

## HEALTH INFORMATION

### SCREENING INFORMATION

Good health is essential to effective learning and has long been recognized as a worthy goal of education. Because of the significance of optimum health for our school children, certain health screenings are provided by Roanoke County Public Schools.

Through the cooperative efforts of school nurses, speech and language pathologists, and other school personnel, the screening programs are scheduled in accordance with procedures established by the State Department of Education for implementing School Laws §22.1-270 and §22.1-273. Listed below are the various screenings and the grade levels at which they are provided. These screenings will be scheduled within 60 business days of enrollment to kindergarten and for all students new to Roanoke County Public Schools, regardless of grade level, that do not have documentation of a recent screening. Parents will receive a written report of any deficiencies discovered through this screening process.

- Vision – Grades: PK – K, 3, 7, and 10
- Hearing – Grades: PK – K, 3, 7, and 10
- Speech, Voice, and Language - Kindergarten
- Fine and Gross Motor Function – Kindergarten

### SCOLIOSIS INFORMATION - For Parents of Students in Grades 5 through 10

- Scoliosis is a sideways (lateral) curving of the spine.
- One in 10 persons will have scoliosis. Two to three persons in every 100 will have a progressive condition. In one out of every 1,000 cases, surgery may be necessary.
- Frequent signs are a prominent shoulder blade, uneven hip and shoulder levels, unequal distance between arms and body, clothes that do not “hang right.”
- Eighty percent of scoliosis cases are idiopathic (cause unknown). Scoliosis tends to run in families and affects more girls than boys.
- Spinal curvature is best corrected when a young person's body is still growing, and can respond to one or a combination of treatments (exercise, body brace, etc.). Mild cases may not need treatment, but should be monitored.
- Usually without pain in its early years, scoliosis can advance rapidly during the growing years. Curves that are moderate to severe will continue to advance in adulthood and can increase with each pregnancy. Left untreated, scoliosis can cause obvious physical deformity, pain, arthritic symptoms, heart and lung complications, and can limit activities.
- Kyphosis (round back) may occur in developing adolescents. It should be screened for and may need to be treated.
- If you have concerns about your child's posture or spine development, you may contact your child's physician or school nurse to schedule a screening.

### ASTHMA INFORMATION

The 2000 legislation of House Bill 1010 addresses student possession and self administration of inhaled asthma medications. Present school policy allows students with asthma to carry inhaled asthma medications with parent permission. However, the law mandates that each student with asthma who carries an inhaler have an “Asthma Health Care Action Plan and Authorization for Medication.”

If your child has asthma and needs to carry an inhaler at school, please call your child's school and leave a message for the assigned school nurse to call you regarding your child's asthma. Leave all numbers (home, work, cell) so that she may get back with you as soon as possible. She will initiate the process for the required documentation.

Parents can also access the Asthma Action Plan by visiting [www.rcps.us](http://www.rcps.us); go to departments and select Health Services; click on forms.

### SEVERE ALLERGY INFORMATION

If your child has a life threatening allergy, it is the parent's responsibility to provide emergency medications such as Benadryl and Epinephrine (Epi-pen).

Parents can also access the Allergy Action Plan by visiting [www.rcps.us](http://www.rcps.us); go to departments and select Health Services; click on forms.

### MEDICATION DISPOSAL

There are several acceptable methods of medication disposal:

- Utilize drug take-back programs. Contact your local law enforcement agency to see if they sponsor programs. Local waste management authorities may also be a resource.
- Transfer unused medications to collectors registered by the United States Drug Enforcement Agency (DEA). To find a collector in your area visit the United States Department of Justice, Drug Enforcement Agency, [Office of Diversion Control](#). Examples of collectors include retail pharmacies, hospital or clinic pharmacies, law enforcement locations, mail-back programs, or collection receptacles.

If there are no DEA-authorized collectors or medicine take-back programs in your area, you can also follow these simple steps to dispose of most medicines in the household trash.

1. Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter, or used coffee grounds;
2. Place the mixture in a container such as a sealed plastic bag;
3. Throw the container in your household trash;
4. Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then, dispose of the container.

## Dear Parents/Guardians of Students in Grades Five through Twelve:

Eating disorders are serious health problems that usually start in childhood or adolescence and affect both girls and boys. With early diagnosis, eating disorders are treatable with a combination of nutritional, medical, and therapeutic supports. Recognizing the importance of early identification of at-risk students, the 2013 Virginia General Assembly passed a law requiring each school board to provide parent educational information regarding eating disorders on an annual basis to students in the fifth through twelfth grades.

It is important to note that eating disorders are not diagnosed based on weight changes as much as behaviors, attitudes, and mindset. Symptoms may vary between males and females and in different age groups. Often, a young person with an eating disorder may not be aware that he/she has a problem or keeps the issues secret. Parents/guardians and family members are in a unique position to notice symptoms or behaviors that cause concern. Noting behaviors common to people with eating disorders may lead to early referral to the primary care provider. It is important for eating disorders to be treated by someone who specializes in this type of care.

If you think your child may be showing signs of a possible eating disorder, please contact your primary health care provider, school nurse, or one of the resources listed below.

- **Academy for Eating Disorders (AED)**  
<http://www.aedweb.org>
- **Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.)**  
[www.feast-ed.org](http://www.feast-ed.org)
- **National Eating Disorders Association**  
[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)  
Toll free, confidential Helpline, 1-800-931-2237

Additional resources may be found at:

- **Virginia Department of Education**  
<https://www.doe.virginia.gov/programs-services/student-services/specialized-student-support-services/school-health-services/school-health-guidance-resources>

**Weight is NOT the only indicator of an eating disorder, as people of all sizes may be suffering.**

## What Are Eating Disorders?

Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships. They are not a fad, phase or lifestyle choice. They are potentially life-threatening conditions affecting every aspect of the person's functioning, including school performance, brain development, emotional, social, and physical well-being.

Eating disorders can be diagnosed based on weight changes, but also based on behaviors, attitudes and mindset. Be alert for any of these signs in your child.

### Key things to look for around food:

- Eating a lot of food that seems out of control (large amounts of food may disappear, you find a lot of empty wrappers and containers hidden)
- Develops food rules—may eat only a particular food or food group, cuts food into very small pieces, or spreads food out on the plate
- Talks a lot about, or focuses often, on weight, food, calories, fat grams, and dieting
- Often says that they are not hungry
- Skips meals or takes small portions of food at regular meals
- Cooks meals or treats for others but won't eat them
- Avoids mealtimes or situations involving food
- Goes to the bathroom after meals often
- uses a lot of mouthwash, mints, and/or gum
- Starts cutting out foods that he or she used to enjoy

**Eating disorders affect both males and females of all ages.**

### Key things to look for around activity:

- Exercises all the time, more than what is healthy or recommended - despite weather, fatigue, illness, or injury
- Stops doing their regular activities, spends more time alone (can be spending more time exercising)

### Physical Risk Factors:

- Feels cold all the time or complains of being tired all the time. Likely to become more irritable and/or nervous.
- Any vomiting after eating (or see signs in the bathroom of vomiting smell, clogged shower drain)
- Any use of laxatives or diuretics (or you find empty packages)

### Other Risk Factors:

- Believes that they are too big or too fat (regardless of reality)
- Asks often to be reassured about how they look
- Stops hanging out with their friends
- Not able to talk about how they are feeling
- Reports others are newly judgmental or "not connecting"

### How to Communicate with Your Child

- ❖ Understand that eating disorder sufferers often deny that there is a problem
- ❖ Educate yourself on eating disorders
- ❖ Ask what you can do to help
- ❖ Listen openly and reflectively
- ❖ Be patient and nonjudgmental
- ❖ Talk with your child in a kind way when you are calm and not angry, frustrated, or upset.
- ❖ Let him/her know you only want the best for him/her.
- ❖ Remind your child that he/she has people who care and support him/her.
- ❖ Be flexible and open with your support
- ❖ Be honest
- ❖ Show care, concern, and understanding
- ❖ Ask how he/she is feeling
- ❖ Try to a good role model, don't engage in "fat talk" about yourself
- ❖ Understand that your child is not looking for attention or pity
- ❖ Seek professional help on behalf of your child if you have ANY concerns

## If Your Child Shows Signs of a Possible Eating Disorder

Seek assistance from a medical professional as soon as possible; because they are so complex, **eating disorders should be assessed by someone who specializes in the treatment of eating disorders.** The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.