

STUDENT HEALTH GUIDANCE 2025-2026



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INTRODUCTION

This handbook has been prepared to acquaint parents in Sycamore Community Schools with the basic health policies and procedures for students in preschool through grade 12.

An attempt has been made to include information in this handbook that is of interest and concern to parents. If you have further questions after reading this handbook, please contact the school nurse in the school your child attends.

The goal of the school nurse is to optimize student health and learning by advancing the practice of school nursing, focusing on student-centered care, and promoting healthy, safe, and ready-to-learn environments.

The school nurses of Sycamore Community Schools work toward this goal by providing:

1. Screening programs
2. Health counseling and education
3. Communicable disease control
4. First aid and safety
5. Family assistance

Parents have the basic responsibility for the health of their children. The school health program exists to assist families and health care providers in promoting and maintaining the well-being of the students.

STATEMENT OF PURPOSE

The purpose of this handbook is to provide Sycamore Community Schools' students and parents with specific information concerning major health policies, procedures, and regulations.

While every effort is made to present the information accurately, the information contained in this handbook is continually updated, and the actual text of the policy, procedure, or law should be consulted as the authoritative source of information.

Questions regarding this handbook should be directed to the school nurse.

PHYSICAL AND DENTAL EXAMINATIONS

Physical examinations are required annually for every preschool student in Sycamore Community Schools. A current physical is a physical that has been signed and dated within the 12-month calendar year. All preschool students must have a current physical at all times during the academic school year. Examinations are also recommended for kindergarten students and new elementary students.

EMERGENCY FORMS

Section 3313.712 of the Ohio Revised Code requires that an emergency form be on file for each student. ***This must be done annually.***

Parents are asked to complete all information online in FINAL FORMS at the beginning of each school year or at the time the child is enrolled in a school. The parent/guardian electronic signature on this form indicates whether or not the parent(s) give consent for treatment of their child by a doctor or dentist in the event of an emergency, and when all efforts to reach a parent have been unsuccessful. If refusal to treat is checked, you must complete additional information on who to contact in an emergency if the parent/guardian cannot be reached.

The Emergency Medical Authorization page lists pertinent information for contacting all necessary parties in the event a student has a severe illness or injury. It is important to keep these forms current and accurate. If, at any time during the school year, there is a change of address, telephone number, alternate contact person, physician, dentist, etc., the parent should update the information in FINAL FORMS.

In addition, if a parent is going to be out of town and their child is going to be left in the care of someone else, please provide the school with this information.

For the safety of the students, pertinent pupil health information will be shared with appropriate staff as necessary. This includes, but is not limited to: administrators, teachers, support staff, bus drivers, food service staff, custodians, coaches, and substitute employees. Please notify the school nurse if there are concerns with the sharing of information.

HEARING SCREENING

Puretone hearing screenings are performed annually for students in preschool, kindergarten, and grades 1,3, 5, 9, and 11, and students new to the district who have no current screening on record from a previous school.

VISION SCREENING

Vision screenings are performed for students in preschool, kindergarten, and grades 1,3,5, 7, 9, and 11th and students new to the district who have no current screening on record from a previous school. Students who do not pass are rescreened. If there is still a question regarding the results, parents are contacted, and further testing is recommended. If a parent wishes to have a child tested in a grade other than those listed, they are encouraged to contact the nurse in the child's building.

IMMUNIZATION REQUIREMENTS

The Revised Code of the State of Ohio (3313.671) states that a child must have the required immunizations as a prerequisite for school attendance. Students who fail to meet state-required immunizations upon admission to the school district or within 14 days of the first day of school may be excluded from school. Contact the nurse at your child’s school for additional information.

Preschool needs the following vaccinations included with their medical statement annually, and needs to stay current throughout the school year

- **4 DPT** (diphtheria, pertussis, and tetanus), DTaP, or any combination
- **3 Polio IPV**
- **1 MMR** (measles, mumps, and rubella) administered on or after the child's first birthday.
- **HIB** (3-4 doses if given 0-14 months; 1 dose if given 15-60 months)
- **Hepatitis B** (series of 3)
- **Varicella** (Chickenpox) 1 dose administered on or after the child’s first birthday
- **Annual Influenza vaccination**

| Vaccines | Immunizations For School Attendance |
|---|--|
| DTaP/DT, Tdap/Td Diphtheria, Tetanus, Pertussis | <u>K-12</u> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required <u>Grades 7-12</u> One (1) dose of Tdap vaccine must be administered on or after the 10th birthday. All students in grades 8-12 must have one documented Tdap dose. |
| POLIO | <u>K-12</u> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday, regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. |
| MMR Measles, Mumps, Rubella | <u>K-12</u> Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1 |
| Hep B Hepatitis B | <u>K-12</u> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (Third or fourth dose), must not be administered before 24 weeks. |
| Varicella Chickenpox | <u>K-12</u> Two (2) doses of the varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one; however, if the second dose is administered at least 28 days after the first dose, it is considered valid. |
| MCV4 Meningococcal | <u>Grade 7</u> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to 7th grade entry. Grade 8-11 must have one dose of MCVA <u>Grade 12</u> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine by age 16. If the first dose was given on or after the |

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| 16th birthday, only one dose is required. |
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TUBERCULIN SKIN TESTING

It is recommended that all newly enrolled foreign-born students from high-risk countries who have been in the US for 5 years or less provide documented evidence of having a negative Tuberculin test within 90 days of their enrollment. This also includes students who travel to high-risk countries for vacations mfor ore than 2 weeks.

NOTE: County immunization clinics are available to give required vaccines for qualified families. Please see the school nurse for information.

STUDENTS WITH SPECIAL HEALTH NEEDS

Food and insect allergies, asthma, diabetes, and many more unique conditions present challenges to the health and safety of our students. Many of these conditions can be potentially life-threatening medical problems. The parents, school nurse, Child Nutrition Staff, and other employees of Sycamore Community Schools will work together to provide a safe environment for all students with these conditions.

Parents of children with special health needs should:

- Contact the school nurse before the start of school to begin organizing a comprehensive plan for the child's care and provide relevant documentation.
- Communicate to the school nurse changes in health status or precautions that necessitate revision/s to the comprehensive health plan.
- Notify the school nurse/coach/sponsor anytime the student is enrolled in a school-sponsored extracurricular activity if there is significant potential that emergency care might be required.
- Introduce your child to his/her bus driver on the first day of school and explain the health issue.
- Consider themselves part of a school health team, willing to advocate for their own children while understanding the need for schools to balance the health requirements of the entire student population.

INFORMATION ON DISPENSING MEDICATION AT SCHOOL

Sycamore Community Schools has a medication policy that is in compliance with the Ohio Revised Code. The following information is provided to help clarify the understanding of this policy.

1. **Medication should not be given at school** unless it is absolutely necessary for the health and well-being of the student.

2. **A Physician/Dentist Medication Orders Form** must be on file at school, **signed by a parent/guardian and a physician**, before prescribed medication may be administered. It is also needed for students to carry inhalers, Epinephrine auto-injectors, Diabetes medication, Emergency seizure medication, and supplies. This form is available on the district website under Health Services.

The following must be included with the order form:

- a. Name and address of the student.
- b. Name of medication and dosage to be given.
- c. Reason for administering the medication.
- d. Times at which medication should be given.
- e. Dates the administration of medication is to begin and end.
- f. Adverse reactions that should be reported to the physician.
- g. Special instructions (i.e. sterile conditions, storage, etc.)
- h. Acknowledgement that the prescriber has provided the student with training in the proper use (and storage) of the epinephrine auto injector, emergency seizure medication, or Inhaler and the student may carry the emergency medication.

Over-the-counter medications can be provided to students with parental permission. An over-the-counter (OTC) drug is a drug that may be legally sold without a prescription and that is administered without the instruction of a prescriber. The Medication Order Form must be completed with the details related to the administration of the OTC medication.

1. Notify the school if the medication or dosage is changed, if alternate dosing is required (late arrival), or if stopped. (Note: If your child does not take a daily scheduled medication for more than 30 days, a new order from the doctor will be required)
2. Grant permission for the school nurse to confer with the above physician/medical authority regarding the child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs
3. Provide safe transportation of the medication to and from school. Medication must be given directly to a school official.
4. If authorization to carry an epinephrine auto injector (i.e., Epi-Pen, AuviQ) is completed by the physician/medical authority, the parent must provide a backup dose of Epi-Pen (Ohio Revised Code 3313.718). Emergency medical services will be called if an epinephrine auto-injector is administered.
5. If a physician has written an order for the student to carry an inhaler or emergency seizure medication, the parent is requested to provide a backup medication. Emergency services will be called if emergency seizure medication is administered
6. Parents are requested to contact the school nurse promptly, in the event that AM medication dosing is given later than typically scheduled and might conflict with a dose provided at school (i.e, late start days, inclement weather days, etc).

HEALTH CONSIDERATIONS/ALLERGIES

Animal/Pets In The Classroom: Due to the large number of children and staff members at risk for illness or allergic reaction to animals, animals/pets with fur or feathers are not allowed in classrooms. The exception to this is:

- Zoo presentations. (It is felt that the professional can manage this situation, and that children with allergies can be maintained at a safe distance. Teachers will assess this on an individual basis.)
- Guide dogs.
- Police drug dogs.
- Therapy and service dogs

Reptiles, amphibians, and fish may be used for educational purposes; however, students are to be discouraged from handling these. If contact is made, hand washing should be required.

Balloons

Rubber balloons that decorate parties, carnivals, proms, etc., can pose a serious health threat to latex-sensitive individuals. People with chronic health conditions (spina bifida, hydrocephalus treated with shunts, etc.) who have been frequently treated with latex products are especially predisposed to this severe and, possibly, life-threatening allergy. Latex allergy is also reported in healthy individuals, especially those with common conditions such as asthma and eczema. Routes of exposure include contact with skin, wounds, mucous membranes, and inhalation of latex-laden powder particles from items such as rubber gloves or balloons. For these reasons, latex balloons are not permitted in all school buildings. Mylar balloons are suggested as safe substitutes.

Classroom Treats: Many students suffer from severe food allergies, and eating, smelling, or touching certain allergens (i.e., peanuts, nuts, etc.) can be fatal to people who are sensitive. Because of issues such as these, parents are asked to carefully select food items when treating a child's class. The teacher should be asked if any students have food allergies or diabetes. Consideration of healthy food choices that are nutritious and not too high in sugar is appreciated. Non-food alternatives such as craft activities or prize bags can also be a choice to make classroom parties a healthy celebration.

Students With Special Dietary Needs: At the beginning of each school year, or at the time of enrollment, parents are responsible for communicating any special dietary needs of their child, including food allergies, to the district. Students with dietary needs that qualify as disabilities under the law will be provided reasonable accommodation.

Substitutions to regular school meals provided by the district will be made for students who are unable to eat such meals due to a qualifying dietary need when that need is certified in writing by the student's physician. Such meals will be provided in the most integrated setting appropriate to the needs of the student.

The nature of the student's qualifying dietary need, the reason such need prevents the student from eating regular school meals (including foods to be omitted from the student's diet). The specific diet prescription, along with the needed substitution, must be specifically stated in the physician's statement. The district, in

compliance with the USDA Child Nutrition Division guidelines, will provide substitute meals to food-allergic students based upon the physician’s signed statement. The district food allergy notification must be completed and signed by the parent and physician. These forms can be found on our district website.

ATTENDANCE

Regular attendance is essential for successful school achievement. Therefore, students are expected to attend class on a regular basis. Absence shall be excused for personal illness, illness in the family, religious reasons, death in the family, or for other reasons the home and school agree are for good cause. All other absences shall be unexcused.

Sycamore School Nurses are there to support students and families. We maintain chronic conditions at school so that students can attend and be successful. If you have questions about your child’s illness or injury, please consult with your child’s building School Nurse. Please use district guidelines to report your child’s absence.

Licensed School Nurses - Contact Information:

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|-------------------------------------|--|----------------------|
| Blue Ash Elementary | Laurie Dobrowolski BSN, RN, LSN | 513- 686-1713 |
| Maple Dale Elementary | Carolyn Adee MS, BSN, RN, LSN | 513- 686-1723 |
| Montgomery Elementary | Molly Grooms MSN, MBA, RN, CENP | 513-686-1733 |
| Symmes Elementary | Julie Ferron MS, BSN, RN, LSN, NCSN | 513-686-1743 |
| Edwin H. Greene Intermediate | Brianne Kopecky MSN, RN | 513- 686-1753 |
| Sycamore Junior High | Lucy Gruen BSN, RN, LSN | 513- 686-1763 |
| Sycamore High School | Amy Bonham MA, BSN, RN, LSN | 513-686-1773 |
| | Lydia Braun BSN, RN | 513-686-1773 |

GUIDELINES FOR KEEPING CHILDREN HOME FROM SCHOOL DUE TO ILLNESS

It is sometimes difficult to decide when and how long to keep an ill child home from school. The timing of the absence is often important in order to decrease the spread of disease to others and to prevent your child from acquiring other illnesses while his/her resistance is lowered. The following guidelines represent the more common childhood illnesses.

CHICKEN POX: A skin rash consisting of small blisters, which leave scabs. A slight fever may or may not be present. There may be blisters and scabs all present at the same time. Your child should remain home until all blisters have scabbed over, usually 5-7 days after the appearance of the first crop of blisters.

COMMON COLD: Irritated throat, watery discharge from the nose and eyes, sneezing, chills, and general body discomfort. Your child should remain home if symptoms are serious enough to interfere with your child's ability to learn. Medical care should be obtained if symptoms persist beyond 7-10 days, fever develops, or discharge becomes yellow to green.

FEVER: If your child's temperature is 100 degrees Fahrenheit or greater (or 1 or 2 degrees above the child's normal temperature) (s)he should remain home until (s)he has been without fever for a full 24 hours. Remember, fever is a symptom indicating the presence of an illness.

FLU: Abrupt onset of fever, chills, headache, and sore muscles. Runny nose, sore throat, and cough are common. Your child should remain home from school until symptoms are gone, and the child is without fever for 24 hours.

COVID: Follow the advice of your healthcare provider. Please refer to the symptoms guidance listed above for Cold, Fever, or Flu. For more information regarding precautions and isolation, see guidance from Hamilton County Public Health.

HEAD LICE: Lice are small grayish-tan, wingless insects that lay eggs called nits. Nits are firmly attached to the hair shafts, close to the scalp. They are small white specks, which are usually found at the nape of the neck and behind the ears. Following a lice infestation, your child will need to receive treatment.

PAIN: If your child complains or behavior indicates that (s)he is experiencing persistent pain, (s)he should be evaluated by a physician before your child is sent to school.

PINKEYE: Redness and swelling of the membranes of the eye with burning or itching, matter coming from one or both eyes, or crusts on the eyelids. Your child should remain home from school until receiving 24 hours of antibiotic therapy, as determined by your physician, and discharge from the eyes has stopped.

SKIN RASHES: A physician should evaluate skin rashes of unknown origin before your child is sent to school.

STREP THROAT AND SCARLET FEVER: Strep throat usually begins with fever, sore and red throat, possibly pus spots on the back of the throat, and tender, swollen glands of the neck. With scarlet fever, there are all the symptoms of strep throat as well as a strawberry appearance on the tongue and a rash of the skin. High fever, nausea, and vomiting may also occur. Your child should remain home from school until receiving a full 24 hours of antibiotic therapy and without fever or vomiting for 24 hours. Most physicians will advise rest at home for 1-2 days after a strep infection.

VOMITING AND DIARRHEA (INTESTINAL VIRAL INFECTIONS): Stomach ache, cramping, nausea, vomiting, and/or diarrhea, possible fever, headache, and body aches. Your child should remain at home without

vomiting, diarrhea, or fever for a full 24 hours. If your child has had any of these symptoms during the night, (s)he should not be sent to school the following day.

The information included on this site is for educational purposes only. It is not intended nor implied to be a substitute for professional medical advice.

HEAD LICE

Sycamore Community Schools has a commitment to meet the health needs of its students during the school day. Pediculosis (head lice) is a public health concern for school children and their families. Therefore, schools will contact the parent when it has been determined that a student has lice and/or nits (the eggs of lice) on the hair shaft (less than 1cm from the scalp). Parents will be instructed to treat the child's hair with an effective pediculicide and remove nits (Ohio Department of Health Communicable Disease Chart, 2022).

Nit removal decreases diagnostic confusion, reduces unnecessary retreatment, and decreases self-reinfestation. The child should report to the nurse the next day before returning to class.

Head Lice Procedure:

1. Identification of student (How do we know a child has head lice?)
 - Self reported
 - Parent or friends report
 - Teacher observation
 - Nurse's inspection
2. Identification of other students in the class/team
 - The nurse will inspect other children as appropriate. The parents of students who are infested or who have nits will be contacted. They will be instructed on effective treatment and procedures for removing nits.
 - If there are no other cases identified, the inspections will end.
 - If there are more positive cases, other students may be inspected as appropriate.
3. Follow-up
 - Educational materials will be offered to classroom teachers, students, and parents as needed.
 - After appropriate treatment, the student should report to the nurse to be checked.

COMMUNICABLE DISEASES

The following precautions shall be taken for children suspected of having a communicable disease:

1. The parent or guardian will be notified immediately of the child's condition.
2. Until discharge, the student will be isolated in the nurse's office to the best of possible means.
3. A child isolated due to suspected communicable disease shall be:
 - Cared for in a room or portion of a room not being used in the nurse's office, if possible
 - Made comfortable and provided a cot, if possible. After use of the cot, it will be cleaned and disinfected with an appropriate germicidal agent.
 - Observed carefully for worsening condition with an adult in sight and hearing at all times
 - Discharged to parent, guardian, or person designated by the parent or guardian as soon as practical

During a Pandemic:

The expectation that individuals (Nurse, Students, and Staff) in clinics (healthcare setting) will follow Board Policy to prevent possible exposure and spread of communicable diseases.

SUMMARY

Your child's health and safety are important to all of the Sycamore staff. School nurses are in place in each building to work in partnership with parents and staff, facilitating care for students. Please notify the school nurse concerning:

- pertinent health history
- news of a serious illness or accident
- the presence of a fracture
- the need for stitches
- additional screening
- mental health issues
- family assistance

Please contact your child's School Nurse if you have any questions about whether or not to send your child to school.

References

Ohio Revised Code. (2025, April 9). Section 3313.7117: Individualized seizure action plans. Ohio Laws. Retrieved April 7, 2025, from <https://codes.ohio.gov/ohio-revised-code/section-3313.7117/4-9-2025>

Ohio Revised Code. (2025). Section 3313.716: Possession and use of metered dose inhaler or dry powder inhaler to alleviate asthmatic symptoms. Ohio Laws. Retrieved April 7, 2025, from <https://codes.ohio.gov/ohio-revised-code/section-3313.716>

Ohio Revised Code. (2014). Section 3313.718: Possession and use of epinephrine autoinjector to treat anaphylaxis. Ohio Laws. Retrieved April 7, 2025, from <https://codes.ohio.gov/ohio-revised-code/section-3313.718>

Ohio Revised Code 3313.67 and 3313.671 and the Ohio Department of Health (ODH) Director's Journal Entry regarding school immunization requirements, recommended vaccines, and exemptions to immunizations.

Ohio Department of Health. (2022). *Communicable Disease Chart - 2022*. Columbus, OH; Ohio Department of Health.