GWA Student Health Manual

Dear GWA parents,

We highly value the health and safety of all our students. This manual serves to provide a singular place where all health-related policies are maintained.

Mandatory Medical Forms

It is required that every enrolled student at GWA has up to date information in our records regarding immunizations, food/medical allergies and any significant medical history with a thorough physician assessment and TB screening. Completed medical forms are due to the nurse office by September 1 of each school year.

Emergency Contact Information

Please make sure Openapply is updated with your current telephone number and emergency contact information for at least one other adult who is able to pick up your child if you are unavailable. Please always have your cell phone turned on and with you during school hours.

Reasons students go home early

If your child is too ill to finish school or participate fully, needs prompt medical attention or may have a contagious illness we will call you to take them from school early.

Here are some guidelines we follow -

- **Fever**. A temperature 38 C or higher is considered a fever. We check the student's temperature on the forehead with an infrared thermometer.
- **Vomiting**. Your child will need to go home if they have thrown up and have an active fever
- **Diarrhea**. A student with diarrhea should not be in school; especially at preschool age.
- **Conjunctivitis** (pink eye) is easily treated but highly contagious. Hand-washing is essential. We ask students to go home and return after starting antibiotic eye drops for 24 hours.
- **Lice**. While live lice is not a medical emergency, if your child has **live** lice they will need to be removed from the classroom.

Return to school

If your child has vomited, had diarrhea, a fever of 38C, or has a contagious illness (bacterial or viral) in the past 24 hours **please do not bring him/her to school**. While minor conditions are not sufficient reason to keep your child out of school, please be considerate of other children and

staff in the classroom. If your child is sent home from school for any of the reasons above and/ or have been out for more than 3 days, they cannot return to school until they have been without a fever or symptoms for 24 hours and cleared by a physician.

For a healthy GWA,

GWA School Nurse Office Team
Direct phone: 0522953019
nurse@gwa.ac.ma or Mazeddine@gwa.ac.ma

Table of Contents

Appendix

**All Medical Forms are posted on the school website under the Nurse Office

GWA Medication Administration Policy

Policy: GWA encourages all medication to be taken at home. In the event of a medical emergency (i.e. very high fevers, anaphylactic shock) nurse office staff will give appropriate medication. We discourage any medication being kept with students personally on campus to ensure everyone's safety.

Procedure: To facilitate the safe dispensing of all medications to students we ask for a doctor's prescription to accompany all medications.

1. Routine or short-term medications (i.e. antibiotics, eye drops, cold medicine) -
   - Drop the medication in the original container/packaging off at the school nurse office in person, please do not send it in the student's bag.
   - **A copy of the physician's prescription is required with each medication sent**
   - Nurse office staff will store the medication in the office for the duration of the day and return to students or arrange for parents to pick up the medication directly from the office with notification of when the medication was given.
   - GWA administration and/or the nurse office may ask for further clarification; test results, confirmation of proper and thorough follow-up before allowing a student to continue attending

2. Long-term medications (i.e. behavior-modification medications, insulin) -
   - Provide the nurse's office with a prescription from a doctor within the 6 months detailing the dose, time and reason for the medication.
   - Collaborate with the nurse's office staff to ensure safe dosage and any signs or symptoms of overdose or under-dosing.
   - If a student must have a certain medication on their person (such as an inhaler or epi-pen) this must be detailed in a current physician medical form on file in the nurse's office. Lower school students are required to keep these medications in the nurse's office to ensure proper use unless directed otherwise by the student's physician.
   - Parents are responsible to provide necessary daily medication with a copy of their prescriptions for a student going on any GWA activity off campus.
   - The nurses office staff will regularly count and document the administration and storage of long term medications kept in the office.

**Please refer to the GWA Food Allergy Plan and Medical form for students with food allergies requiring medications to be available while at GWA.

Emergent Injury and Incident Protocol

In the event of serious bodily injury or a medical emergency occurring at GWA the following will take place in conjunction with the guidelines listed in the white emergency binders in all GWA classrooms.

1. Nurse office staff will be contacted to assess the student and sustain injuries. **If it is a life-threatening injury or illness an ambulance will be called immediately and parents notified simultaneously**.

Examples of injuries/illness requiring an ambulance - an allergic reaction involving airway compromise, massive bleeding/hemorrhage, seizure activity, severe respiratory distress, etc.

2. If the child needs to receive urgent medical care, parents are notified immediately. We will continue to call parents until they are reached and if necessary use the emergency contact listed in Powerschool.

Examples of injuries/illnesses that parents must come to pick their child up and transport to the doctor/clinique include: possible broken extremity, syncope/fainting episode, concussion, etc.

****It is against school policy for GWA staff to transport a student to a clinic/hospital directly; this can only be used as an absolute last resort. For injuries requiring urgent medical care, parents or an emergency contact person for that student must pick them up.**

3. While the student is here, we will ensure their safety and comfort to the best of our ability monitoring vital signs, splinting/immobilizing extremities and ensuring emotional support.

4. Please keep all receipts and health information regarding the care of your child following an accident at GWA. The school nurse (Maroua) must be notified as soon as possible and will help assist with the insurance process if applicable.

Phone: 0522953000 ext. 212 /mazeddine@gwa.ac.ma

5. Please notify the nurse office of the outcome of any follow-up medical procedures or interventions. If there are special considerations for your child to come back to GWA (i.e. need for daily medication or specific care)

Phone (direct line): 0522953019 / nurse@gwa.ac.ma or Mazeddine@gwa.ac.ma

GWA Immunization Policy

GWA maintains a commitment to the health and safety of our students and staff by upholding recommendations regarding immunizations from the United States based Centers for Disease Control and Prevention and also acknowledging local healthcare policies outlined by the Royaume du Maroc: Ministère de la Santé.

All enrolled students at GWA must meet the mandatory vaccination requirements outlined below in order to attend class.

Prior to entering **Discovery, Pre K and/or Kindergarten;** students are required to have -

Vaccine Name	Doses
DTaP - Diptheria, Tetanus, acellular Pertussis	4
Hib - Haemophilus Influenzae Type B (often included with DTaP vaccine)	3
MMR - Measles, Mumps, Rubella	2
Polio (often included with DTaP vaccine)	3

Prior to entering **7th grade; students** are required to have -

Vaccine Name	Doses
MMR - Measles, Mumps, Rubella**	2
Tdap - Tetanus, diptheria, acellular pertussis (booster)	1
Polio**	3

**Only if a student did not receive an initial series

GWA Food Allergy / Special Dietary Needs Policy

General Guidelines

The following procedures provide school staff and parents guidance for providing reasonable, safe and appropriate care for students with life-threatening food allergies and other mild-moderate allergies who attend GWA and eat meals and/or snacks provided by the school cafeteria. **Parents of students with physician documented severe food allergies are expected to provide all food from home**. Kitchen staff, the nurse office and teachers will work together as a team with parental involvement to provide education and oversight of food choices for students in lower school with physician documented mild to moderate reactions or special dietary requests. Upon entering Grade 6 students will be expected to have full responsibility for their food choices; whether they have an anaphylactic reaction to peanuts or the need to follow a diabetic diet. Parents are encouraged to be equipping their children from a young age to be knowledgeable, competent and skilled at caring for themselves in this way.

Once a completed Severe Allergy Form is on file, parents will need to choose one of the following plans regarding food provided at GWA:

Plan A- Regular Lunch Plan with no special accommodations (menu can be viewed online and a lunch sent if there is something to be avoided on the menu)

Plan B- Modified Lunch Plan. Students with a food allergy will be identified by teachers/assistants daily going through the lunch line. Kitchen staff will have a reference resource hanging with pictures of students and their known allergies. Only the following options can be safely omitted for your child by the GWA kitchen staff:

1. Dairy
2. Nuts
3. Fish
4. Eggs

If you have questions regarding food preparation, cross-contamination or any other food allergies please speak directly with the kitchen manager, Miss Najat .

Plan C- Non GWA cafeteria plan. Family is fully responsible for preparing all food and snacks for their students.

Definition of an allergy

A food allergy is defined as a reaction of the body's immune system to a certain component, usually a protein, in a food or ingredient.(1) The foreign particle triggers the body to produce immunoglobulin E (IgE) which then triggers other cells to release substances that cause inflammation. A food allergy is not an intolerance or sensitivity, as these do not trigger an IgE immune response. Reactions can differ in severity and the most severe anaphylactic reactions can be life-threatening. A licensed physician must determine, verify and provide documentation of a student's life-threatening food allergy.

Family Responsibility

• Inform school of student's life-threatening food allergy by completing the Severe Allergy Form. Provide physician documentation of student's allergy and treatment for reactions.
• Teach your child at a young age to self monitor all food intake.
• Provide school with medication authorization form signed by a physician, medications, and emergency contact information. Update school of any changes to the student's condition or treatment for reactions.

Student Responsibility

• Take as much responsibility for avoiding potential allergens by not trading or sharing foods while on GWA campus.
• Always wash hands before and after eating.
• Learn to recognize symptoms of allergic reactions and inform an adult if an exposure to an allergen or reaction occurs. If age appropriate, learn how to self-administer treatment.
• Be fully responsible for diet related choices by Grade 6

Nursing Services Responsibility

• Annually, review student health records, ensure a completed Severe Allergy Medical Form and Diet Prescription is available from a physician.
• Develop an individualized care plan (ICP) for students with a documented life-threatening food allergy. Practice and implement the ICP as well as educate school staff about potential allergens, identifying reactions, treating reactions, and administering epinephrine (adrenaline) self-injections.
• Facilitate communication between school administration, teachers, cafeteria manager, and family concerning changes or updates to student's condition or treatment plan.

Kitchen Staff Responsibility

• During hours of food service operation, the cafeteria will safely provide food for students according to the warnings on their Allergy-Alert card.
• Ensure proper identification of all food items that may contain allergens.
• Keep the weekly food menu current and include information regarding possible allergies.

GWA Pediculosis (Lice) Control Measures

In order to control and prevent the spread of head lice at George Washington Academy, the faculty and staff will uphold the following policy and procedures.

POLICY: If a student is found with live lice at school; nurse office staff will contact parents to notify them of proper treatment protocol and they will not be allowed to return to school until they are cleared by the nurse office staff. If possible; students may leave school early with live lice but do not have to. Students found with treated nits (eggs) *only* will be permitted to remain in class.

RECURRENT INFESTATION: If a student continues to have recurrent infestations, they will not be permitted to attend school until all nits(eggs) are manually removed from the student's hair. Prior to returning to class, students are required to be assessed by the nurse office staff to ensure effective removal. If treated nits remain, the student will not be permitted to attend class until complete removal occurs.

PROCEDURES:

- The school nurse(s) will serve as a resource for the school, students and parents regarding the identification and treatment options for pediculosis.
- When a faculty/staff member suspects the presence of head lice, the student will be referred to the school nurse who will perform an inspection of the student's scalp. Lower school teachers and assistants will also be educated on how to check a student's hair on an annual basis.
- If **live lice** are present, the student is to be sent home early if possible with the head lice notification letter and lice treatment protocol. The following actions will also be taken:
    - Students in the same class will also be checked if live lice are found.
    - Personal bedding/items from Discovery, Pre-K and Kindergarten classes will be sent home to be washed in very hot water and dried. However, the risk of transmission from bedding, clothes and other surfaces (cots, curtains and rugs) is rare. Head to head contact is the primary way that lice is transmitted.
    - Housekeeping will be notified to take extra care in cleaning the classroom rug and cots (if applicable).
- If live lice or untreated nits are discovered, the nurse will distribute a letter to the parents and faculty in the pertinent class/grade, maintaining student confidentiality. Such communications regarding head lice are not to exceed more than one notification per week in the same grade level.
- If only nits (eggs) are present, the nurse will provide parents with the head lice notification letter and lice treatment protocol by sending home a hard copy with the student.
- In accordance with the most current guidelines from the National Association of School Nurses, GWA staff will not perform mass head checks in the lower school.
- Treatment of lice or nits will be the full responsibility of the parent.

RESOURCES:
Please visit the Nurse page of the school's website, under 'School Services' at gwa.ac.ma for additional information including how to detect and treat lice. If you have any questions or concerns please email: nurse@gwa.ac.ma or Mazeddine@gwa.ac.ma or call the nurse's office directly at: 0522953019

GWA Lice Treatment Protocol

Head lice are *not* dangerous, they do not transmit diseases but they do spread easily. According to Public Health Officials in Morocco and current guidelines from the Center for Disease Control and Prevention in the U.S. we have adopted the following policy and instructions regarding the treatment of head lice:

1. MEDICAL/CHEMICAL TREATMENT

A student who is found to have live lice must be treated with a shampoo or spray which is specifically formulated to rid your child of head lice. No product; chemical or natural is 100% effective. Thorough combing of the hair to remove the live louse and nits (eggs) is the only way to ensure the infestation is controlled. Please follow the instructions carefully, as these substances are potentially toxic. For this reason these products should not be used preventively. Most shampoos require a second application 7-10 days after the first. Please read the contraindications, as some products cannot be used if the student has asthma or a neurological disease and may be harmful to pregnant women.

2. MANUAL REMOVAL OF LICE AND NITS

******The most important part of the treatment is daily, thorough removal of all lice and nits by combing through the scalp, one small section at a time and by removing manually all the nits by pulling them off the hair with your fingernail or a special comb******
This is a time consuming procedure, but there is NO OTHER WAY to get rid of the infestation and eliminate the risk of repetitive infestations at school or at home. Daily inspection of the hair of an affected person can be discontinued only when no lice or nits have been found for 14 consecutive days. All parents, including those whose children are not affected, are advised to inspect the hair of the children in their household at least once a week.

3. CLEANING OF THE SURROUNDINGS

The entire family of an affected person should be inspected for a lice-infestation and if found, treated at the same time.

All bedding, hats, caps, scarves, clothing, towels, etc. can become infested with live lice however transmission through these means is rare, as lice can only survive up to 24 hours off the human head. Therefore, all potentially infested materials need to be washed thoroughly in very hot water, and if possible, should be ironed.

4. RE-ENTRY TO SCHOOL

If a student is sent home with live lice they will not be permitted back into class until checked in the nurse's office with a parent or guardian present. A pass will be given to communicate with

teaching staff that the child no longer has an active lice infestation. Complete removal of lice eggs takes many days, up to weeks to complete. Students who have been chemically treated, without signs of live lice, will be permitted in class with eggs if they have been checked by the nurse office staff.

GWA Concussion Management Policy

Student health and safety is one of our greatest passions here at GWA. We want to help facilitate every student to become active, healthy graduates who are able to positively impact the world. In order to promote safety during athletic practice, sporting events, physical education class and active after school activities outlined below is our *concussion management policy* which will be upheld by all GWA administration, staff, teachers, parents and students.

What is a concussion?
A concussion is a disturbance in the function of the brain caused by a direct or indirect force to the head. It results in a variety of symptoms (like those listed below) and may or may not involve memory difficulties or a positive loss of consciousness.

What are the symptoms of a concussion?

- Headache, or pressure in the head
- Neck pain
- Nausea and/or vomiting
- Drowsiness
- Feeling “in a fog” or slow
- Irritability
- Fatigue
- Confusion
- Balance problems, feeling dizzy
- Vision disturbances
- Difficulty concentrating and/or remembering

What do you do after someone has a possible concussion?
Children and teens who continue sport play or practice while having concussion symptoms or who return to play too soon—while the brain is still healing— have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. *It can even be fatal.*

- Physical and mental rest until there are no symptoms is critical. This includes limited to no screen time of TV, computer and/or cell phone usage.

What are some warning signs or symptoms?

*If any of these danger signs are present students *should be evaluated in an emergency department immediately*:

Excessive drowsiness or cannot be awakened	A headache that gets worse and does not go away	Weakness, numbness or decreased coordination
Slurred speech	Repeated vomiting	Convulsions or seizures
Loss of consciousness	Increasing confusion, restlessness or agitation	One pupil larger than the other

When can a student athlete play again?

**Athletes should not be returned to play the same day of injury.

1. Rest until asymptomatic (physical and mental rest)
2. Light aerobic exercise (i.e. stationary bike)
3. Sport-specific exercise, non-contact
4. Full contact (if applicable) training after **medical clearance (a medical certificate must be provided to the nurse's office and AD prior to any athlete that suffered a concussion is allowed to participate in practice or game/tournament play)**
5. Return to normal game play

Contagious Disease Information

Disease	Symptoms	Contagious Period	**School Exclusion
Measles Measles is a childhood infection caused by a virus. Once quite common, measles can now almost always be prevented with a vaccine.	Fever, runny nose, cough, watery/inflamed eyes and a red blotchy skin rash	4 days before to 4 days after rash onset	Exclude until 4 days after rash onset
Mumps Mumps is a viral infection that primarily affects the parotid glands — one of three pairs of saliva-producing (salivary) glands, situated below and in front of your ears. If someone contracts mumps, it can cause swelling in one or both parotid glands.	Swelling of 1 or more salivary glands (usually parotid); chills/ fever, and headache	Up to 7 days prior to and 8 days after parotitis onset	Exclude until 8 days after onset of salivary gland swelling

Chickenpox (varicella) Chickenpox is a viral infection that causes an itchy rash with small, fluid-filled blisters. It is highly contagious to people who haven't had the disease or been vaccinated against it.	Fever, mild respiratory symptoms, body rash of itchy, blister-like lesions (usually concentrated on the face, scalp, trunk)	Usually 1-2 days before onset of rash until all lesions have crusted	Until lesions have crusted (for non-crusting lesions until they are fading or no new lesions occur)
Scarlet fever Scarlet fever is caused by the same type of bacteria that cause strep throat. In scarlet fever, the bacteria release a toxin that produces the rash and red tongue.	High fever, sore throat, red rash, flushed face, red "strawberry" tongue		Until antibiotics have been given for 24 hours and no fever
Hand-foot-mouth disease is a mild, contagious viral infection common in young children — characterized by sores in the mouth and a rash on the hands and feet.	Fever, loss of appetite, sore throat, malaise, irritability, painful red lesions on the inside of the mouth, tongue or gums, rash on the hand palms and soles of feet	Most contagious for the **first week** but virus can remain and be spread after symptoms have resolved	Doctor specification

**If a student is diagnosed with any of these listed diseases there must be a written medical certificate from a physician provided before returning to campus.

Chronic Conditions - Diseases GWA Protocol

- **Epilepsy:** Epilepsy is a common disorder of the brain that causes recurring seizures. Epilepsy affects people of all ages, but children and older adults are more likely to have epilepsy. Seizures are the main sign of epilepsy and most people can control this with treatment. Some seizures can look like staring spells while other seizures can cause a person to collapse, stiffen or shake, and become unaware of what's going on around them. Many times the cause is unknown.

GWA is a community and our main goal is to keep our students safe while being learners .

GWA protocol for managing epilepsy while at school involves:

- Educating the teachers, staff, and students about epilepsy and its treatment, seizure first aid..
- For each student diagnosed with Epilepsy parents have to agree on an individualized healthcare plan made by the lead school nurse , according to the student therapist recommendations .
- The Individualized healthcare plan is an internal document made by GWA health services that outlines : The student condition, the side effects of his current treatment and any symptoms that the teachers , administrative staff need to be aware of in order to better respond to an epileptic crisis.
- Parents need to provide each 3 months an update regarding the student health concern. The nurse's office staff can reach out to them earlier if needed to do so.
- Parents have the responsibility to store the emergency medication prescribed by the student's therapist in the nurse's office so that we are able to respond properly and safely in case of an epileptic crisis
- Under the administrators oversight, the nurse's office staff may refer students with uncontrolled seizures to outside medical services for more information and assessment.
- The nurse's office staff may inquire , as needed, doctor's notes stating that the student is safe being at school.
- In case of life-threatening seizure that doesn't resolve with the emergency medication provided ; nurse's office staff will trigger an emergency response action including;
    - Maintaining the seizures first aid response until an ambulance and a legal tutor of the child arrives
    - **Triggering an ambulance for the parents .**
    - **Calling a related - adult (parents or emergency contact) on-site to accompany the child to the hospital .**
    - **It is not authorized for the school nurses to accompany the child to the hospital.**

○

Diabetes Management Guidelines

GWA will promote the health of students with Type I diabetes through the following recommendations and management strategies; in collaboration with parents, doctors and other GWA staff members.

By **September 1** of each school year -

- Completion of a **<u>Diabetes Management Plan</u>** by the student's physician and turned into the GWA school nurse
- Copy of HGbA1C blood test result (within the previous year)

Personal medical supplies for each student, marked with their name:

- Glucagon kit
- Insulin pen (with needles)
- Glucometer (with lancets/bandlets) or other device to check blood sugar level (i.e. Freestyle)

GWA recommends routine visits to an ophthalmologist and dentist every other year; as oral and eye health is an essential component of care for your son or daughter with Type I diabetes.

Classroom education - GWA encourages parents to partner with the nurse's office to provide education to other students in their class regarding Type I diabetes; to raise awareness and promote positive peer pressure, especially at younger ages.

Field Trips - it is the parent's responsibility to communicate with the nurse's office regarding the level of care required for each of these situations.

- ❑ Day trips; NOT over lunch/snack time
- ❑ Day trips; during lunch/snack time
- ❑ Overnight school trips

GWA Cafeteria and Lunch Expectations

DISC - Kinder = students eat in the classroom, teacher/assistant and/or nurse office staff can help monitor what is on the student's tray and how much they eat.

1st-5th grades = nurse office staff can only observe what is initially on their tray; obtaining seconds, ability to take food from friends and how much is eaten *cannot be monitored or controlled by GWA staff*. Diabetic students must learn personal responsibility regarding nutrition from a young age.

6th -12th grades = complete independence and personal responsibility regarding what is eaten at lunch; checking blood glucose level and administering insulin. The physical nurse office is used to perform these tasks but students will have full responsibility to manage their condition safely.

If parents have food related concerns please speak directly with Miss Najat the kitchen manager. **If you would like to encourage healthy eating patterns for your son or daughter with diabetes *the nurse office recommends packing lunch from home*.

Appendix

Support and Interventions for Overweight Students

For students who are overweight or obese every kilo they lose will ...

1. Improve energy levels
2. Increase self-esteem
3. Lower blood cholesterol levels
4. Reduce blood pressure
5. Reduce general body aches and pains
6. Improve quality of sleep
7. Improve breathing - reduce respiratory problems
8. Decrease the risk for a heart attack
9. Decrease the risk for a stroke
10. Help prevent Type 2 diabetes
11. Increase life expectancy
12. Reduce stress

Family responsibilities:

1. Provide a safe home environment where your children feel loved and accepted yet encouraged to become healthier.
2. Model healthy behaviors for your children; what do you eat and drink? What activities do you do together as a family?
3. Say “no” to your child because you love them. This may mean saying no to another movie, another hour in front of the computer, another serving of food, an ice cream dessert, a request for soda, etc.
4. Keep unhealthy food choices out of the home (chocolate, cakes, chips, soda, candy, cookies, etc)
5. Only send healthy snack choices along to school (if applicable).

Student responsibilities:

1. Drink only water everyday.
2. Engage in cardiovascular activity for at least 45 minutes - 5 days a week. Recommended: 60 minutes everyday.
3. Make better food choices and keeping a daily food log. No processed foods, minimal sugar and no soda. Eating more vegetables, fruit, healthy fats, lean meats and less carbohydrates.

4. Meet with the nurse on a regular basis; reviewing food log, sleep habits, academic progress and to check vital signs (weight, blood pressure, heart rate).

Nurse responsibilities:

1. Be available to help make healthy choices and provide support and encouragement to the student during the school day (this does not mean direct supervision at lunch time).
2. Provide periodic monitoring to ensure the physical, mental, and social health of the student with referrals to the school counselor as appropriate and keeping teachers and parents up to date and involved throughout the process.
3. Meet with the student on a regular basis.

GWA Severe Allergy Medical Form

Name of student: _____ Grade: _____ Date: _____

Male/Female Birth Date: _____

(To be completed by a physician)

ALLERGY (including food and medications) **SEVERITY OF REACTION** (severe*, moderate,mild)

*If a student has a SEVERE reaction they will not be able to eat food provided by the GWA school cafeteria.

Signs of a systemic allergic reaction (circle all that apply for this student):

Respiratory	shortness of breath, repetitive coughing, wheezing
Cardiac	weak pulse, fainting, dizziness
Oral/ENT	itching/swelling of lips, tongue or mouth
Skin	hives, itchy rash, swelling of face or extremities
Abdominal	nausea, abdominal cramping, vomiting

<u>ACTION FOR MINOR REACTION</u>

If symptoms include:

_____

_____
___
Give _____(Name of medication) _____ (dose) _____ (route)
Call _____ (parent guardian name and number) or _____ (emergency contact name and number)
If condition does not improve within ___ minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION
If ingestion is suspected and/or symptoms are:
_____
_____
___
Immediately Give _____(Name of medication) _____(dose) _____(route)

Call for an ambulance immediately.

- ❑ Repeat epinephrine (adrenaline) ____ mg IM if no change/improvement in symptoms after _____ minutes of first administration of epinephrine.

Call _____ (parent guardian name and number) or _____ (emergency contact name and number)

*Has the student been instructed in knowing how to self-medicate with an epinephrine auto-injector? YES/NO

Physician's name:_____ Parent's name (print):
_____
Physician signature: _____ Parent's signature:
_____

Individualized Care Plan

Part 3: (To be completed by Parent/Guardian)
If student has a food allergy please choose one of the following in regards to the food service at GWA:

- ❑ **Plan A**- Regular Lunch Plan with no special accommodations (menu can be viewed online and a lunch sent if there is something to be avoided on the menu)
- ❑ **Plan B**- Modified Lunch Plan (for mild to moderate food allergies/intolerances or other special diet needs). Please specify the food groups to be eliminated from your child's meal tray:

A. _____
B. _____
C. _____
D. _____

For example; if 'dairy' is documented as a moderate food intolerance by a physician, cafeteria staff would then remove all foods that may contain dairy including baked goods, sauces, and other items that may be contaminated with dairy.

- ❑ **Plan C**- Non GWA cafeteria plan. Family is fully responsible for preparing all food and snacks for their students.

Classroom Expectations

If your child has a food allergy from Nursery to Grade 3, administration and the school nurse can help provide the following. Please indicate what actions you would like to take:

- ❑ A separate personal space for the student to eat lunch and snacks.
- ❑ Communication to all parents in the same class regarding your child's allergy, while respecting privacy, detailing your needs as to whether class wide treats may be brought in during the year, etc.
- ❑ A NO SHARE, no TRADE zone for all food and snacks in your student's class.

Field Trips

If your child (in lower school) participates in any field trips away from GWA campus during the school year we ask that you communicate clearly with the teacher(s) and GWA staff that will be accompanying your son or daughter as soon as possible, regarding their dietary needs. If a student has a chronic medical condition; the school nurse will coordinate with the parent(s) and teachers regarding appropriate medical care/treatment during the field trip.

Diabetes Management Plan

Date of plan: _____ This plan is valid for the school year _____ - _____
Grade: _____ Main Teacher: _____
School nurse: _____ Phone: _____

Contact Information

Mother/Guardian: _____
Address: _____
Telephone: _____work: _____ cell: _____
E-mail address: _____

Father/Guardian: _____
Address: _____

Telephone: _____work: _____ cell: _____
e-mail address: _____

Student's Physician/Health Care Provider: _____
Address: _____
Telephone: _____
Emergency #: _____

Other Emergency Contact:
Name: _____ Relationship: _____
Telephone: _____work: _____ cell: _____

Target range of blood glucose: □ 70-130 mg/dL □ 70-180 mg/dL □ other:_____

Check blood glucose level: □ mid-morning
□ before lunch □ ___ hrs after lunch □ before PE
□ after PE □ before dismissal
□ as needed for signs/symptoms of low or high blood pressure

Diet:
Student may eat lunch with supervision of food choices by nurse and/or kitchen staff until Grade 3.
Special event/party food permitted: □ parents/guardian discretion
□ student discretion
□ teacher/nurse discretion (until Grade 3)

□ Student needs a snack at the following time of day: _____

Please list preferred snacks for student:
_____
_____
_____
_____

Insulin Coverage:
Name/type of insulin to be given: _____

Lunch

□ fill in table below – pre meal

Blood sugar level	Insulin dose (units)
Goal range:	No action required
	Call parent/guardian

Snack

□ no insulin
□ fill in table below – pre snack

Blood sugar level	Insulin dose (units)
Goal range:	No action required
	Call parent/guardian

Student's self-care blood glucose checking skills:
□ independently checks own blood glucose
□ may check blood glucose with supervision
□ requires school nurse to check blood glucose

Hypoglycemia Treatment:
Student's usual symptoms of hypoglycemia:

_____
_____
_____
_____

If exhibiting signs/symptoms of hypoglycemia OR if blood glucose level is less than ____ mg/dL, give a short-acting glucose snack/product and recheck blood glucose in 10-15 minutes.
Please contact parent/guardian for levels less than ____ mg/dL

Hyperglycemia Treatment:
Student's usual symptoms of hyperglycemia:

_____
_____
_____
_____

Give extra water and/or non-sugar containing drinks and encourage exercise for levels greater than ____ mg/dL
Please contact parent/guardian for levels greater than ____ mg/dL

This Diabetes Medical Management Plan has been approved by:

_____
_____

Student's Physician Signature Date

I, (parent/guardian) _____ give permission to the school nurse or another qualified healthcare professional of (school) _____ to perform and carry out the diabetes care tasks as outlined in this diabetes medical management plan. I also consent to the release of the information in this plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse to contact my child's physician if needed.

Acknowledged and received by:

_____

Student's Parent/Guardian Date

_____

Student's Parent/Guardian Date

_____

School Nurse Date