### HEALTH CARE PLAN INFORMATION



#### Dear Parents and Guardians:

Welcome to the 2023-2024 school year at Thomas MacLaren School! Every year it is helpful for us to have an update to our records if your student has asthma, allergies, celiac disease, diabetes, migraines, seizures or any other health care issue. This allows us to better care for your student throughout the school year and helps decrease the number of interruptions to their learning due to illness or complications from their health concerns.

All of the forms included in these health care plans (HCPs) must be filled out completely by either you or a health care provider with prescriptive authority. Please note that **both** the parent/guardian and the health care provider need to sign the documents. Unfortunately, we are not able to administer your student's emergency medication without a signed HCP and a completed *Authorization for the Administration of Medication by School Personnel* 

If your student will need to carry a rescue inhaler, Epi-Pen®, or diabetes supplies with them this year, then please fill out the *Contract to Carry* form and return to the front desk prior to sending your student to school with their medication.

For your reference, all of the links for these forms and packets can be found on the school website: www.maclarenschool.org under the **Parent** tab in the **Health Information** section.

Thank you for letting us partner with you to make sure that your student has a healthy and safe school year. If you have any questions or concerns, please don't hesitate to contact me.

Kind Regards,

Terra Fisk, RN, BSN | School Nurse

Thomas MacLaren School 1702 N. Murray Blvd. Colorado Springs, CO 80915 nurse@maclarenschool.org 719.313.4488 | Secure Fax: 866.587.2608

<b>Headache Action Plan and Medication Orders</b>	s for School/	<b>'Childcare</b> Date: _			
Name:	Date of Birth:				
School:	Grade:				
Emergency Contact:			751		
Treating Provider:			nhoto here		
Headache Information					
My diagnosis is:Trigge	rs:				
Aura (if any):					
I authorize the quick-relief medication(s) listed in the Yellov Provider's Signature			ministered by school personnel ministered only by parent		
Parent/Guardian's Signature			understands the proper use of		
Parent/Guardian Phone Numbers: 1)		his/her med	lication and in my opinion can		
School Nurse's Signature		curry und a	dminister at school independently, at with school policy.		
Green Zone – Prevent more headaches					
It may take 4-6 weeks to see a big change, so stick with it! Visit <u>www.headachereliefguide.com</u> to manage your headaches		<ul> <li>Eat healthy foods; d.</li> <li>Drink enough water;</li> <li>Get regular exercise</li> <li>Learn ways to relax;</li> </ul>	; avoid caffeine ; manage your weight		
Yellow Zone – 1 <sup>st</sup> line and 2 <sup>nd</sup> lines  Go to the health office right away. Take your quick relief					
medicine as soon as your headache starts.		1) Take	Dose		
•Drink some water or sports drink if you can	_	Route	May repeat after hours.		
•Allow to rest in a dark, quiet place for up to 30 minutes, and practice your relaxation exercises (e.g., deep		2) Take	Dose		
breathing, guided imagery), if you can		Route	May repeat after hours.		
•You may need a different PE activity, dark glasses, or a quiet place to work for a while		3) Take	Dose		
Parent: let provider know if child needs to take their		Route	May repeat after hours.		
quick relief medicines 3 or more days a week or if this plan is not working.					
Red Zone – Time to get more help – 3 <sup>rd</sup> line					
If headache persists and student is unable to participate					
<ul> <li>in schoolwork after all above treatments/accommodations have been offered:</li> <li>Parent needs to contact provider's office if:</li> <li>Child's headache is much worse, lasting much longer than usual</li> <li>Parent needs to call 9-1-1 if child experiences any of these symptoms: loss of vision, unable to move side of their face or body, trouble walking or talking, unconscious, semi-conscious, unable to respond, or is very confused.</li> </ul>		<ul> <li>further medications</li> <li>Call 9-1-1 if child exploss of vision, unable body, trouble walkin conscious, unable to</li> <li>Call parent/guardian</li> <li>Stay with child and r</li> </ul>	periences any of these symptoms: e to move side of their face or ng or talking, unconscious, semi- prespond, or is very confused. n and school nurse.		

## **Headache Toolbox**

#### **Attendance**

We ask that you allow excused school absences for medical appointments. We also request that you are patient and provide support for school absences related to headaches that cannot be treated with the treatment plan above while we work with the child to improve their headaches.

#### **Tools for home**

Your brain works best when it knows what to expect. Keeping your brain in balance can prevent more migraines. Visit <a href="https://www.healthychildren.org">https://www.healthychildren.org</a> for advice on healthy living and <a href="https://www.headachereliefguide.com">www.headachereliefguide.com</a> to make a plan.

	<del>-</del>
Hydration	Drink enough water to make your urine pale. Drink more water when it's hot outside and before, during and after you exercise. Avoid drinks with caffeine and added sugar.
Food	Don't skip meals. Choose fresh fruits, vegetables, whole grains, and lean protein when you can. Avoid foods high in salt, sugar or corn syrup, or with many chemicals listed on the label.
Sleep	Teens need 8-10 hours and pre-teens need 9-12 hours of sleep each night. Keep a regular schedule. No electronics 30 minutes before bedtime. Report snoring or breathing difficulty.
Exercise	Try to exercise every day. To lose weight, you need 20-30 minutes of activity strong enough to make you sweat. Be sure to warm up first and don't exercise past the point of pain.
Emotions	Stress is part of life and learning to deal with it is important for growth. Learn and practice positive coping strategies. Avoid over-scheduling and allow some downtime to de-stress.
Cognitive Behavior Therapy (CBT)	CBT teaches you new ways of thinking about pain and new ways of responding to it by setting goals, pacing activity, and using your brain to turn down your body's pain response.
Biofeedback	A machine uses sensors to measure your stress level and a computer screen shows you how your stress level changes as you practice different stress-reducing exercises.

#### **Tools for school**

Students with headaches can struggle to focus and may take longer to finish their schoolwork. This added stress can lead to more headaches and increased absences. Share your concerns with school officials, including the school nurse, and discuss options such as an Individual Health Plan or a 504 Plan. The strategies below may help improve the student's ability to function properly at school and could be incorporated into a plan of care.

3chool and could be incorporated in	to a plan of care.
Trigger Management:	<ul> <li>Allow student to keep a water bottle at his/her desk</li> <li>Allow student to use restroom when needed</li> <li>May need to eat a mid-morning and/or mid-afternoon snack</li> <li>May need access to a quiet place to eat lunch with a companion</li> <li>May need an anti-glare screen filter or paper copies of assignments</li> <li>May need to use a rolling backpack or obtain a second/digital copy of books for home</li> <li>Other:</li> </ul>
Symptom Management:	<ul> <li>Allow student to go to nurse/health office as soon as his/her headache or aura starts</li> <li>Allow student to rest for up to 30 minutes before returning to class</li> <li>Allow light-sensitive student to wear dark glasses for a few hours when pain is severe</li> <li>Allow noise-sensitive student to work in a quiet place (i.e., library) for a few hours when pain is severe</li> <li>Allow a PE alternative (e.g., walking, stretching, yoga) when pain is severe</li> <li>Other:</li> </ul>
Workload Management:	<ul> <li>May need extended time to take tests or complete work when headache is severe</li> <li>May need a copy of class notes/homework packet when absent or unable to concentrate</li> <li>May need extra time to make up exams or assignments missed due to severe headache</li> <li>Consult school psychologist to evaluate for suspected learning problems</li> <li>Consider modifying assignments (fewer problems, test of mastery) or class schedule (half days, rest breaks, fewer classes) if returning to school after an extended absence</li> <li>Other:</li> </ul>

This document and the information it contains was created by Children's Hospital Colorado ("CHCO") to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care provider.

Copyright © Children's Hospital Colorado 2022 All rights reserved. No part of this document may be reproduced without written consent from the author.



# HEALTH CARE PROVIDER'S AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Parent/Guradian:

If your child must have medication of any type, including over-the-counter medicine, given during school hours, you may:

- Come to the school and administer it to your child at the appropriate time; or
- · Discuss with your health care provider an alternative schedule to administer medications outside of school hours; or
- Complete, in its entirety, the attached form signed by your Health Care Provider (with prescriptive authority) and by you the parent/or guardian; and
- Provide the medication in the original labeled pharmacy container which includes the child's name, name of medicine, specific dosage amount (such as 2 tabs/tsp/puffs every 4 hours NOT a range such as 1-2 tabs/tsp/puffs every 4-6 hours), and instructions for administration. For over-the-counter medication, please provide the medicine in a new, unopened bottle with all labels AND write the Student's full name on the bottle/container.

Remember, staff at Thomas MacLaren School may only administer medications at school with the properly completed documentation and the medication in the original, properly labeled container. Non-FDA approved substances, including herbs, supplements, essential oils, etc., will NOT be administered at school.

Kind Regards,

#### Terra Fisk, RN, BSN | School Nurse

Phone 719.313.4488 | Secure Fax: 866.587.2608 1702 N. Murray Blvd., Colorado Springs, CO 80915

Students required to take medication(s) prescribed by a physician during regular school days may be assisted by the school nurse or other designated school personnel. Medications may be administered only if the school receives specific written instructions from the physician and parent/guardian of the student.

1 / 1	, 8							
Authorization to Assist in Administration of Medication								
Student:	Birthdate:	Grade:	<del> </del>	-				
Medication:	Purpose of Medicat	ion:						
Possible Side Effects:			Dosage:	Route:				
Start Date: End Date:								
Time of day to be given at school:								
Physician Office Number & Fax Number:								
Parent Request that School Administer Medication  I request that medication be administered to my child by the designated member of the school staff in accordance with the instructions on the Health Care Provider's authorization. Please give my child their medication according to the above authorization. Any special instructions are noted here:  It is understood that the medication is administered solely at the request of, and as an accommodation to, the undersigned parent/ guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by Thomas MacLaren School, the undersigned parent/guardian hereby agrees to release Thomas MacLaren School and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.  I will notify the school immediately if the medication is to be changed or terminated, or if we change health care providers.  I hereby give my permission for:(name of student)								
Parent/Guardian Signature:								