

A stylized, light blue graphic of a lion's head is positioned on the left side of the page. The lion has a large, textured mane and is looking slightly to the right. The graphic is composed of solid blue shapes.

ST. MARK'S SCHOOL

Health Services

NEW STUDENT
Health Forms



ST. MARK'S SCHOOL

Health Forms

Health Services:
25 Marlboro Road
Southborough, MA 01772
508.786.6372
www.stmarksschool.org

Here's what's included in the New Students Health Packet:

- | Parent Cover Letter
- | Special Notice
- | NOTICE: PPD/Mantoux Screening
- | Health Record Forms (3 pages)
- | New Student Physical Exam
- | Massachusetts School Immunization Requirements 2023/2024
- | Health Insurance Verification Form (Domestic Students Only)
- | Authorization Form (HIPAA)
- | Clinic Transportation Permission Form
- | Meningococcal Waiver Form (2 pages)
- | Walgreens Form
- | Massachusetts Immunization Information (MIIS) Fact Sheet
- | Medication Order Form

ST. MARK'S SCHOOL

May 2024

Dear Parents,

As we finish this school year, plans are already underway for the upcoming 2023/2024 year.

FORMS INCLUDED IN THIS ELECTRONIC PACKET FOR **ALL STUDENTS** ARE:

- Special Notice With Important Updated Information
- St. Mark's Health Record Form **COMPLETE AND RETURN IMMEDIATELY**
- Physical Exam Form **RETURN BY EMAIL AFTER CURRENT EXAM* IS COMPLETED**
- Medication Order Form **REQUIRED FOR ALL PRESCRIPTION MEDICATIONS ONLY**
 - Please Make Additional Copies For Each Medication
- Health Insurance Verification Form **COMPLETE AND RETURN IMMEDIATELY**
(Domestic Students Only)
 - Please include a copy of **front and back Insurance Cards**

IN ADDITION, **NEW STUDENTS** RECEIVE:

- Authorization For Use/Disclosure of Health Information **RETURN IMMEDIATELY**
- Transportation Permission to Planned Parenthood **RETURN IMMEDIATELY**
- Meningococcal Disease/Vaccine/Waiver Form **RETURN IMMEDIATELY IF APPLICABLE**
- Massachusetts Immunization Requirements **FOR YOUR REFERENCE**

*NOTE: A Current Physical Exam is an exam completed within 1 year, prior to the date of arrival at school.

EXAMPLE: *If your child's most recent physical exam was done in October, 2023 then this exam is acceptable to begin the 2024/2025 school year, however a copy of the October, 2024 physical exam must be forwarded to Health Services upon completion.*

- **NEW STUDENTS:** Send a copy of **Immunization Record** (complete, with month & year),
- **NEW STUDENTS:** A **PPD/Mantoux Test or QuantiFERON Gold blood test** (Tuberculosis Screening) done within one (1) year of their arrival at St. Mark's School is **required**.
Important Notice included in Health Packet
An indication by the physician of "Low Risk" is not acceptable.
- **QUESTIONS:** If you have any questions over the summer, please email
ADRIA PAVLETIC: adriapavletic@stmarksschool.org or
LESLIE DOWST: lesliedowst@stmarksschool.org
- All forms need to be returned via email to **lesliedowst@stmarksschool.org** or faxed to 508-786-6010.

Have a healthy and restful summer,

Adria Pavletic, RN, MA, MN, NCSN
Director of Health Services

SPECIAL NOTICE

➔ All Health Record Forms are to be returned via email to lesliedowst@stmarksschool.org or faxed to 508-786-6010.

➔ **Health Record Form** (Page 1)

Alternate Contact - this section of the form must be completed with a local contact who would be able to pick up your student in case of illness or emergency

➔ **Immunization Update – MENINGOCOCCAL BOOSTER**

All students entering 5th & 6th Form (grade 11 & 12) will need meningococcal conjugate vaccine, MenACWY (brand names Menveo, Menactra, or MenQuadfi) for school entry. All students, regardless of grade level, are required to have 1 booster dose of MenACWY once they are 16 years of age. (1 or more doses of MenACWY are acceptable as long as 1 dose was received on or after 16 years of age.) This is a Massachusetts School Immunization requirement.

➔ **Flu Immunizations**

Once again St. Mark's School will be requiring the seasonal flu immunization for the academic year 2024/2025, to be completed by all students during Fall of 2024, Thanksgiving or Winter Break. This is most easily completed at any of the chain pharmacies (CVS, Walgreens, Target).

IMPORTANT NOTICE

➔ **ALL NEW St. Mark's students must have one of the following:**

Mantoux Test also known as – Mantoux Screening Test
Tuberculin Sensitivity Test
PPD Test

or a **QuantiFERON - TB Gold Test** – a simple blood test

➔ This is a St. Mark's School requirement for entrance to school.

POINTS TO REMEMBER:

1. This is **NOT** a routine screening.
2. You must ask your physician to do one of the above screenings.
3. The physician indicating '**Low Risk**' is not acceptable.
4. If your child's Physical Exam is current for starting school in September, it is still necessary to return to your physician for the Tuberculosis screening.
5. Keep in mind that once the **Mantoux** screening is performed you must return to your physician 48-72 hours later to have the screening read.
6. The Tuberculosis screening **MUST** be completed prior to arriving at school.

Historically the Mantoux screening is the most overlooked, forgotten, missing piece of health information required of new students at St. Mark's School. This screening is the #1 reason for an incomplete Health Record for new students.

Thank you in advance for completing this requirement as you move through the process of completing your child's Health Record.

HEALTH RECORD FORM

Students with incomplete health records will not be allowed to participate in any activities, including sports. This form **MUST** be returned to **Health Services, St. Mark's School, Southborough, MA 01772** **no later than JULY 1st.**

STUDENT Name _____ Date of Birth _____
Last First Middle

Home Address _____
Number and Street City State Zip

Student Cell Phone _____

PARENT #1 Name _____ Date of Birth _____

Home Address _____ Res. Phone _____

E-Mail _____ Cell Phone _____

PARENT #2 Name _____ Date of Birth _____

Home Address _____ Res. Phone _____

E-Mail _____ Cell Phone _____

ALTERNATE responsible person (not a parent) to be contacted if parent or guardian is unavailable:

Address _____ Phone _____

INSURANCE **PREAUTHORIZATION/REFERRAL REQUIRED?** ☐ ☐ **YES** ☐ ☐ **NO**

Health Insurance Company/HMO _____

Name of Subscriber _____ Subscriber's Date of Birth _____

Subscriber's Employer _____ ID/Group Number _____

PARENT PERMISSION:

I hereby consent for St. Mark's School Health Services, or designated health care providers, to carry out accepted procedures for diagnosis and treatment of medical conditions, athletic injuries, dental injuries, counseling services, and medication administration for my daughter or son, _____ (Student Name). Any required immunizations that are not complete may be administered at Health Services. Furthermore, I understand that the exchange of pertinent medical, psychological, and health insurance information may be necessary when providing care with an outside provider or through an off-campus facility. Faculty and other school personnel will be informed of any life-threatening allergies, medical conditions, and psychological issues which may require treatment as deemed necessary by Health Services.

Please sign and date below, to complete this authorization.

Parent/Guardian Signature _____ Date _____

HEALTH RECORD FORM *continued*

Student Name: _____ Date of Birth: _____

Parents/Students PLEASE COMPLETE THE FOLLOWING:

Primary Care Physician: _____ Phone: _____

PLEASE LIST CURRENT MEDICATIONS:

COVID-19 INFORMATION

Has your child been diagnosed with COVID?	Diagnosis Date:	Residual Effects:
Has your child received the COVID vaccine?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vaccine Manufacturer: <input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer	<input type="checkbox"/> J & J
Date(s) of Vaccine: Dose #1:	Dose #2:	Dose #3: BOOSTER: Dose #4: BOOSTER

Please comment on all “Yes” answers in the space provided below.

Please include dates and duration of condition if applicable.

MEDICAL HISTORY		YES	NO	PLEASE EXPLAIN
Allergies – Please describe reactions	Food: Medication: Environmental: EpiPen:			
Cardiovascular Issues (fainting, palpitations, blood pressure)				
Respiratory Issues (asthma, bronchospasms)				
Musculoskeletal Issues (Osgood Schlatters, scoliosis)				
Gastrointestinal/Digestive Issues (special diet, lactose intolerant)				
Genitourinary/Menstrual Issues				
Metabolic/Endocrine Issues (diabetes, thyroid)				
Neurologic Issues (epilepsy, seizures, migraine headaches)				
Sensory Issues (vision, hearing, speech)				
Skin Issues (acne, eczema)				
Dental Issues (braces, retainer, implants)				
Hospitalizations				
Surgeries				
Orthopedic Injuries (fracture, sprain, strain)				
Head Injuries (concussion)				
Loss/Compromise of Any Paired Organ (kidney, lung)				
Recurrent Infections (strep throat, tonsillitis, pneumonia)				

PERSONAL HISTORY	YES	NO	PLEASE EXPLAIN
Has physical activity been restricted during the past five (5) years? (Give reasons and durations)			
Received counseling or treatment for an emotional, anxiety, or other psychological concerns?			
Diagnosed with learning differences? (ADD, ADHD, LD)			
Consulted or been treated by a clinic, physician, healer, or other practitioner within the past five (5) years?			
Concerns about activities of daily living? (sleep, diet)			
Concerns about tobacco, alcohol, or other drug use?			
Concerns about issues related to sexual health? (STD, STI, contraception)			

HEALTH RECORD FORM *continued*



PHYSICAL EXAM STATUS

NOTE: This Health Record Form **must** be returned to St. Mark's School Health Services no later than July 1st. If your child's next Physical Exam is scheduled at a later date, please indicate the date of the next scheduled Physical Exam below.

DATE OF NEXT SCHEDULED PHYSICAL EXAM: _____

MEDICATION INFORMATION:

All prescription medications must be checked-in through Health Services. A Medication Order Form, signed by the prescribing physician, must accompany all prescription medications. This is both a health and safety issue. All regulated medications, including psychotropic medications, antidepressants, and narcotics will be kept in and administered from Health Services only.

Students will be allowed to keep the following prescription medications in their dorm rooms after consulting with Health Services: EpiPens, inhalers, asthma/allergy medications, birth control pills, and acne treatments. Students will also be allowed to keep the following over the counter (OTC) medications in their room: analgesics such as Tylenol (acetaminophen) and Advil (Ibuprofen), antacids, vitamins, and herbal supplements. These OTC medications are also available at Health Services.

We expect students to be compliant with taking prescribed medications and treatments as per their prescriber's instructions and as part of their health care provider's treatment plan. It is the responsibility of the student to come to Health Services for the administration of medication according to these instructions. Any parent with concerns about their child's ability to comply with medication usage or treatments within the boundaries of this policy, should contact Health Services directly. If a dose is missed, Health Services staff may send the student an email or text message reminder. In the cases of repeated missed doses, Health Services will notify the student's parent and the advisor.

If a parent chooses, they may pick-up the entire supply of medications to take home over vacation. Parents are responsible for re-supplying Health Services with the needed medications following the break. Students are not allowed to carry regulated, prescription medications to and from school.

➔ Medications NOT checked-in with Health Services will be considered contraband and will result in disciplinary consequences.

ST. MARK'S SCHOOL

To be completed by the Physician

Physical Exam Form

NEW STUDENT

Student's Name: _____ Date of Birth: _____ Sex: M _____ F _____

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	DATE
DPT/DTaP/DT	(1)	(2)	(3)	(4)	(5)	
Tdap	(1)					
Polio	(1)	(2)	(3)	(4)		
MMR	(1)	(2)				
Hepatitis B	(1)	(2)	(3)			
Varivax	(1)	(2)				
Meningococcal (MenACWY)	(1)					
HIB						
Hepatitis A						
Covid Vaccine	#1	#2	#3 BOOSTER	#4 BOOSTER		
Other						
(#) INDICATES THE NUMBER REQUIRED IMMUNIZATIONS FOR EACH VACCINE, INCLUDE MONTH AND YEAR						
* SEE MASSACHUSETTS SCHOOL IMMUNIZATION REQUIREMENTS ENCLOSURE						

HISTORY: INCLUDING MAJOR MEDICAL, DEVELOPMENTAL, OR ALLERGIC PROBLEMS	Current Medications
ALLERGIES: EPI-PEN: YES__ NO __ CHICKEN POX DISEASE DATE: _____ ILLNESS OR INJURY HISTORY:	

TUBERCULOSIS STATUS: NEW STUDENTS MUST PROVIDE DATE AND RESULTS OF A PPD DONE WITHIN 1 YEAR OF START OF SCHOOL
Current PPD/Mantoux: _____ Date Planted: _____ Date Read: _____ Results: _____

PHYSICAL EXAM – DATE OF VISIT
Date: _____ Height: _____ Weight: _____ BP: _____ Vision: R _____ L _____

EXAM WAS NORMAL UNLESS ABNORMALITIES ARE LISTED BELOW.

This student may participate in all activities and competitive sports unless noted above.

Examining Physician (Print Name): _____ Signature: _____

Address: _____ Date: _____

Physician Telephone: _____ Physician Fax #: _____

Physician E-Mail: _____

Massachusetts School Immunization Requirements 2024-2025

Requirements apply to all students, including individuals from other countries attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students in every grade, even if they are over 18 years of age.

Grades 7–12[†]

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	1 dose; and history of DTaP primary series or age-appropriate catch-up vaccination; Tdap given at ≥7 years may be counted, but a dose at age 11–12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥10 years since last Tdap
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday, and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Meningococcal Requirements

Grade 7–10	1 dose; 1 dose MenACWY (formerly MCV4) required; Meningococcal B vaccine is not required and does not meet this requirement
Grade 11–12 [‡]	2 doses; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose; 1 dose is acceptable if it was given on or after the 16th birthday; Meningococcal B vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year, and religious exemptions (statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs), should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant, or designee.

‡ Students who are 15 years old in Grade 11 are in compliance until they turn 16 years old.

See the following page for College (Postsecondary Institutions)

Health Insurance Verification Form 2024/2025 (DOMESTIC STUDENTS ONLY)

St. Mark's School requires that every student be covered by a comprehensive illness/injury plan that provides coverage for medical care while a student attends the school and is accepted by local practitioners. This requirement is designed to ensure the health and well-being of our students, and to comply with Massachusetts Law. Many U.S. families are insured under managed care programs such as HMOs and PPOs. These "network" plans often create obstacles such as up-front deductibles and co-payments if care is rendered away from home.

It is important to review carefully any coverage restrictions that may exist for students while away at school. It is imperative and incumbent on you to contact your insurance company to discuss coverage options and procedures if your child needs care while at St. Mark's and what deductibles and co-payments may be required when your child is away from home.

While basic services can be provided by the St. Mark's School Health Services, emergency services, laboratory and diagnostic tests, prescriptions, and specialty care are not provided on campus. Questions to ask your insurance provider:

1. Is Emergency Care covered in **Massachusetts**? Yes ☐ No ☐
2. Is Specialty Care covered in **Massachusetts**? Yes ☐ No ☐
3. Are Prescriptions covered? Yes ☐ No ☐ Which Pharmacy(ies)? _____
4. Are Diagnostic Tests covered when ordered by a provider outside of the Emergency Room? Yes ☐ No ☐

If your answers to these questions suggest that your coverage is limited to your local geographic area or only provides emergency coverage out of state, we suggest that you visit the Massachusetts Health Connector at <https://mahealthconnector.org/help-center> to research local options. If you qualify for a subsidized insurance program in your home state, it is likely that your child will qualify for subsidized insurance in Massachusetts as well. Your child's change in residence to Massachusetts in September is a qualifying event that will allow them to enroll outside of the open enrollment period.

Once you have verified that your health insurance will work away from home or after securing the appropriate insurance for your child, please complete and sign the bottom portion of this form.

Please attach a copy (front and back) of the **insurance card** and **prescription card** (if different) to this document. Please return the completed form and copies of the insurance cards to Health Services.

I have attached a copy of my insurance card(s): ☐ _____ PLEASE INITIAL

INSURANCE COMPANY NAME

POLICY NUMBER

PHONE NUMBER

PRIMARY INSURANCE HOLDER NAME

PRIMARY INSURED DATE OF BIRTH

In making this selection, I accept full responsibility for all medical costs incurred by my child.

NAME OF STUDENT

SIGNATURE OF PARENT OR GUARDIAN

DATE

Individual Authorization Form For Use/Disclosure of Health Information (HIPAA)

Student's Name: _____ (the "Student")

USE AND DISCLOSURE COVERED BY THIS AUTHORIZATION

This form authorizes St. Mark's School's Student Health Services staff and Counseling Office staff, and community health care providers to whom the Student is referred for health care ("community health care providers"), to use the Student's health information, and disclose the Student's health information to each other, for the following purposes: (1) to evaluate whether a medical leave of absence from school is appropriate; (2) to evaluate appropriate responses to the Student's use or suspected use of alcohol or drugs in violation of school policy; or (3) to evaluate whether accommodations or restrictions at the school are recommended or necessary to address the Student's health-related condition such as, for example, dietary accommodations or permission to miss classes to attend physical therapy for a knee injury. This form also authorizes the Student Health Services staff, Counseling Office staff and community health care providers to share the Student's health information with school administration and the Head of School to the extent necessary to make their recommendation(s) about the items described above. The Student's health information that may be used or disclosed as described above includes information acquired by the Student Health Services staff, the Counseling Office staff and community health care providers when providing health care to the Student on-campus at the St. Mark's School. It also includes health information that is acquired by community health care providers when they provide healthcare to the Student off-campus at their private practice offices or at a local hospital.

SPECIFIC UNDERSTANDINGS

To the extent that the Student's health information described above is protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), it is called "protected health information." HIPAA requires that you be informed of the following before you sign this authorization form for the use and disclosure of protected health information.

By signing this authorization form, you authorize the use or disclosure of the Student's protected health information as described above. This information may be redisclosed if the recipients described on this form are not required by law to protect the privacy of the information, and such information is no longer protected by the HIPAA privacy regulation.

You have a right to refuse to sign this authorization. The Student's health care, payment for such health care, and health care benefits will not be affected if you do not sign this form. However, in order to ensure that St. Mark's School will be able to protect the health and safety of its students and ensure an appropriate academic and boarding environment, the school must obtain your authorization on this form before enrolling the Student for the upcoming academic year.

If you sign this authorization, you will have the right to revoke it at any time, except to the extent that the Student Health Services staff, Counseling Office staff or community health care providers have already taken action based upon your authorization. However, for the reasons noted above, the Student's enrollment at the St. Mark's School is contingent upon this form being signed and remaining in effect. To revoke this authorization, please write to the Director of Health Services at the St. Mark's School.

You have a right to receive a copy of this form after you have signed it.

SIGNATURE

I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.

Signature of Student: _____

Signature of Parent/Guardian of Student: _____
(required if student is under the age of 18)

Parent/Guardian's Relationship to Student: _____ Date: _____

Clinic Transportation Permission Form

PERMISSION TO TRANSPORT STUDENT FOR REPRODUCTIVE HEALTH ISSUES

To The Family Of _____

St. Mark's Counseling and Health Services staff provide confidential information and counseling to students. We have found that providing confidentiality to students, especially as it relates to sensitive issues such as sexual health, leads to better communication and treatment for adolescents overall. Under Massachusetts Law (M.G.L.c.111.24E), minors of childbearing age may access confidential family planning services through the Department of Public Health. In the course of providing the best care possible to your child, should he/she need a referral for reproductive health (the nearest facility that provides information, counseling, diagnosis, and treatment related to sexual health and family planning issues), we will provide the referral and maintain confidentiality that we have done so. However, we will not facilitate confidential transportation for reproductive health unless we have your permission as the parents to do so. It will always be our goal to include you in important decisions relating to your child's health, but if you wish to authorize St. Mark's Health Services to provide confidential transport for reproductive health, please complete the permission below.

Please check one choice below.

☐ **I give permission** to St. Mark's Counseling and Health Services staff and their designees to provide confidential transportation for reproductive health, which provides birth control/contraceptive care; pregnancy testing and/or assistance for care during or after a pregnancy; diagnosis and treatment of sexually transmitted diseases; HIV counseling and testing; and/or counseling/education services related to these issues. I understand that I may not be notified by St. Mark's Counseling and Health Services that my child has asked for access to the resources for reproductive health, and/or that St. Mark's Counseling and Health Services staff has provided transportation for reproductive health issues.

☐ **I do not give permission** for our child to be transported for reproductive health issues.

Parent/Guardian Signature

Date

Once signed, this permission will stay in effect until your child graduates or turns 18 years of age, whichever comes first.

Adria Pavletic, RN, MA, MN, NCSN
Director of Health Services
St. Mark's School
adriapavletic@stmarksschool.org

Meningococcal Waiver Form



Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges

Revised legislation in Massachusetts now requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to:

1. receive meningococcal vaccine; or
 2. fall within one of the exemptions in the law, which are discussed on the reverse side of this sheet.
-

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. In the United States, about 2,600 people each year get meningococcal disease and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common are at risk, as are military recruits who live in close quarters. Children and adults with damaged or removed spleens or an inherited disorder called "terminal complement component deficiency" are at higher risk. People who live in settings such as college dormitories are also at greater risk of infection.

Are some students in college and secondary schools at risk for meningococcal disease?

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

Is there a vaccine against meningococcal disease?

Yes, there are currently 2 vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older and meningococcal conjugate vaccine is approved for use in those 11-55 years of age. Both types of meningococcal vaccines are acceptable for college students and residential school students 11 years of age and older. For those younger than 11 years of age, meningococcal polysaccharide vaccine is the only licensed vaccine. Both of the vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in the vaccine. Protection from immunization with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection.

(See reverse side)

Meningococcal Waiver Form *continued*

Is the meningococcal vaccine safe?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. The risks associated with receiving the vaccine are much less significant than the risks that would arise in a case of meningococcal disease. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women.

A few cases of Guillain-Barré syndrome (GBS), a rare but serious nervous system disorder, have been reported among people who received meningococcal conjugate vaccine. This information is still being evaluated by health officials. An ongoing risk of serious meningococcal disease exists. At this time, experts continue to recommend vaccination for those at increased risk of acquiring meningococcal disease. However, persons who have had GBS should generally not receive meningococcal conjugate vaccine, and should talk to their doctor about their other options for vaccination.

Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges that provide or license housing?

Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive meningococcal vaccine. At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. All students covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), unless they qualify for one of the exemptions allowed by the law. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and: a) elected to decline the vaccine; or b) could not obtain meningococcal vaccine due to a shortage, but wishes to receive vaccine (as indicated below).

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of this vaccine. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph
- Your local health department (listed in the phone book under government)

Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

Please check the appropriate box below.

- ☐ After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

-OR-

- ☐ Due to the shortage of meningococcal vaccine, I was unable to be vaccinated, but wish to receive vaccine.

Student Name: _____ Date of Birth: _____

Student ID or SSN: _____

Signature: _____ Date: _____
(Student or parent/legal guardian, if student is under 18 years of age)



Dear Parents,

At Walgreens, patient care is our top priority. Should your child require medication while attending St. Mark's School, you can count on us to provide an exceptional level of personalized service – Including direct billing.

It's easy for you to take advantage of our direct bill service. All you need to do is provide us with some basic information. We'll then bill your insurance and/or credit card or flex spending account. While St. Mark's School will distribute the medication as directed; there's no need for your child to bother with cards or money

If you have any questions, please call Walgreens Pharmacy at 508-460-5323.
We look forward to working with you and your child.

Sincerely,

Walgreens Pharmacy at Southboro Medical Group
24 Newton St
Southboro MA 01772

If you wish to be billed for your child's medication, please fill out the form below and return it to **St. Mark's School Health Services**.

STUDENT NAME _____

STUDENT DATE OF BIRTH _____

Check here if student has school insurance (NO NEED TO PROVIDE INSURANCE INFORMATION) ☐

PRESCRIPTION INSURANCE PLACE NAME _____

RX BIN _____ **RX PCN** _____

ID# _____ **RX GROUP** _____

PRIMARY CARD HOLDER _____ **CARD HOLDER DOB** _____

BILL TO (ENTER ONE) Credit Card: **Account Number** _____

Expiration Date _____ **Billing Zip Code** _____

Flex Spending: **Account Number** _____

Expiration Date _____ **Billing Zip Code** _____

HOME PHONE NUMBER: _____ **TODAY'S DATE** _____

PARENT NAME (PLEASE PRINT): _____

PARENT SIGNATURE: _____

Massachusetts Immunization Information System (MIIS)

Fact Sheet for Parents and Patients

The MIIS is a new statewide system to keep track of immunization records for you and your family. These records list the vaccinations (shots) you and your children get to protect against measles, chickenpox, tetanus, and other diseases. The goal is to make sure that everyone in Massachusetts is up-to-date with their shots and that your records are available when you need them – such as when your child enters school, when you need emergency medical help, or when you change healthcare providers.

What is the MIIS?

- A computerized system that collects and stores basic immunization information for people who live in Massachusetts.
- A secure and confidential system, as required by Massachusetts law.
- A system that is available for people of all ages, not just children.

How will it help me?

The MIIS:

- Helps you and your family get the best care wherever you go for your healthcare.
- Makes sure that you and your children don't miss any shots or get too many.
- Can print a record for you or your children when you need it - if you move, if your doctor retires, or when your child starts school or camp.

Why is this important?

As you know, the schedule of shots needed to keep healthy can be very complicated. The MIIS:

- Helps your healthcare provider keep track of which shots are due and when they should be given.
- Keeps all your immunization records together for you, your family, and your healthcare provider.
- Provides proof of vaccination for your children.
- Helps prevent outbreaks of disease like measles and the flu in your community.
- Keeps shot records safe during natural disasters such as flooding or hurricanes.

What information is kept in the MIIS?

- A list of shots that you or your children have received as well as any that you or your children get in the future.
- Information needed for safe and accurate immunization of each patient, such as:
 - Full name and birth date.
 - Gender (male or female).
 - Mother's maiden name (for children).
 - Address and phone number.
 - Provider office where each shot is given.

How does this information get into the system?

- Information about children is added when a child is born or when a child gets his or her first shots.
- Your healthcare provider can add your records or your family's records if they are not already in the MIIS.

Massachusetts Immunization Information System (MIIS) *continued*

Who has access to my records?

- The Department of Public Health (DPH) uses modern technology to make sure that all information entered into the MIIS is kept secure and confidential.
- The information in the MIIS is only available to:
 - Healthcare providers or others ensuring appropriate immunization, as authorized by DPH.
 - Schools.
 - Local boards of health.
 - DPH, including the WIC program, and other state agencies or programs, that provide education and outreach about vaccines to their clients.
 - Studies specially approved by the Commissioner of Public Health which meet strict legal safeguards.

What if I don't want to participate?

- You have the right to not participate at any time.
- To not participate, you need to fill out the 'Objection or Withdrawal of Objection to Data Sharing' form which you can get from your healthcare provider.
- If you decide not to participate, you will not have access to the benefits of the MIIS, like shared records about immunizations with schools and emergency rooms, and a complete record of shots in a single place.
- If you choose not to share your information, only your current healthcare provider will be able to see the shots they have given to you or your children, but not your complete immunization history.

How can I get more information?

Please visit our website at www.mass.gov/dph/miis, contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850, or ask your healthcare provider for more information.

Medication Order Form

To be completed by Licensed Prescriber: Physician, Nurse Practitioner, or others
authorized by Massachusetts General Laws, Chapter 94C.

NAME OF STUDENT: _____ DATE OF BIRTH: _____

ADDRESS: _____ GRADE: _____

NAME OF LICENSED PRESCRIBER: _____

ADDRESS OF PRESCRIBER: _____

BUSINESS TELEPHONE: _____ FAX NUMBER _____

DIAGNOSIS: _____

Any other medical conditions: _____

MEDICATION: _____ Strength: _____

Dosage: _____ Frequency: _____

Route of Administration: _____

Specific instruction/information for administration: _____

Date of Order: _____ Discontinuation Date: _____

OPTIONAL INFORMATION:

Side effects, contraindications, or possible adverse reactions to be observed for: _____

Other medication being taken by the student: _____

Date of next scheduled visit/advised return by Prescriber: _____

Consent for self-administration

(provided the School Nurse determines it safe and appropriate: YES _____ NO _____)

Signature of Licensed Prescriber: _____

Date: _____

ST. MARK'S SCHOOL

Contact Health Services

HEALTH/INSURANCE FORMS - QUESTIONS/INFORMATION
LESLIE DOWST
lesliedowst@stmarksschool.org

ADRIA PAVLETIC, DIRECTOR OF HEALTH SERVICES
adriapavletic@stmarksschool.org

fax: 508-786-6010
phone: 508-786-6000

25 Marlboro Road
Southborough, MA 10772