

CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, California

Dear Parent,

Good health is an important component for success in school. Please review the following health related information and keep this letter for reference throughout the school year.

MEDICATION ADMINISTRATION

The California Education Code (Section 49423) allows school staff to assist students who are required to take medication during the school day. When possible, the schedule for giving medication should be planned outside of school hours. Medication, including both prescription and/or non-prescription (over the counter medications* and products) may be administered at school ONLY when the following have been provided:

1. Parent/Guardian and Physician **Request for Medication form signed** and completed by both the physician and the parent/guardian.
 - A separate form is required for each medication
 - New forms must be completed each school year and whenever the medication or dosage is changed.
 - If your child has a serious medical condition and your physician feels it is necessary to carry emergency medication with them, please contact your school principal
2. Medication is supplied in the **original container** from the pharmacy labeled with the students name, name of medication, dosage, method administration, and time schedule.

*Over-the-counter medications include any product or medicine which is purchased without a prescription. This includes: aspirin, aspirin substitutes, all pain relievers, cough medicine, throat lozenges, cold remedies, antihistamines, decongestants, anti-itch lotions and eye drops.

ILLNESS

Please have your family health care provider attend to your child's medical needs as we do not have a school nurse regularly assigned to your child's school. Health Assistants are available to discuss health concerns, however, they also are not at school on a daily basis.

When students come to school they should feel well enough to participate in their classroom program. If your child has any of the following symptoms he/she should not be at school.

- **Fever.** (99.6 or higher) Your child must be free of fever for 24 hours before returning to school. (Normal body temperature is 98.6)
- **Nasal congestion or runny nose** (not associated with allergies). Please remember that green or yellow nasal discharge is not normal and indicates infection and your child should not be in school.
- **Vomiting or diarrhea**
- **A cold, sore throat or persistent cough**
- **Any open sores or open wounds**
- Any undiagnosed **rashes**
- **Red or swollen eyes**
- **Earache**

COMMUNICABLE DISEASES

Attached is a summary of communicable diseases which can affect school-aged children. IT IS VITAL THAT YOU CONTACT THE SCHOOL IMMEDIATELY IF YOUR CHILD SHOWS SIGNS OF ANY OF THESE DISEASES. WE MAY HAVE SOME CHILDREN OR STAFF WHO REQUIRE IMMEDIATE TREATMENT IF EXPOSED.

If you have any questions regarding available health services, please do not hesitate to contact your school principal, or District Nurse.

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DISEASE	MODE OF SPREAD	INCUBATION PERIOD CENTER	EXCLUSION FROM SCHOOL CENTER
CHICKEN POX	From infected person by touch or airborne	10-21 days (Average 14-16 days)	May return on the 6th day after onset of rash if all lesions are dry and crusted
COLD SORES	(See Herpes)		
CONJUNCTIVITIS (Pink Eye)	Discharges from eye	24-72 hours	During active infection (bacterial conjunctivitis - may return to school after 24 hours of treatment)
DIARRHEA	Fecal - oral	Variable	Until diarrhea is resolved <u>or</u> negative culture and M.D. clearance to return to school
* FIFTHS DISEASE (Parvovirus)	Respiratory secretions and blood	4-20 days (Average 4-14 days)	* NO-Greatest communicability is before onset of rash. Probably not communicable after onset of rash. Rash and joint symptoms may occur 2-3 weeks after acquisition
HAND, FOOT AND MOUTH	Fecal - oral and respiratory secretions	3-6 days	During acute illness
HEAD LICE	Direct contact with person and/or belongings	6-10 days	May return after treatment with medicated shampoo <u>and</u> all nits removed
HERPES (cold sores)	Direct contact with oral secretions or lesions	2-12 days - in recurrent lesions, virus is present in the highest concentrations in the first 24 hours after appearance of vesicles. rapidly in next 24 hours and usually cannot be recovered in 5	NO
IMPETIGO (staph or strep)	Contact with lesion	7-10 days for Group A strep	Until lesions are healed or covered
INFLUENZA (Flu)	Contact with respiratory secretions, airborne	1-3 days	Until recovered
POISON IVY/OAK	Not contagious unless pollen on clothes		NO
RINGWORM	Direct contact with lesions	Unknown	Until treatment is begun, lesions need to be covered
STREP INFECTIONS (Strep Throat/Scarlet Fever)	Close face-to face contact, respiratory secretions	2-5 days	Until 24 hours after starting antibiotics