: 24 hours symptom free
 - Norovirus, C.Diff: 48 hours symptom free
- **Respiratory**
 - Flu, Covid19, RSV, other upper respiratory virus: Uncontrollable cough, difficulty breathing, 24 hours fever free (<100.4°F) without use of fever reducing medication, vomiting, diarrhea
 - Strep Throat, Scarlet Fever: Antibiotics for 12 hours before returning
 - Bacterial Meningitis: Antibiotics for 24 hours before returning
 - Pneumonia: Antibiotics 24-72 hours before returning (Per MD recommendation)
 - Pertussis: Antibiotics for 5 days, or after 21 days from onset of cough if not receiving antibiotics
- **Skin/Rashes**: If accompanied by fever, is spreading, draining/weeping and itching: remain home
 - Chicken Pox: Lesions dried/crusted before returning
 - Impetigo: Antibiotics initiated before returning, lesions covered until dried/crusted
 - Ringworm: Until treatment is initiated or lesions are covered
 - Hand, Foot & Mouth: Fever free (<100.4°F) 24 hours without taking fever reducing medication, no uncontrolled drooling with open mouth sores
 - Scabies: May return once treatment is completed
 - Pink Eye: None, unless unable to maintain proper hygiene (avoid touching eyes & others)

Cold/Cough/Flu

Upper respiratory infections (i.e., Flu, COVID 19, RSV) are usually caused by a virus. Healthy children may have between 6-9 viral infections each year. We recognize that no one feels good when they have a cold, yet some viruses may last as long as three weeks. A child with a mild cough, no fever, or

other symptoms of illness can usually remain at school. *A child with a deep, uncontrollable, or productive cough should stay at home, especially if the cough is accompanied by fever, vomiting, or other symptoms of illness.* Students having continuous nasal drainage or coughing spells that interfere with their ability to learn will be sent home. Extra rest and plenty of fluids will improve symptoms, but if phlegm or drainage turns green, lasts more than 2 weeks, or your student spikes a new fever (100.4°F or higher), contact your health provider for further evaluation.

Diarrhea

Please keep your child at home if they have three or more loose or watery stools in 24 hours, even if there are no other signs of illness. A student may return to school after 24 hours of no loose stools if they have no other symptoms and their condition is not being controlled by medication. Notify your provider if diarrhea is frequent or accompanied by fever, rash, or general weakness lasting more than 24 hours. *Exception:* Your health care provider has determined your child's diarrhea is not infectious (caused by chronic condition, antibiotics, new foods, etc.). Diagnosed Norovirus/C.Diff requires 48 hours asymptomatic.

Eye Inflammation or Discharge

Please keep your child at home and have them examined by a healthcare provider if their eye(s) is red, has cloudy or yellow/green drainage, is painful or if eyelids are matted after sleep/swollen. If diagnosed with pink eye (conjunctivitis), they may return to school if they can avoid touching their eyes and keep their hands clean independently.

Fever

Your child's temperature should be below 100.4 °F for 24 hours without the assistance of medication (to reduce fever) before returning to school. A temperature of 100.4°F or higher usually indicates an infection/virus of some nature. If a fever is discovered at school, we will request your child be taken home. Contact your provider if the fever continues for more than a few days and/or accompanied by other symptoms (sore throat, rash, etc.).

Headache

Students are encouraged to remain in school with headaches. If your child has frequent headaches, keep a log of when the headache occurs, how relief is achieved, and how long they last. Over-the-counter medication (acetaminophen & ibuprofen) is stocked in each health office and may be administered according to district policy for occasional use. If over the counter medication (acetaminophen, ibuprofen, etc.) is requested daily for >5 consecutive days, an MD Note and medication consent form ([Over the Counter Medication Form](#)) must be provided to the Health Office in addition to a bottle of the requested medication from home. A medication consent form ([English](#), [Spanish](#)) must be completed by a parent and provider before any prescription pain relievers can be administered.

Head Lice (Pediculosis)

Lice are small, thin, and grayish insects that live on or near the scalp and survive by biting the skin of the scalp and eating the blood that comes through the bite. Lice lay their eggs directly on the hair, close to the scalp. These eggs are called "nits" and stick to the hair. The nit is a small white speck

and is often confused with dandruff (dry scalp). Unlike dandruff which will brush away easily, nits are very difficult to remove and seem stuck to the hair strands. Presence of live lice in the hair constitutes exclusion from school under certain criteria. Students with live lice will be sent home for treatment by the end of the day that they are diagnosed. They may return only after treatment is completed.

Head lice outbreaks are common in schools and do not reflect upon a person's living conditions. They do not care if they are on a clean or dirty hair/head and do not discriminate between socioeconomic classes. Their only care is finding a warm head on which to live. Head lice spread easily among children, as they may transfer from head to head, clothes or personal items such as combs, brushes, hats, and headphones. Students are urged not to trade or share these items. If a child has lice, please notify the health office. Health staff address the diagnosis and communicate with parents/guardians about treatment/follow up. Most students do not become upset about having an insect on their heads unless adults are upset. Please see MSD Health Service [website](#) for additional resources including; [MSD Head Lice Policy & Procedure](#) and [Head Lice: Prevention, Symptoms & Treatment](#).

Rash

A rash may indicate an allergic reaction or infection and could be the first sign of a contagious childhood illness. Please contact your child's healthcare provider if a rash is "itchy," spreading, raw or weepy, or if it is accompanied by a fever. Review "when to keep my child home" above as well as [DHS Wisconsin Childhood Communicable Disease](#) chart for specific guidelines.

Sore Throat

A child with a mild sore throat, no fever and otherwise feeling well is permitted to attend school. Students with a severe sore throat (especially if white spots are visible on the back of the throat) should be seen by a provider, as this may indicate or develop into a more serious illness. If your child is diagnosed with a throat infection and antibiotics are prescribed, they may return to school after 12-24 hours of antibiotics (see [DHS Wisconsin Childhood Communicable Disease](#) chart for specific guidelines), fever-free for 24 hours and feeling well enough to participate in all classroom activities. Please notify the health office if the diagnosis is strep throat, mono, or other communicable illness.

Stomachaches

Students are encouraged to remain in school with stomach aches unless the pain or discomfort is associated with a fever (100.4°F or greater), vomiting, diarrhea, or lethargy. For children of any age stomachaches may occur easily with anxiety or stress, and oftentimes a short rest or discussion about the source may relieve pain so they may return to class. Over the counter medications such as Tums are available in the health office with prior Parent consent via online registration.

Vomiting

A student may return to school 24 hours after the last episode of vomiting if they have no other symptoms and their condition is not being controlled by medication. Students should also be able to eat and drink without vomiting before returning to school. Contact your physician if vomiting continues for more than 24 hours and/or not drinking fluids. *Exception:* Your health care provider has determined your child's vomiting is not infectious or contagious (anxiety, cyclic vomiting, etc.).

Medication Guidelines

Prescription and over-the-counter medication may be administered to students during the school day on a routine or as-needed basis. Before medication(s) can be administered by district employees, or for students to carry their own (Emergency Medications only-EpiPen, Inhaler) proper consent forms must be completed by the student's health care provider and parent/guardian per school board policy 453.4. Medication Consent Forms are located on pages 13-14 in this handbook, or on the McFarland School District website ([Health Services page](#)) or in each school's health office ([English](#), [Spanish](#)).

Before medication can be administered at school, the following is required:

Prescription Medication

- o Shall be labeled by the physician or by a licensed pharmacist to include the student's name, name of prescribing provider, name of the medication, dosage, and time of administration.
- o Must be submitted in manufacturer's packaging or pharmacy-labeled container.
- o Must be accompanied by dated, written permission (medication consent form or medication authorization form) from a licensed medical provider for every prescription medication. A new form is required every school year. Parent/guardian signature and contact information must be included on the medication consent form ([English](#), [Spanish](#)).
- o **The medication consent form shall be valid only for the current school year. The school year will include summer school sessions**, should the student be enrolled. Providers should date their school orders from the day ordered until the end of summer school or July 31 of the following year.
- o Physician's offices/and parents may fax a written order and consent to:
 - McFarland Primary School: 608-838-4503
 - Waubesa Intermediate School: 608-838-4613
 - Indian Mound Middle School: 608-838-4588
 - McFarland High School: 608-838-4562
- Any change in dosage or time of administration must be accompanied by written documentation from the health care provider.
- Medications should be delivered to the health office. Any medication that needs to be sent home, with the exception of some emergency medication (Inhalers, Diabetic supplies, EpiPens) & grade level, should be picked up by a guardian or with written or verbal instructions from the guardian for the student to retrieve.
- The school reserves the right to review and request a change in the method of medication administration if the current method presents a continuous safety issue or prevents the student from receiving the intended therapeutic benefit (e.g., a transdermal patch is consistently removed). Such requests will be made in consultation with the student's parents/guardians and prescribing healthcare providers to develop an effective and safe plan for the school setting.

Non-Prescription and Over-the-Counter Medication

- Must be in the manufacturer's original packaging and must be accompanied by a parent/guardian signed Medication Consent Form ([English](#), [Spanish](#))
- Any change in dosage or time of administration must be communicated to health staff in writing.
- Digital Medication Consent: During the online registration process, parents complete a digital consent form opting out or granting health staff consent to administer stock, OTC/non-prescription medication (Acetaminophen, Ibuprofen, Tums, Cough Drops, Allergy Eye Drops, Cetirizine/Zyrtec). This consent is valid for the current school year unless revoked in writing by a parent/guardian. A standing order for these medications, written by the District's Medical Adviser is kept on file in each health office.
- If over the counter medication (acetaminophen, ibuprofen, etc.) is requested daily for >5 consecutive days, an MD Note and medication consent form ([English](#), [Spanish](#)) must be provided to the Health Office in addition to a bottle of the requested medication from home.

Medication Frequently Asked Questions

- At the end of the school year, will health office staff transfer my child's medication to their next grade level?
 - No. At the end of the school year, all medication must be retrieved or it will be discarded unless arrangements have been made directly with the child's health office staff.
- How is medication stored at school?
 - All medication is stored within a locked cabinet in each school. Exceptions of this rule pertain to emergency medication (epinephrine) and medication that must be stored in a refrigerator or those carried by students who have obtained proper authorization. Office doors are also locked while the offices are unattended.
- How are medication and dosages tracked?
 - Medications are scheduled in the Infinite Campus health portal. Trained staff members administer scheduled medications and document them within the health portal. These records are retained per state and federal laws. Parents will receive a daily notification by email when medications are given.
- What happens if my child refuses to take a scheduled dose or exhibits unusual behavior after taking medication?
 - If a student exhibits any unusual behavior during or after taking medication, or refuses to take prescribed medication, the parent/guardian will be notified immediately. In the event of a life-threatening situation, 911 is the first point of contact followed by guardians.
- Is staff trained to properly administer medication?
 - The District Nurse provides hands-on training and online training through the Department of Public Instruction to designated staff for all forms of medication administration. Please note that Teaching staff do not administer non-emergency medication (prescription or non-prescription oral medication) except on field trips if trained to do so.



PRESCRIPTION MEDICATION CONSENT FORM

McFarland School District Health Services

McFarland Primary School Health Office Phone: 608-838-4674 Fax: 608-838-4503	Waubesa Intermediate School Health Office Phone: 608-838-4673 Fax: 608-838-4613	Indian Mound Middle School Health Office Phone: 608-838-4672 Fax: 608-838-4588	McFarland High School Health Office Phone: 608-838-4682 Fax: 608-838-4562
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Medication Order/Consent Form may be faxed to the Student's School

STUDENT INFORMATION

Student Name	Date of Birth	Grade/School
Indication/Diagnosis	Dose	Route
Medication Name	Strength	Frequency
Time & Condition (if given on an as needed basis) dose to be given	Start Date	End Date

PRESCRIBING PHYSICIAN/PROVIDER SIGNATURE (Required)

Your signature on this document attests to your willingness and intent to direct, supervise, decide, inspect, and oversee the administration of the medication by non-medically trained designees, and that you will accept direct communications from them regarding the administration of the medication. We urge that all instructions be stated in the language of the lay person.

Possible Side Effects	Date
Clinic Name/Location	Clinic Phone #
Prescribing Physician/Practitioner Name	Prescribing Physician/Practitioner Signature
<input type="checkbox"/> Yes! This student has been instructed on the proper use of Emergency Medication (<i>Inhaler, Epinephrine</i>) and is deemed responsible to self carry their own.	
Prescribing Physician/Practitioner Name	Prescribing Physician/Practitioner Signature

PARENT/GUARDIAN SIGNATURE (Required)

I give my permission to the designated school personnel to administer the above medication according to the directions provided, including on field trips. I agree to release from liability and hold the McFarland School District and its employees harmless in any and all events from the administration of this medication. I agree to notify the school, in writing, of any change in the orders. I further agree to keep the supply of the medication replenished as needed and understand only a month's supply can be stored at the school. I also give permission for the school nurse to communicate with the prescribing provider regarding this prescription. Medication must be sent in the original, LABELED MANUFACTURER OR PHARMACY CONTAINER.

Print Name	Preferred Phone
Parent/Guardian Signature	Date

Health Office Personnel Signature: _____ Date: _____



OVER THE COUNTER MEDICATION CONSENT FORM

McFarland School District Health Services

McFarland Primary School Health Office Phone: 608-838-4674 Fax: 608-838-4503	Waubesa Intermediate School Health Office Phone: 608-838-4673 Fax: 608-838-4613	Indian Mound Middle School Health Office Phone: 608-838-4672 Fax: 608-838-4588	McFarland High School Health Office Phone: 608-838-4682 Fax: 608-838-4562
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Medication Order/Consent Form may be faxed to the Student's School

STUDENT INFORMATION

Student Name	Date of Birth	Grade/School
Indication/Diagnosis	Dose	Route
Medication Name	Strength	Frequency
Time & Condition (if given on an as needed basis) dose to be given	Start Date	End Date

OVER THE COUNTER (AS NEEDED) MEDICATIONS

Please select which medications/treatments (supplied by health services) may be administered to your student. Health Services has a standing doctor's order to administer the following medication/treatments to your child (as needed). The box must be checked and form signed before medication can be administered. The use of any over the counter medication requested to be given beyond the recommended use will require a Medical Provider Order and parent supply medication. A Health Office visit email will be sent for each medication administered during the school day.

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)
<input type="checkbox"/> Weight-based dosing (Under Age 12)
<input type="checkbox"/> 1 (325mg) Tablet or chewable/liquid equivalent (Age 12 & Up)
<input type="checkbox"/> 1-2 (325mg) Tablets or chewable/liquid equivalent (Age 12 & Up)
<input type="checkbox"/> Allergy Eye Drops
<input type="checkbox"/> Antacid Tablets (Tums)
<input type="checkbox"/> Cough Drops (Cherry & Honey Lemon) | <input type="checkbox"/> Ibuprofen (Motrin)
<input type="checkbox"/> Weight-based dosing (Under Age 12)
<input type="checkbox"/> 1 (200mg) Tablet or chewable/liquid equivalent (200mg) (Age 12 & Up)
<input type="checkbox"/> 1-2 (200mg) Tablets or chewable/liquid equivalent (Age 12 & Up)
<input type="checkbox"/> 1-3 (200mg) Tablets or chewable/liquid equivalent (Age 12 & Up)
<input type="checkbox"/> Cetirizine (Zyrtec) – For mild-severe allergic reactions only. Parents will be notified via phone call if administered. |
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- ☐ **Other: Medication Provided by Parent/Guardian (Complete Required Information Above)**

PARENT/GUARDIAN SIGNATURE (Required)

I give my permission to the designated school personnel to administer the above medication according to the directions provided, including on field trips. I agree to release from liability and hold the McFarland School District and its employees harmless in any and all events from the administration of this medication. I agree to notify the school, in writing, of any change in the orders. I further agree to keep the supply of the medication replenished as needed and understand only a month's supply can be stored at the school. I also give permission for the school nurse to communicate with the prescribing provider regarding this prescription. Medication must be sent in the original, LABELED MANUFACTURER OR PHARMACY CONTAINER.

Print Name	Preferred Phone
Parent/Guardian Signature	Date

Health Office Personnel Signature: _____ Date: _____

Chronic Health Conditions

Responding to the needs of students with chronic health conditions such as asthma, allergies, diabetes, cardiac disorders, and epilepsy (seizures disorders) in the school setting requires a comprehensive, coordinated, and systematic approach. The District Nurse and the Health Services Department will work in cooperation with parents, students, school staff, and healthcare providers to provide a safe and supportive educational environment for students with chronic illnesses to ensure their safety and educational success.

Parent/Guardian will:

- Notify the District Nurse of a student's health management needs promptly after diagnosis or upon enrollment in school and whenever the student's health needs change.
- Consult with the District Nurse to create an Action Plan or Individualized Health Plan, including authorizations for medication administration, daily care and monitoring, and/or emergency response treatment signed by the student's health care provider and parent/guardian prior to school attendance. This authorization should also include details on if and how the student's health condition may impact their attendance.
- Communicate changes in the student's needs or health status promptly to health staff.
- Update the written plan with appropriate signatures prior to the first day of school, each school year, as long as the condition persists. Treatment and emergency plans, medication forms and any subsequent updates are only valid for one school year, including summer activities.
- Provide an adequate supply of the student's medication -- in pharmacy-labeled containers, clearly labeled with the appropriate name, medication, strength, and frequency of administration -- as well as all other supplies necessary to manage the student's care due to their specific chronic health condition.
- Replace all medications and supplies as needed.
- Provide a medic-alert bracelet (if appropriate) for your child, if developmentally ready.
- Notify the health office staff if the medical condition is resolved.

The District Nurse will:

- Identify students with chronic conditions based on parent/guardian disclosure and/or by review of the Student Health History Form submitted upon enrollment.
- Establish and clarify the roles and obligations of specific school staff involved in the care of a student with a chronic condition, and provide education and communication systems necessary to ensure student health and educational needs are met in a safe and coordinated manner.
- Communicate with families as needed, and as authorized, with the student's health care providers.
- Ensure that the student receives prescribed treatments and/or medications in a safe, reliable, and effective manner.
- Ensure that the student has access to needed treatments and/or medications at all times during the school day.
- Be prepared to handle health needs and emergencies related to the student's chronic health condition during the school day.

- Ensure that there is a staff member available who is properly trained to administer prescribed treatments, medications, and other immediate/emergent care during the school day, as well as on field trips (including overnight field trips).
- Ensure that all staff interacting with the student on a regular basis receive appropriate guidance and training on routine needs, precautions, and emergency actions.
- Ensure proper record keeping, including measures to protect student confidentiality and share information appropriately.
- Promote a supportive learning environment that views students with chronic health conditions/illnesses the same as other students.

Asthma

Students diagnosed with asthma who wish to keep an inhaler at school (either in the health office or their backpack) must have a current Doctor's Order ([Medication Consent Form](#)) on file. If your child's asthma is not well-controlled, please alert the School Nurse so an action plan can be implemented to manage asthma attacks. Below are suggestions on when to send/not to send a child with asthma to school.

When to go to school	When to stay home
<ul style="list-style-type: none"> • Stuffy nose but not wheezing • Mild wheeze, goes away with medicine • Perform usual activity, no extra effort to breath • Peak Flow in the Green Zone 	<ul style="list-style-type: none"> • Infection, Fever (>100.4°F), hot/flushed • Wheeze & cough persist after medicine • Difficult, fast breathing, can't do activities • Peak Flow in the Yellow or Red Zone

Food Allergies

Parents are asked to assist the school in the prevention, care, and management of students with food allergies. Outside snacks and treats for large groups of students are not allowed. See the handbook for each school building for specific building information. All MSD School classrooms are NUT FREE, these restrictions do not apply to the cafeteria, please review [MSD Allergies and Snacks information letter](#).

Does your Child have a Life-Threatening Allergy?

- Inform the School Nurse via online enrollment of your child's allergies prior to the beginning of the school year so that an Emergency Action Plan can be developed and implemented when school starts.
- Be prepared to provide updated Emergency Medication (Epi-pen) and other necessary medication with completed medication consent forms upon the start of each school year ([English](#), [Spanish](#)).
- Notify any before or after-school supervisors of your child's allergy and plans for emergency treatment. Notify the bus driver if necessary.
- Encourage your child not to share snacks, lunches, or drinks with others.
- If food allergies or restrictions, provide your child with their own daily snack from home.

- Any student requiring epinephrine must have epinephrine (injector or intranasal) available immediately at the beginning of the school year. *If no epinephrine is provided, students may not be able to attend field trips* as the school district does not have enough stock epinephrine to safely support all students with allergies who may be in the group. Stock epinephrine is used as backup support in case a second dose of epinephrine is required, or the supplied medication does not work.
- Review the school menu (instructions below) & provide cold lunch when hot lunch is not appropriate for your child.
- You can find detailed nutrition information for our school's hot lunch (& breakfast) program by visiting [My School Menu](#). Please see the instructions linked [here](#). While menus may change due to product availability, families will be notified in advance of any updates. Students can also access this information on their Chromebooks or phones (high school students only, during passing period/lunch). We encourage families and students to review menu and nutritional information prior to each day to ensure a safe and healthy meal choice.

Diabetes

Please provide the health office with updated diabetic orders and treatment plans each year. The school nurse will create an Individual Health Plan and Emergency Health Plan based on parent and MD orders. The following supplies should be available at all times:

- Glucagon kit for low blood sugars leading to unconsciousness – up to date with a medication consent form signed by your provider and a parent/guardian.
- Glucometer or Continuous Glucose Monitor (CGM) to check blood sugars as directed by provider orders. If a CGM is used, a backup glucometer must be available in case the CGM fails or a second check is needed.
- Extra glucometer strips (please keep a bottle of strips at school at all times).
- Ketone strips or ketone blood testing meter for high blood sugars.
- Snacks with labeled carb counts for regular snacks and to treat low blood sugar.
- Extra supplies for CGM or Insulin Pump if present, including a site and tubing.
- One extra bottle of insulin (used for sliding scale treatment of high blood sugars) or pen.
- Insulin syringes if not using a pen.

Your student's teacher should be aware of their plan, and where supplies are kept. Students in elementary school should keep all of their supplies at the health office in their building unless specific arrangements have been made with the School Nurse. Middle School and High school students may carry some or all of their supplies on their person unless directed otherwise by the School Nurse. If carrying their own supplies, students should communicate their supply location (backpack, locker, etc.) with health staff in case of emergency. Glucagon should be taken on all field trips.

You can find detailed nutrition (carb) information for our school's hot lunch (& breakfast) program by visiting [My School Menu](#). Please see the instructions linked [here](#). While menus may change due to product availability, families will be notified in advance of any updates. Students can also access this information on their Chromebooks or phones (high school students only, during passing period/lunch).

Illness, Injury & Emergencies

Going Home Sick

If students feel ill during the school day, they should ask to go to the health office as cell phone use is not allowed during class periods. Health staff will contact parents if students are requesting to go home or have the student contact their parents from the health office. The assessments performed by the health staff can help parents decide how to proceed. If the health staff determines a student should go home based on the protocols laid out in this handbook and/or health staff evaluation, they may send the student home *medically* excused. If health staff determine that the student feels unwell but is cleared to remain at school based on the criteria noted above, parents may choose to have the student released to go home *ill*.

Students who want to leave school and have an attendance waiver related to medical conditions should go to their building's main office. If the student's attendance waiver or plan includes contact with the health office staff or student services staff, the attendance staff may refer the student to the appropriate contact prior to releasing them to go home.

Emergency Information & Response

Throughout the school year, it is sometimes necessary to contact parents/guardians in the event of an emergency. Changes to demographic information may be made through the Infinite Campus Parent Portal. Please review the following suggestions that may be relevant to your situation.

- Update changes of adult contacts and home/cell/work telephone numbers.
- Update the School Nurse with changes in emergency health concerns.
- Inform your child and school office of emergency contacts in the event you are out of town.

Even with current contact information, it is sometimes difficult to reach a parent/guardian. If your child is ill or injured and a parent/guardian cannot be reached, we will use Emergency Contacts listed for your child. Please give careful consideration to Emergency Contacts by choosing someone living near McFarland and someone who may be able to pick up your child in your absence.

Emergency medication (Epinephrine, Bronchodilator Inhaler, Opioid Antagonist-Narcan, Glucagon) may be available in the health office and administered during a medical emergency regardless of whether prior authorization is obtained by the pupils parent/guardian or pupils physician/prescriber based on McFarland Medical Advisor Standing Order, McFarland School Board Policy po5330 & WI State Statue Section 118.2925, 118.2915, & 118.29. Emergency medical care including but not limited to CPR/AED, first aid, pulse oximeter, heart rate, blood pressure & blood glucose monitoring may be performed by trained staff in the case of an emergent illness or injury to gather data to provide emergency response personnel and parent/guardians.

Injury

Injuries that require the use of medical devices (crutches, wheelchair, cane, etc.) or an injury that results in your student having activity restrictions require orders from a Medical Provider. The written statement from the Provider should indicate that the student has been properly instructed in the use of the medical equipment they will be using at school and note any physical restrictions with a time frame for the restrictions/end date. *Any note received that does not have specific dates for use of*

medical equipment or the school elevator will be honored for one week. If your student needs additional time using medical equipment or the school elevator, an updated medical note will be requested.

Concussions/Headbump

McFarland School District is committed to providing students who have experienced a concussion a plan to ease back into school life, and return to learn. If your child has been examined by a healthcare provider/athletic trainer and diagnosed with a concussion, please request a provider note/order that includes specific directions regarding special accommodations while at school and physical limitations (ex: exclusion from recess, physical education, or technology classes) or complete the [MSD School Recommendations Following a Concussion](#). The note should be shared with Health Services, Student Services, Teaching staff and the Athletic Coach/Director (if applicable). If your student continues to experience symptoms related to their concussion after their initial diagnosis time frame, an updated medical note must be submitted by the Physician managing their concussion with any continued school accommodations. Return to play protocol must be followed, athletes can return to their sport/extracurricular once full participation in school/academics without symptoms and approved by MD/Athletic Trainer.

All bumps to the head are taken seriously. If a student is seen in the health office for a head bump, parents/guardians will receive: A phone call or email, depending on severity, from the health office staff to discuss the incident, the assessment performed, and any symptoms observed. A [head bump letter notification](#) will be linked in all headbump health office visits. This document will list important signs and symptoms of a concussion to monitor for over the next few days and will provide guidance on when to seek medical attention from a healthcare provider.

Exclusion from Physical Education

A student who is unable to participate in physical education class may not participate in sports activities or active play during recess. Health Services staff may excuse a student from physical education at their own discretion for up to one day if, in their opinion, the student is temporarily unable to participate. A parent/guardian may also request in writing that the child be excused from participating in physical education activities for up to one day. Conditions that require exclusion from physical activities for longer than one day require a written note from a physician or health care provider. Any note received that does not have specific dates for exclusion will be honored for one week. If your student needs additional time excused from participation in Phys Ed or recess, an updated note will be requested.

Health Services During Field Trips

Health staff or other trained staff are available for field trips as needed (including overnight trips) if the absence of health staff support would prevent a student from attending. Parents are encouraged to accompany students with significant health concerns (especially diabetes) on field trips, as a general chaperone is responsible for all students and cannot be solely responsible for one student while keeping all the others safe. We understand it is sometimes impossible for a parent to attend and want to provide every opportunity for their student to participate in field trips.

Health Service Screenings

Dental

[Bridging Brighter Smiles](#) currently works with the McFarland School District to provide dental screening for 4K-12th grade students. Visits are scheduled three times per year and parents are notified of signup opportunities in advance. Additional dental care resources are available on the Health Services section of the District [website](#).

Should dental screening occur on a day Early Childhood classes are not in session, parents are welcome to contact Bridging Brighter Smiles to schedule an appointment for their child on the day of screening. 4K students are seen on a case-by-case basis but those off campus must be brought to McFarland Primary School for screening. Contact Bridging Brighter Smiles to schedule an appointment on the screening day.

Hearing

McFarland School District provides hearing screening upon referral for suspected hearing concerns at any time during the school year. Students not passing their screening are referred to their medical provider. If you have a relationship established with a primary care provider, they are your best resource for a thorough hearing exam.

Vision

Health Service staff annually perform vision screening for children in KF & 2nd (Fall) and 5th & 8th (Spring) grade levels. However, parents or school staff may refer a child at any time for suspected vision concerns.

Our screening tests visual acuity only. Screening identifies students who may have vision problems and a referral is made to an eye care professional. Because screening may not find every eye defect, it is recommended students have a complete vision exam before entering school and routinely thereafter. Comprehensive eye care can be obtained through an eye care specialist. An ophthalmologist is a doctor of medicine who specializes in eye structure and diseases. An optometrist is a licensed professional who specializes in vision testing. Additional resources are available on the Health Services section of the [District Website](#).

Symptoms of vision concerns include: Headaches, frequent blinking, increased eye rubbing, squinting, head tilting to one side, closing or covering one eye, holding objects close to eyes, light sensitivity, red/swollen encrusted eyelids, red/watery eyes, eye pain, etc.

Additional Screenings

Nursing staff offers health information, consultation, or referrals on the following topics: Asthma & Allergy management, Alcohol & Drug dependency, ADD/ADHD, Cardiac, Communicable diseases, Diabetes, Diet & Nutrition, Eating disorders, Lice, Pregnancy, Puberty concerns, Seizure disorders, Sexually Transmitted diseases, Suicide prevention, etc.