



GRAVES COUNTY SCHOOLS

HEALTH SERVICES



MEDICATION POLICY

- When it is necessary for your child to take medication at school, it is **the responsibility of you, the parent/guardian, to provide the medication.**
- **PRESCRIBED MEDICATION:**
 - Prescription medications must be supplied to school in the **ORIGINAL** labeled container with pharmacy label intact.
 - Prescription medications should be brought to school by parent/guardian, not with students.
 - A medication authorization/permission form must be completed by the prescriber of the child's medication and also signed by parent/guardian. This is only valid for the current school year.
 - Any time a change occurs for the medication (such as change in dosage or time of administration), a new form must be submitted.
 - All medications must be kept in the nurse's office unless it is an **EMERGENCY** medication (inhaler, EpiPen, Glucagon, seizure medication).
- **OVER THE COUNTER (OTC) MEDICATION:**
 - A medication authorization/permission form must be completed and signed by parent/guardian. This also is only valid for the current school year.
 - OTC medications can only be given according to label instructions
 - Medication must be provided in the original bottle with the label intact or cannot be accepted.
 - Medication cannot be administered/accepted if it has expired.
 - If possible, medication should be brought to school by parent/guardian. If you must send with a student, notify the school nurse ahead of time to report medication that was sent and the amount.

EMERGENCY CONDITIONS

- Students with potential life-threatening conditions will need an EMERGENCY ACTION PLAN (EAP) completed every school year. This will be completed by the student's health care provider and signed by parent/guardian. **THIS NEEDS TO BE COMPLETED AND SUBMITTED BY THE FIRST DAY OF THE SCHOOL YEAR ALONG WITH ALL EMERGENCY MEDICATIONS AND NEEDED SUPPLIES so we are prepared to care for your student.**
- These conditions include ASTHMA, ALLERGIC REACTIONS, DIABETES, and SEIZURE DISORDERS. EAPs can be obtained from your school nurse.
- Notify the school nurse with any changes to a student's condition/status or events that have occurred at home (i.e. required emergency medication, having high or low blood sugars, increase in wheezing, etc.).
- If your student has a food allergy and requires special dietary accommodations, there is also a form healthcare providers and parents/guardians must complete.



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ILLNESSES/INJURY

If your child has a change in health status (new diagnosis, new medication, injury, etc.), please notify the school nurse so we can better care for them.

As a parent, it is sometimes difficult to decide when to send your child to school and when to keep them home. Here are some general guidelines to assist in these cases:

I NEED TO STAY HOME IF...

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL	I HAVE THE FLU
							
TEMPERATURE OF 100.0 F OR HIGHER	WITHIN THE PAST 24 HOURS	WITHIN THE PAST 24 HOURS	BODY RASH WITH ITCHING OR FEVER	ITCHY HEAD, ACTIVE HEAD LICE	REDNESS, ITCHING AND/OR PUS DRAINING FROM EYE	HOSPITAL STAY AND/OR EMERGENCY ROOM VISIT	ACHY BODY, PAIN, TIREDNESS, HEADACHE, DRY COUGH, SORE THROAT, RUNNY NOSE (may have vomiting, diarrhea or fever)

I am ready to go back to school when I am...

Fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil, etc.)	Free from vomiting for 24 hours	Free from diarrhea for 24 hours	Free from rash, itching, or fever. I have been evaluated by my doctor if needed.	Treated with appropriate lice treatment at home.	Free from drainage and/or have been evaluated by my doctor if needed.	Released by my medical provider to return to school.	Released by a medical provider, symptoms are gone.
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If your child has strep throat or another bacterial infection, he/she should stay home until the antibiotic has been given for at least 24 hours and your health care provider has given your child permission to return to school. We encourage you to seek medical attention when your child is sick and to follow your health care provider's recommendations about returning to school and other activities.



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Immunization and Health Requirements for Graves County Schools

If you have a **child entering ANY grade** or **transferring** to Graves County Schools, please check the following **health requirements** that must be met to comply with **Kentucky's State Regulations**. These regulations must be met to enroll. Parents will be asked to provide a Social Security number, a birth certificate, and an **immunization certificate for each child**.

HEAD START	KINDERGARTEN	SIXTH GRADE	16 YEARS OR OLDER	ALL STUDENTS
<p><u>Three year olds</u> MUST HAVE:</p> <ol style="list-style-type: none"> 1) Four Diphtheria, Tetanus and Pertussis injections 2) Three polio injections 3) One Measles, Mumps and Rubella injection 4) HiB vaccine 5) Three Hepatitis B injections 6) One Varicella (chicken pox) injection if the child has not had chickenpox disease. 7) Hemoglobin test and Lead screening. 8) A complete physical exam. 9) A complete eye exam by an ophthalmologist or optometrist. <p><u>Four year olds</u> MUST HAVE: Same as Kindergarteners (next column), plus hemoglobin test.</p> <p style="text-align: center;">Contact Penny Hutson for any questions regarding Head Start 270-328-4905, Ext 2730</p>	<p>MUST HAVE:</p> <ol style="list-style-type: none"> 1) Four or five Diphtheria, Tetanus and Pertussis injections, with the last one administered after age 4 2) Three or four polio injections, with the last one administered after age 4 3) Two Measles, Mumps and Rubella injections administered on or after 12 months of age 4) Three Hepatitis B injections 5) Two Varicella (chicken pox) injections if child has not had chickenpox disease 6) A complete physical exam (within past 12 months) 7) A complete eye exam by an ophthalmologist or optometrist 8) Dental exam by dentist, PA, APRN, dental hygienist, LHD RN or MD between Jan 1 and Dec 31 of year enrolled. <p style="text-align: center;">**Physical exam must be completed and turned into school before September 1.</p> <p style="text-align: center;">**Both vision and dental exams must be turned into school before Jan 1 of the school year the student first enrolls</p>	<p>MUST HAVE:</p> <ol style="list-style-type: none"> 1) Three Hepatitis B injections 2) Tetanus, Diphtheria, Pertussis booster (Tdap) 3) Meningococcal vaccine 4) Second dose of Varicella vaccine 5) A physical exam (within past 12 months) 	<p>MUST HAVE:</p> <ol style="list-style-type: none"> 1) Two doses of Meningococcal vaccine (unless first dose is given at age 16 or older, then only one dose is required) <p style="text-align: center;">OPTIONAL</p> <ol style="list-style-type: none"> 2) If your child receives the COVID-19 vaccination, please send proof of immunization to your school nurse so dates can be added to your child's record. 	<p>MUST HAVE:</p> <ol style="list-style-type: none"> 1) Two Hepatitis A vaccinations (given six months apart). <p style="text-align: center;">**along with previous requirements.</p>

**TRANSFERS must present Kentucky School Medical Examination Form (physical exam)
and Kentucky immunization certificate.**



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Common Childhood Illnesses

Cold and Flu

Cold and flu result in more absences in school age children than almost any other illness. Most colds and flu are caused by viruses. Viral infections cannot be helped by antibiotics. If the child has a fever or cannot do their class work they should not be in school. See your health care provider if the cold is accompanied by the signs of a bacterial infection, such as persistent cough or a cough that produces yellow or green phlegm, high fever (102 degrees or above), pain in the ears, sinus or chest, or severe sore throat. Bacterial infections can be treated with antibiotics.

This is a list of suggestions that may be helpful for you if your child is suffering from cold or flu.

- Get plenty of rest. If he/she is having difficulty breathing because of congestion, you can try having them sleep propped up with pillows.
- Drink plenty of fluids (hot or cold)
- Frequent hand washing to prevent the spread of germs. Dispose of tissues carefully.
- Clean contaminated household objects (i.e. phones and toys) frequently. Wash dishes in hot soapy water.
- Try to have your child keep his/her hands away from his/her face.
- Using a vaporizer or humidifier may help with congestion.
- Eat when hungry.
- Parents can consider using a decongestant, pain relievers or Vitamin C supplements to relieve the symptoms of colds and flu as directed by your healthcare provider or pharmacist.

Head Lice

1. Don't panic! Check your child for signs of head lice which are the presence of bugs or the eggs they lay in your hair. The bugs are brownish, small flat, wingless insects that are about as big as a sesame seed when fully grown. They do not jump or fly and can live only on a person, never on pets. The eggs, or nits, are small, gray-white, and tear-shaped. The nits are firmly attached to the hair shaft and cannot be moved easily. The insect bites you very much like a mosquito and the person usually complains of itching.

2. Lice are easily transmitted for one person to another, especially at home. Please check all family members and household contacts for the signs of head lice and treat them as well.

3. Before returning to school:

- a. Use a lice shampoo, lotion or gel as directed on the label.
- b. Remove all the lice and nits (eggs) with a fine tooth comb or fingernails.



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- c. Put on clean clothes. Wash all clothes and bedding. Don't forget coats and combs.
- d. Vacuum all carpets well. Vacuum every day for at least the next 10 days. Don't forget to vacuum the car as well.
- e. Check your child's hair DAILY for re-infestation. Most treatments recommend a repeat treatment in 7-10 days. If eggs are left in the hair they can start hatching at any time. An egg takes about 10 days to fully mature and hatch. Each louse lays many eggs every day.
- f. Items that cannot be washed should be placed in an airtight plastic bag for two weeks.
- g. Remind your child that lice are spread from person to person. Lice or their eggs can get on the rug or couch and then crawl or cling to another person, or they can "hitch" a ride on a shared comb, hat, or personal item.

4. Students cannot return to school until they have been treated and have no live lice.

Pink Eye (Conjunctivitis)

Bacterial Conjunctivitis

- Usually starts in one eye
- The eye is red.
- The drainage is yellow or green.
- Swollen and painful
- Treated with antibiotics
- Wash drainage from eyes before eye drops are given.
- Exclude from school until treated for 24 hours and symptoms have improved.

Viral or Allergic Conjunctivitis

- Usually associated with a cold or allergies
- The eyes are red, itch and have a scratchy feeling; may have a small amount of light cream colored discharge.
- May be slightly swollen
- This does not include a chemical splash or injury but is often the result of smog or dirt.
- Allergy medication may improve symptoms.
- Wash the pollen or irritant out of the eyes.
- No exclusion necessary.



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Strep Throat

Streptococcal infections are not uncommon, but should never be taken lightly. Being alert to symptoms and getting early treatment is essential. Your health care provider will prescribe an antibiotic to be taken for ten days. Occasionally strep throats, especially if untreated or not fully treated for the full ten days, can be followed in 1 to 5 weeks by even more serious conditions such as Rheumatic Fever or Glomerulonephritis (kidney infection). The age group most often affected is the 5 to 15 year olds. Either of these conditions may cause permanent heart or kidney damage.

Scarlet Fever begins with a Strep Throat. Rash appears within the first 24 hours as a pink-red flush. that feels like sandpaper. The rash rapidly involves all parts of the body including hands and feet. It clears by the end of the first week and is often followed by peeling. The tongue is coated white. It sheds the white coat by the fourth or fifth day revealing a glistening red "strawberry tongue."

Not every sore throat is a Strep throat. The only way a strep infection can be identified is through a throat culture. You should seek medical attention for your child if any of the following symptoms occur:

1. Their sore throat came on suddenly.
2. Their throat hurts mostly when swallowing.
3. Their throat hurts when you press gently under the angle of the jaw.
4. The glands in the neck are swollen.
5. Presence of fever, a temperature of 101 to 104 degrees can be indicative of strep infection.
6. Headache and/or nausea
7. They have been in contact with children with strep throat.
8. Their throat has been very sore and red and has lasted more than 3 - 4 days.
9. Fine red rash covering the entire body that feels like fine sandpaper.

If your child has any of the above symptoms or has had a sore throat for more than 3 to 4 days, please have a throat culture and keep your child home until a diagnosis of strep throat can be ruled out. If that is the diagnosis **your child can return to school only after they have had at least 24 hours of antibiotics treatment.**



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Eczema

Skin rashes can often be an allergy, but can also be a symptom of other diseases. They can be something that lasts a long time or can go away quickly. It can be caused by exposure to irritants from the weather, from clothing, or from the foods eaten.

Eczema is a skin condition that is characterized by dry, itching skin that can come and go. There may be patches anywhere on the skin, but common places are on the arms and legs. The skin can become very raw and painful. This is not a contagious disease, but often there is a family history of similar problems.

Your health care provider should be consulted for diagnosis as this can be difficult to differentiate from other skin disorders. Treatment is focused on the relief of the symptom. Anything that aggravates the symptoms or dries the skin should be avoided whenever possible. Frequent bathing or long hot showers can contribute to the problem. You can try taking shorter baths and showers and reducing the use of soap.

Other possible allergies, including foods and irritants such as wool and lanolin should be avoided. Temperature changes, stress, or sweating can also aggravate the condition. You can try treating the skin with soothing lotions. A steroid cream applied to the area may be used to soothe scaly, dry areas. Ointment that contains tar cream may add the lubrication desired.

Because the dry skin tends to crack and itch, infections can develop. Call for an appointment with your health care provider if the symptoms persist despite treatment and avoidance of allergens, or if signs of infection, such as fever, redness or pain around a lesion occur.

Fifth's Disease

Fifth's Disease (Erythema Infectiosum Human Parvovirus Infection) is a mild viral disease that begins with a red rash on the cheeks; in fact, it is often called "Slapped Cheek Disease" because the cheeks appear as if they have been slapped red. There may be a history of some mild symptoms that precede the onset of the rash of a general nature of "not feeling well." There is usually no fever associated with this infection. In one to four days the facial rash can be accompanied by a lacy red rash on the trunk and extremities. The rash fades but may reoccur for one to three week. Exposure to sunlight or heat may make the rash reoccur.

In adults the rash is often not present or can look different. Adults complain of joint pain lasting days or months. Severe complications of infections are unusual in a healthy person. Any pregnant woman should be referred to their health care provider. This infection is transmitted primarily through contact with infected respiratory secretions, (also mother to fetus).

Persons are not considered infectious after the onset of the rash. Good hand washing and avoiding sharing eating utensils is advised to control the spread of this virus. Please contact your health care provider or clinic for confirmation of diagnosis and notify the school.



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Hand, Foot and Mouth Disease

This is a viral disease characterized by sudden onset of fever, sore throat and small, grayish sores in the mouth that may also be on the gums and the sides of the tongue. The sores can last from 7 to 10 days and can also occur on the palms of the hands, fingers, soles of the feet and occasionally on the buttocks. Although the disease is usually self-limiting, rare cases in infants have been fatal. The disease is spread by direct contact with nose and throat discharge and feces of infected people. It can also be spread by aerosol droplet. There is no specific treatment. A person is considered contagious during the first stages of illness and could pass the virus in their stool for several weeks. Preventative measures include promoting good hand washing and other hygienic standards in the home and in the school. Consult your health care provider if you or any member of your family has symptoms of this disease.

Strains, Sprains and Fractures (broken bones)

It is difficult to tell the difference between a sprained, strained or fracture without x-ray to verify the findings. A fracture can not be diagnosed by the way it appears or the amount of pain they have.

The following suggestions may help you determine what to do for this injury:

1. Can your child put weight on the knee/ankle? If there is some pain, but they can walk, you can probably rest assured he/she has a sprain. If your child is limping or cannot put any weight on the ankle/knee you should consult your health care provider for advice.
2. If your child cannot move the ankle/knee with normal range of motion or the leg looks a different shape, you should consult your healthcare provider.
3. If there is swelling you should consult your healthcare provider.
4. Pain and guarded movement are probably the best indications that further medical attention is needed.

The best treatment for any injury is the "RICE Treatment."

1. R is for REST... no running or jumping until the injury is healed
2. I is for ICE... decreases blood flow, swelling and pain. Do not put the ice directly on the skin and apply the ice for 20 minutes every two hour until the swelling is gone.
3. C is for COMPRESSION... you can wrap the knee/ankle for support and comfort. Check the circulation by taking the wrap off every 8-12 hour.
4. E is for ELEVATION... keep the ankle/knee elevated above the level of your heart to reduce swelling.



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Fever

Typically, a child with a fever of 100.4 or higher should be excluded from school. Check his/her temperature at least four times a day. To keep his/her fever down your doctor may suggest:

- A non-aspirin pain reliever. Your child needs to stay home until he/she does not require any medication for the fever.
- keeping him/her lightly dressed
- A lukewarm bath. Stop the bath if he/she starts to shiver. Do not use alcohol or cold water baths.

Call your Healthcare Provider or clinic if his/her:

- fever increases above 102 degrees or persists for more than 48 hours
- has vomiting or diarrhea
- has any difficulty breathing
- is unusually sleepy or irritable
- is confused or has a stiff neck (he/she is unable to put his/her chin on his/her chest)
- has a seizure
- stops urinating

Chicken Pox

Typical pox are teardrop shaped water blisters, surrounded by a reddened area. The rash rapidly progresses to a crusting stage (usually 24- 48 hours after first appearance). All lesions are usually crusted within five to ten days. Some children have only a few pox and little evidence of illness; others are covered with pox and have high fever, marked swelling of the lymph glands, severe itching and discomfort. We advise you to notify your doctor and get recommendations for treatment. If your child becomes difficult to awaken or confused, complains of severe headache or stiff neck you need to call your healthcare provider immediately.

There are several things you can do to make your child feel better.

- The main treatment for itching is a cool bath every three to four hours. Your doctor may suggest baking soda be added to the bath and other medications to help with itching.
- Since chicken pox sores can also occur in the mouth and throat, your child may be picky about eating for a few days and should be offered bland food.
- To help prevent sores from becoming infected encourage your child not to scratch, trim your child's fingernails short and wash your child's hands with soap frequently.

The disease is no longer contagious and your child can return to school when all the sores are covered by dry scabs. This usually takes five to seven days.



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Diarrhea

Children with diarrhea should stay home until the diarrhea is under control. Clear liquids are encouraged in small frequent amounts. Clear liquids include: 7up, Sprite, tea, popsicles, Pedialyte or Gatorade.

CALL YOUR CLINIC OR HEALTH CARE PROVIDER IF:

- The diarrhea does not improve.
- If a fever or stomach pain develops.
- Vomiting begins.
- There is less urine output.
- They are sleepier than usual.
- There is blood or pus in the stool.

Mild diarrhea (less than two stools in 24 hours)

- No change in diet
- Encourage "clear liquids" in small, frequent amounts between meals

Moderate diarrhea (one stool in four hours, up to six in 24 hours):

- Encourage "clear liquids" in small, frequent amounts for eight to twelve hours.
- No solid food for twelve hours.
- Slowly return to regular foods.

Impetigo

Impetigo is a highly contagious skin infection which begins as a scratch or superficial lesion. It starts as discolored spots of various sizes and shapes. Then small blisters form and break open. The fluid that drains from the blisters spreads the infection to the area surrounding the sore. The infection is spread by touching the sores or the fluid. These sores form yellow and honey colored crusts and scabs. The tissue around the sores is red.

Impetigo is often seen on hands, face or lower legs, but can be found on other areas of the body. It is often a symptom of a systemic strep/staph infection and the family healthcare provider should be consulted for treatment.

The usual treatment can include antibiotics taken by mouth for large areas and antibiotic ointment for small areas. **The child needs to be on the treatment for 24 hours before returning to school.** The health care provider might also direct the parent to soak the crusts with warm water compresses and apply an over the counter antibiotic ointment to the sores (Bacitracin or Polysporin). Do not cover the sore with a band aid.



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The child should avoid scratching the sores. Fingernails should be kept short and careful hand washing to avoid spreading the infection. The child should not share washcloths, towels, or drinking glasses with others in the family. Impetigo is easily spread to other family members. If the impetigo lesions show no improvement in 2 to 3 days, seem to be spreading, or if your child runs a temperature of 101 degrees or more, call your healthcare provider again.

Mononucleosis

Infectious mononucleosis is an acute illness caused by the Epstein Barr virus. The symptoms include sore throat, fever and enlarged lymph nodes. It occurs most frequently in adolescents or young adults. While infants and young children can be affected by the disease, they frequently have no symptoms. Individuals with this disease can experience symptoms ranging from no illness or mild illness to severe illness. Infection can occasionally be accompanied by a rash, especially in patients treated with ampicillin or amoxicillin. Most cases of infectious mononucleosis go away by themselves over two to three weeks. During the course of the illness, patients often have days when they feel well, alternating with days when they feel ill.

Transmission - The virus is spread from person to person through saliva. Young children may be infected by saliva on the hands of care givers. Spread between children can also occur by sharing mouthed objects or toys that have infected saliva on them. Kissing can increase spread among young adults.

Infectious mononucleosis is common in group settings of adolescents such as in schools. Spread may also occur via blood transfusions. The disease is not seasonal and the shedding of the virus can occur for many months after infection. The incubation period is estimated to be 4 to 6 weeks, but the time an individual is contagious is unknown. The diagnosis of this illness is based on symptoms and laboratory blood tests.

There is no specific treatment for infectious mononucleosis and more than 95% of the patients will recover with rest. Bed rest is necessary only when the patient has debilitating fatigue. As soon as there is symptomatic improvement individuals with this disease can be as active as they feel they are able.

Because blunt abdominal trauma may predispose patients to splenic rupture, contact sports or heavy lifting should be avoided during the first 2 or 3 weeks of illness or until medical release.

School Attendance Guidelines - Since the spread of the virus requires close contact, there is no need to exclude students or adults with this disease as long as they are feeling well or unless their healthcare provider has required more restriction. Proper hand washing measures should be in place to help prevent spread.

The prognosis for complete recovery is excellent if no complications ensue during the acute illness. The major symptoms typically last 2 - 4 weeks followed by gradual recovery. Second attacks of infectious mononucleosis caused by Epstein Barr Virus have not been documented. Fatigue may continue for several months and is a common complaint.

Occasional persistence of fatigue for a few years is well recognized. At present there is no specific evidence linking Epstein Barr to chronic fatigue symptoms.



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Ringworm

Ringworm is a fungal disease, NOT a worm that can appear on the body, scalp or feet. The lesions are flat and can be ring shaped. The outside of the area is reddish. The sores are usually dry and scaly but can be pus filled, dry, scaly, moist or crusted. It is infectious and will spread if left untreated.

Ringworm can be spread from people and animals, and is found in the soil. The mode of transmission is direct or indirect contact with skin or scalp of an infected person or animal, contaminated floors or ground. The incubation period is 4 to 10 days.

Ringworm is not considered contagious after the medication is begun. However we may ask you to keep the area covered with a band-aid while at school until the area begins to clear. Your child does not have to miss any school once treatment has been started. It might take up to six weeks before the sore is healed. If it becomes larger or more sores appear, call your healthcare provider. If they have sores in their hair, or there are more than three spots, do the following.

1. Thoroughly bathe with soap and warm water; avoid scratching the areas.
2. Apply a topical fungicide twice a day such as Tinactin or Micatin, which can be purchased over the counter at any drug or grocery store. Continue this treatment for one week after the ringworm patch is smooth and seems to be gone.
3. Call your vet for instructions to treat household pets.
4. Wash all towels and bedding with hot water. Dry on a hot cycle.
5. Do not share towels or washcloths.

Vomiting

Vomiting can be something that accompanies flu or it can be a reaction to food that was not agreeable. Vomiting is not considered serious unless your child complains of stomach pain, has a fever, sore throat, stiff neck, or diarrhea along with the vomiting. Vomiting can lead to dehydration. Watch for dry mouth, absence of tears, less urine than usual, or he/she is sleepier than usual. Call your healthcare provider if you should notice any of these things.

For now, the best thing to do is to let the stomach rest and settle down. Please keep him/her home until he has not had any vomiting for at least 24 hours and is eating solid food. You should consider:

1. Do not give anything to eat the first few hours.
2. Give "clear liquids" in small, frequent amounts; begin with a few sips every 10 minutes for one hour.
3. Gradually increase the amount of liquids; if there is no vomiting after this, continue clear liquids as tolerated.
4. If there is still vomiting after 8-12 hours, your healthcare provider should be consulted or the child taken to the emergency room to be seen.
7. If the vomiting is associated with a head injury or the child has taken some poison, call 911 immediately.



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State Required Health Screening Information

Graves County schools provide screenings throughout the school year in several health areas as required by state regulations. The majority of which are done at the elementary level. Our screenings are conducted by the school nurses with help from our wonderful parent volunteers and speech pathologists. Below is a list of screenings we routinely perform for students within our schools.

Hearing Screening

Mass hearing screenings are conducted each fall in the elementary schools for all students in grades 1 through 3. Other students may be screened individually throughout the year as needed. Any students that exhibit difficulty during the screen may be referred to a doctor for further examination. This referral will be in the form of a letter to the parents informing them the student failed the hearing screen. Forms should be taken with the student to a doctors appointment to be completed and then submitted to the school.

Vision Screening

Mass Vision screenings are conducted each fall in the elementary schools for all students in grades 3 and 5. Other students may be screened individually throughout the year as needed. Any student that exhibits difficulty during the screen may be referred to an eye doctor for further examination. This referral will be in the form of a letter to the parents informing them the student failed the school vision screen. Forms should be taken with the student to an eye doctor appointment to be completed and then submitted to the school.