



FOX CROFT ACADEMY

August 2018

Dear Parent or Guardian:

We **must** have a signed permission slip on file before we can administer over-the counter medications listed below by the school nurse. Please complete the release below and return it to the Health Center at Foxcroft Academy, 975 W. Main Street, Dover-Foxcroft, ME 04426.

Effective the first day of school, all medications to be taken at school must be cleared with the health center nurse and we must have the form at the bottom of the page filled out by the student's medical provider. Whenever possible, the scheduling of medication should be altered to allow the student to receive all doses at home. Students may not transport their own medications to school except as defined below. It is the responsibility of the parent/guardian to know and follow these directions.

All students must comply with the State of Maine requirements for immunizations to attend Foxcroft Academy. (See attached.) If you have submitted your child's immunization records once, or if they attended SeDoMoCha and are moving into 9th grade, their immunization record should be complete. If you have any questions or concerns, please contact the Student Health Center at 564-8351.

The clinic has permission to administer to my son/daughter _____ over-the-counter
Print first and last names
medications such as Tylenol, Ibuprofen, Tums, Mylanta, and cough drops as deemed necessary by the school nurse. If you wish to specify a certain dosage, please do so at the bottom of this release.

The clinic may both release and receive information from my student's health care provider(s).

Parent or Legal Guardian's Signature _____ Date signed _____

OVER-THE-COUNTER MEDICATIONS/SHORT TERM PRESCRIPTIONS: need to be in a sealed envelope or container with the student's name, medication name, dosage and instructions. Your written request is required for medications to be administered to your child.

PRESCRIPTION MEDICATIONS to be administered for longer than two weeks must be sent in the current prescription container with the student's name, medication name, special instructions and provider's name. Upon request, your pharmacist will provide you with a second empty prescription container with the required information. Your written request, as well as the provider's order, must be on file before we can give your child his/her medication. Students may carry their inhalers and/or epinephrine pens with them.

You **MUST** have your medical provider complete the form below and return it to the school nurse at the time of the request.

_____ is to receive _____ at _____ for the treatment of
(student's name) (medication) (time)
Possible side effects: _____

(diagnosis)
Estimated termination date: _____

Dated: _____ Provider's Signature: _____

Provider's Phone Number: _____

I hereby give my permission for my child to receive medication at school as prescribed by my child's medical provider.

Parent/Guardian Signature: _____ Dated: _____

VISIT
975 West Main Street
Dover-Foxcroft, Maine
04426 USA

CONTACT
P: +1 (207) 564-8351
F: +1 (207) 564-8394
www.foxcroftacademy.org

IMMUNIZATIONS OF STUDENTS FOXCROFT ACADEMY

All children entering Foxcroft Academy will be required to present their medical immunization records that show compliance with current Maine State Law requirements at the time of school admission. This is shown by:

1. An up to date Certificate of Immunization which includes: Vaccine type, dosage, date administered and by whom, OR
2. Proof of immunity by a laboratory test or reliable documented history by physician or other primary care provider, OR
3. Exemption as described below:
If a child is unable to have the required immunization(s) for medical reasons, a statement to that effect will be required from a medical provider.

OR

If a child's parent/guardian objects to the required immunization(s) based on religion or personal/philosophical reasons, an annual written statement indicating this will be required from the parent. However, during any outbreak of disease, a child who has not been immunized will be excluded from school for the duration of the outbreak, as determined by the Maine CDC and Maine law as referenced. A list of current students exempted from immunizations is kept in Health Center.

School Health records need to include the following information:

1. Child's name and date of birth.
2. A minimum of:
 - a. 5 DPT (4 DPT if 4th given after the 4th birthday) (Diphtheria, Pertussis, Tetanus). Effective start of school 2017, 1 dose Tdap vaccine is required for students entering 7th grade.
 - b. 4 Polio (3 Polio if the 3rd is given after the 4th birthday)
 - c. 2 MMR (Measles, Mumps and Rubella), which must be given on or after the first birthday.
 - d. Varicella- one dose of varicella required for children K-12.
 - e. "Effective for start of school year 2018, one dose of MCV4 is required for children entering 7th grade. Two doses of MCV4 are required for students entering 12th grade, with a minimum of 8 weeks between dose one and dose two. If the first dose of MCV4 was administered on or after the 16th birthday, a second dose is not required. If a student entering 12th grade is 15 years of age or younger, only one dose is required.
3. Student Health Records are kept and maintained in the Health center, including a list of current students exempted from immunizations.

Legal reference: 10-144 Code of Maine Rules, Chapter 261 and 05-071 Code of Maine Rules, Chapter 126.

Cross reference: JEA- Compulsory Attendance Ages; JFAA- Residency Requirements; JECB- Admission of Non-Resident Students

Updated 11-09/jg; rev 10/12/jg; 6/16/jg; 6/17/jg, 12/17/jg 4/18/jg

Addendum: See Residential life forms for additional vaccines needed for dorm residents.