IMPORTANT INFORMATION FROM THE SCHOOL NURSE REGARDING 6^{TH} GRADE OUTDOOR EDUCATION

Dear Parents/Guardian:

Please complete your child's information forms promptly. It is essential that you provide your home and business **phone numbers**, your physicians/clinics name and **phone number**, and the phone number of your nearest relative or friend to contact if you cannot be reached. You must also provide the name of your child's **insurance program** and the **policy number**.

It is important that the nurse be notified of potential problems which might occur during the residential camp period, such as bedwetting, sleep walking, particular fears, allergic reactions, etc. The nurse will discuss these with you to determine what preparations should be made. All matters are kept confidential and every effort will be made in this regard so your child need not be worried about friends knowing the particular problems.

Diphtheria/Tetanus Booster, please check with your child's physician/clinic if necessary. **Dates must be included** on Health form. If your child did not have a physical examination during the last year that included an evaluation of his/her immunizations, please check with your child's physician/clinic for specific needs he/she might have at a residential camp site.

MEDICATIONS FOR SIXTH GRADE CAMP

All medication, prescription and over-the-counter, needed during the week will be kept and administered by the nurse. Medicines cannot be kept in the cabins. Please send only the amount of medication needed for the 4 days of camp- empty medication bottles will return in your child's suitcase.

All medication and paperwork must be turned in to the school nurse **NO LATER THAN 2 WEEKS** prior to camp unless prior arrangements are made with your school nurse. **Navigators forms and medications <u>MUST</u>** be turned in by Monday October 2, 2017; Explorers <u>MUST</u> be turned in by Monday October 23, 2017.

I. Prescription Medication

The students' medications must be in the current prescription-labeled container. The label must contain the following information:

Name of student

Name of drug

Dosage

Frequency of administration

Route of administration

Prescribing physician's name

A parent/guardian must also provide a written request that the student receive the prescribed medication while attending the sixth grade resident camp.

II. Over-the counter Medications

The medication MUST be in its original container. We will not be giving any vitamins, supplements or homeopathic medications

The student's physician must provide a written request that the student be given the medication while at the resident camp.

A parent/guardian must also provide a written request that the student receive the prescribed medication while attending the sixth grade resident camp. The request shall contain all of the information as requested above for the prescription medication.

III. Location of the Medications

Prescription inhaler medications that are "rescue" medications for children with asthma may be carried with the children to the various camp sites. Children with prescribed Epi-pens will have them with them as they go to various sites at camp.

If there is a need to contact the nurse at camp quickly, call the YMCA of the Ozarks at (314) 241-9622 and ask for TLC.

If you send an EpiPen or inhaler, please remember to get them from the teacher as your child gets off the return bus home. Every effort is taken for your child to experience a well-planned, healthy, and safe week at the resident site. Your cooperation helps us to do this, and it is appreciated.

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