

Welcome to the Clinic



Welcome to the clinic at Cherry Hills Village Elementary! For the health and safety for all at CHVE, we look to the Colorado Department of Public Health and the Environment for guidelines as to when to exclude a child from school. When your child is not feeling well, please consult the information below.

When to keep your child home from school/when exclusion from school is recommended:

Cough: Exclusion is recommended if the child is experiencing severe, uncontrolled coughing or wheezing, is having difficulty breathing, is becoming red or blue in the face, is making high-pitched whooping sounds after coughing, or is vomiting after coughing.

Diarrhea: Exclusion is recommended if the child has other symptoms along with the diarrhea (such as vomiting, fever, abdominal pain, jaundice, etc.), the diarrhea cannot be contained in a toilet, there is blood or mucous in the stool, or the child is in diapers.

Earache: No exclusion is necessary.

Fever (defined as a temperature over 101°F orally) No exclusion is necessary, unless the child has symptoms in addition to the fever, such as a rash, sore throat, vomiting, diarrhea, behavior changes, stiff neck, difficulty breathing, etc.

Headache: No exclusion is necessary, unless the headache is severe and accompanied by additional symptoms like vision problems, stiff neck, or behavior change.

Jaundice or unusual color of the skin, eyes, stool, or urine: Exclusion is recommended until a medical exam indicates the child does not have hepatitis A.

Mouth sores: Exclusion is recommended if the child is drooling uncontrollably.

Rash: Exclusion is recommended if the child has symptoms in addition to the rash such as behavior change, fever, joint pain, or bruising not associated with injury, or if the rash is oozing or causes open wounds.

Stomach ache / Abdominal pain: The pain is severe, if the pain appears after an injury, or if the child had symptoms in addition to the stomach ache (such as vomiting, fever, diarrhea, jaundice, etc.)

Swollen glands: Exclusion is recommended if the child has symptoms in addition to the swollen glands such as difficulty breathing or swallowing, fever, etc.

Vomiting: Exclusion is recommended if the child has vomited more than two times in 24 hours, if the vomit appears bloody, if the child has a recent head injury, or if the child has symptoms in addition to the vomiting (such as fever, diarrhea, etc.

In addition..... please keep your child home if:

- The child does not feel well enough to participate comfortably in usual activities.
- The child requires more care than the child care or school personnel are able to provide.
- The child is ill with a potentially contagious illness, and exclusion is recommended by a health care provider, the state or local public health agency, or these guidelines.
- The child has signs or symptoms of a possible severe illness, such as trouble breathing.

Thank you!

Carrie Revers, RN, BSN (crevers@cherrycreekschools.org) and
Shontel Sarmiento, RN, BSN (ssarmiento@cherrycreekschools.org)

720-747-2706 (direct)

Additional Information From the Clinic

- This summer, you will receive email notification from the district to complete online parent forms for your child; this portal opens up July 1st. Please be aware of how important these forms are as they allow you to inform us of health information for your child, emergency-contact information, as well as whether you give us permission to administer some common over-the-counter medications here in the clinic. **Please do not wait until the day before or the week of school to complete these forms!** This is the only way we are aware of this important information and we do not want your child sitting in class without this information completed. This is for the safety of your child. Therefore, complete these forms during the month of July. You will complete this process each summer prior to school.
- If your child will require medication here at school, make arrangements to get the appropriate forms completed by your child's physician. Inhalers require the Asthma Care Plan form and epis require the Allergy and Anaphylaxis form. Any other medication, including homeopathic remedies, require the Consent for Medication form to be completed. We will not accept medications without the doctor's orders in place.
- We perform both hearing and vision screenings here at school and if you do not want your child to participate, we need to inform the clinic of that preference. We will only notify you of the results if your child did not pass the screening.
- If your child has received immunizations or will receive immunizations since kindergarten registration, please bring an update record to the clinic.
- Please know that all medication needs to be kept in the clinic. We cannot have any medication floating around in backpacks no matter how responsible your child is! This is for the safety of all the children here at school.
- Put a change of clothes in your child's backpack in case of an accident.



K - 12th Grade School Required Immunizations - 2018-19 School Year

Dear parents and guardians of students in Colorado kindergarten - 12th grade schools:

- Colorado law requires students who attend a public, private or parochial kindergarten - 12th grade school to be vaccinated against many of the diseases vaccines can prevent. Your student must be vaccinated against:
 - diphtheria, tetanus & pertussis (DTaP, DTP, Tdap))
 - polio (IPV)
 - measles, mumps, rubella (MMR)
 - hepatitis B (HepB)
 - varicella (chickenpox)

Vaccines are recommended for hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required.

- Colorado rule requires students entering kindergarten to receive their final doses of DTaP, IPV, MMR and varicella. Students must receive one dose of Tdap vaccine for 6th grade entry, even if they are under 11 years of age.
- The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). You can view parent-friendly versions of the current ACIP vaccine schedules for children 0 - 6 years of age at www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf and preteens/teens 7 - 18 years of age at www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf.
- Please take your student's updated vaccine record to school every time he or she receives a vaccine.
- If your student cannot get vaccines because of medical reasons, you must submit an official *Immunization Medical Exemption Form* to your school, signed by a health care provider licensed to give vaccines. You can get the form at www.colorado.gov/vaccineexemption.
- If you choose not to get your student vaccinated according to the current ACIP schedule for religious or personal belief reasons, you must submit a non-medical exemption to your school. Non-medical exemptions must be submitted every year. You can either submit the state health department's non-medical form (online or paper copy) for inclusion in the Colorado Immunization Information System (CIIS), provide a paper copy of the state health department's non-medical exemption form to your student's school, or submit a signed non-medical statement of exemption to your student's school. Such a statement should include the following information: student's full name, age or date of birth, date the exemption was submitted, the vaccines declined, and which type of non-medical exemption is being taken (personal belief or religious). If you choose to include your student's information in CIIS, you may opt your student out of CIIS at any time. Your student's school may ask you to also provide them with a paper copy of the non-medical exemption if you submit online. You can get online and downloadable versions of the state health department's non-medical exemption form at www.colorado.gov/vaccineexemption.
- Some parents, especially those with students who have weakened immune systems, may want to know which schools have the highest percentage of vaccinated children. Schools must report vaccination and exemption numbers (but not student names or birth dates) to the state health department by December 1 every year. Vaccination and exemption rates will be posted on the state health department website in Spring 2018.
- You may want to talk to a health care provider licensed to give vaccines or a local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at www.ImmunizeForGood.com and www.colorado.gov/cdphe/immunization-education.
- If you need help finding a health care provider, or finding free or low-cost vaccines, contact your LPHA, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your LPHA at www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency.
- Please share Page 2 of this letter with your student's health care provider as it provides helpful information about vaccines required for school entry per Colorado law.

Sincerely,

Colorado Immunization Branch | Colorado Department of Public Health & Environment
303-692-2700 | cdphe.dcdimmunization@state.co.us



COLORADO
Department of Public
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

Dear Colorado health care provider:

Colorado School Entry Immunization Law (25-4-901 et seq, C.R.S) and Colorado Board of Health rule (6 CCR 1009-2) require students who attend a public, private or parochial K - 12 school, licensed child care, preschool or Head Start program to be vaccinated against many of the diseases vaccines can prevent. Students must be vaccinated against:

- diphtheria, tetanus and pertussis (DTaP, DTP, Tdap)
- polio (IPV)
- measles, mumps, rubella (MMR)
- hepatitis B (HepB)
- haemophilus influenzae type b (Hib)
- pneumococcal (PCV13)
- varicella (chickenpox)

The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). To be considered valid, a dose of vaccine must meet both the minimum age and minimum intervals as defined by ACIP. You can view the current ACIP vaccine schedule for persons 0 - 18 yrs of age at www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf. Vaccines are recommended for rotavirus, hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required.

Colorado schools are required to review immunization records for school entry and can only accept valid doses of vaccine. Your patients may receive notification of noncompliance if a dose of vaccine does not meet the minimum age or minimum interval requirements, per the ACIP schedule. There are three ways a student can meet the compliance requirements established by Colorado law:

- A student is considered fully immunized if he or she has received all doses of school-required vaccines according to the current ACIP schedule. Note: students are required to receive their final doses of DTaP, IPV, MMR and Varicella by kindergarten entry and their Tdap by 6th grade entry, even if the student is 10 years of age.
- A student is in the process of getting up-to-date on required vaccines and has a written plan from a parent/guardian on file with the school.
- The student's health care provider (medical doctor, doctor of osteopathic medicine, advanced practice nurse or delegated physician assistant) has signed an official *Immunization Medical Exemption Form* because of a condition that precludes a patient from receiving vaccine(s) or the student (emancipated or 18 years of age or older) or student's parent/guardian has submitted a signed non-medical exemption (religious or personal belief).

If students do not meet at least one of the compliance criteria, they are not permitted to attend school. If you have questions about the student's school immunization requirement, please communicate with the student's school nurse or school representative.

If you have questions about the ACIP immunization schedule, vaccines marked as invalid in your patient's immunization record, or about Colorado School Entry Immunization Law, please contact us from 8:30 a.m. to 5 p.m., Monday - Friday at 303-692-2700 or cdphe.dcdimmunization@state.co.us. If you have questions about the Colorado Immunization Information System (CIIS), please contact us 8:30 a.m. to 5 p.m., Monday - Friday at 303-692-2437 (press 2), 1-888-611-9918 (press 1) or cdphe.ciis@state.co.us.

Other reliable clinical resources include:

- CDC Vaccines & Immunizations
<http://www.cdc.gov/vaccines/default.htm>
- CDC's 13th edition (2015) of the Epidemiology & Prevention of Vaccine-Preventable Diseases
<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- The Immunization Action Coalition: Ask the Experts
<http://www.immunize.org/askexperts/>
- CDC Experts at the National Immunization Program
nipinfo@cdc.gov or 1-800-CDC-Info (1-800-232-4636)

Sincerely,

Colorado Immunization Branch | Colorado Department of Public Health & Environment
303-692-2700 | cdphe.dcdimmunization@state.co.us

Shots for Tots and teens

2018
Low-cost
Immunizations
For children & teens



Aurora Fire Station #2

12600 Hoffman Blvd.
Aurora, CO 80011

2nd Saturday of each month
10 am - 1 pm

January 13	July 14
February 10	August 11
March 10	September 8
April 14	October 13
May 12	November 10
June 9	December 8

(303) 451-0123

Serving uninsured, Medicaid, CHP+, and most privately insured patients. Unable to see patients with Kaiser and select private insurances.

Colorado Miners Community Center

4809 Race St.
Denver, CO 80216

4th Saturday of each month
10 am - 1 pm

January 27	July 28
February 24	August 25
March 24	September 22
April 28	October 27
May 19	November 17
June 23	December 15

(303) 602-3520

Serving uninsured, Medicaid, CHP+ and privately insured patients. Unable to see patients with Kaiser or Humana.

Arvada Safety Fair

Arvada Fire Safety Training Center
6651 Indiana St.
Arvada, CO 80007

September 29
10 am - 2 pm

Arvada Fire Station #2

5250 Oak St.
Arvada, CO 80002

10 am - 1 pm
November 3
December 1

(303) 239-7078

Serving uninsured, Medicaid and CHP+ patients. Ask about other insurances.

www.shotsfortotsandteens.org

Walk-in clinic—No appointment necessary
Parent or legal guardian must be present

You MUST bring your child's immunization record EVERY time!
Now offering adult vaccines—Call for more information

******Prizes for children & Tours of fire engines and ambulances******



Vacunas para Pequeños y adolescentes

2018

Vacunas a Bajo Costo
para los niños y adolescentes



Aurora Fire Station #2

12600 Hoffman Blvd.
Aurora, CO 80011

Segundo sábado de cada mes
10 am - 1 pm

13 de Enero	14 de Julio
10 de Febrero	11 de Agosto
10 de Marzo	8 de Septiembre
14 de Abril	13 de Octubre
12 de Mayo	10 de Noviembre
9 de Junio	8 de Diciembre

(303) 451-0123

Sirviendo a los pacientes con Medicaid, CHP+, sin seguro y con la mayoría de seguros privados. No podemos ver a los pacientes de Kaiser y con algunos seguros privados.

Colorado Miners Community Center

4809 Race St.
Denver, CO 80216

Cuarto sábado de cada mes
10 am - 1 pm

27 de Enero	28 de Julio
24 de Febrero	25 de Agosto
24 de Marzo	22 de Septiembre
28 de Abril	27 de Octubre
19 de Mayo	17 de Noviembre
23 de Junio	15 de Diciembre

(303) 602-3520

Sirviendo a personas con Medicaid, CHP+, seguro privado y personas sin seguro medico. No podemos atender a pacientes con Kaiser ni Humana.

Arvada Safety Fair

Arvada Fire Safety Training Center
6651 Indiana St.
Arvada, CO 80007
29 de Septiembre
10 am - 2 pm

Arvada Fire Station #2

5250 Oak St.
Arvada, CO 80002
10 am - 1 pm
3 de Noviembre
1 de Diciembre

(303) 239-7078

Sirviendo a personas con Medicaid, CHP+ y personas sin seguro medico. Pregunte sobre otros tipos de seguro.

www.vacunaspapequenos.org

NO NECESITA CITA

El padre o el guardian legal debe estar presente

Traiga la tarjeta de vacunas de su niño o adolescente

*****Premios y actividades para los niños & Viajes de camión de bomberos y de ambulancias*****

Ahora ofrecemos vacunas para adultos - llame para más información



Falck





Dedicated to Excellence
Cherry Creek Schools

Dear Parent/Guardian:

I would like to take this opportunity to acquaint you with the Cherry Creek School District's procedures for administering medications to students pursuant to CCSD Board of Education (BOE) policy JLCA, Student Health Services and Requirements.

These policies are designed to ensure the safety of our students:

1. The school will have received written permission from the parent/guardian to administer the medication. When such a request is made by a parent/guardian, a full release from the responsibilities pertaining to side effects or other medical consequences of such medications also must be presented.
2. Medication will be administered by the school nurse, or by school personnel whom the registered nurse has trained and delegated the task of giving such medication. (A parent is always welcome to come to the school and administer medication to his or her own child.)
3. Medication shall be in the original, properly labeled container with the current date printed on the container, and all other parameters required for medication administration (student name, prescribing physician's name, drug name, dose, route, time and/or frequency).
4. In some instances students who demonstrate responsibility may be allowed to carry their medications on their person and self-administer such medication in accordance with the current pharmacy-labeled container, or in the case of over-the-counter medication, in accordance with the manufacturer's label. Students who misuse this privilege may be subject to disciplinary action per applicable school board policies. Please contact your school nurse for additional information.

The following guidelines shall also pertain to the administration of medication to students in the school setting:

Rescue/Prescription medications: Rescue medications should be kept in the clinic unless written permission for a student to carry these prescription drugs has been agreed to by the physician, parent and school nurse. This written agreement form is located in the school clinic and on the Health Services Web page. It requires, in part, that the student has demonstrated the necessary maturity to keep it on their person.

Prescription Medications: Prescription medications require written permission for administration in the school setting from both a healthcare provider and a parent/guardian. Most pharmacies can provide an extra labeled container so that a prescription can be divided and placed in a properly labeled container for school use. If the dose or the directions change, a new form/container must be submitted.

Over-the-counter medications: Written parental permission is required for administration of over-the-counter medications. Since many medications resemble another in appearance, medication must be sent to the school in the original manufacturer's container with the label intact. If a student requires a dosage outside the manufacturer's recommendations, a healthcare provider's authorization for the variation is required in addition to the parent's signature. Since aspirin has been associated with Reyes Syndrome when given to

children with influenza or chickenpox, medications containing aspirin may only be administered with a healthcare provider's and a parent/guardian's signature.

Homeopathic/Herbal medications: These medications are not considered to be over-the-counter medications, but require written permission for administration in the school setting by both a healthcare provider and the student's parent/guardian. Homeopathic preparations may require a review from the Cherry Creek School District Medical Advisory Board.

Medical Marijuana: Administration of medical marijuana is guided by CCSD BOE Policy JLCDB Administering Medical Marijuana to Qualified Students on District Property.

Transportation of medications: Parents/guardians are personally responsible for the delivery of student medications to and from school, and should hand them directly to the nurse, building administrator, or other school official. In the event an approved adult is unable to bring the prescription to school, that individual shall contact the school and notify the nurse or other school official of the date the medication is to arrive, giving the name of the medication and the exact quantity of medication included in the properly labeled container. Any medication sent to the school without the labeled container will be kept in the clinic or main office to be returned to the parent. Additionally, any unused medication will be available for pickup through the end of the school year by the parent/guardian. Any medication not picked up will be discarded per Colorado Board of Health guidelines. The schools will not send unused medication home with students.

Planning ahead: It is recommended that any student requiring a medication at school or at home have a seventy-two (72) hour supply kept in the clinic in the event of an unpredictable local emergency. Please discuss this with your healthcare provider and the school nurse to plan for your child's needs.

Confidentiality of student records. The confidentiality of academic records are protected by the Family Educational Rights to Privacy Act (FERPA). The Health Insurance Portability and Accountability Act (HIPAA) does not apply to the health records maintained within CCSD school nurse's office.

Nursing Procedures: All medical procedures performed during child's day at school require a "Permission for Nursing Procedure" form to be signed by attending physician and parent/guardian. Procedures requiring this form include but are not limited to tracheostomy care, suctioning and other medical treatments. Tube feedings require the "Tube Feeding Authorization" form. All nursing procedure and tube feeding forms shall be renewed annually at the beginning of the school year and as needed in response to a change in student health status.

Individual Health Plans (IHP). The IHP is developed by the school nurse to address and communicate the health needs of the student to school personnel with an educational interest in the student. The IHP development and implementation by the RN allows sharing of necessary information and planning for student health needs to maximize student access and participation in their education. All IHPs are renewed annually at the beginning of the school year and as needed in response to a change in student health status.

Communicating with the school nurse is essential in ensuring your student's health needs are addressed in the school setting. If your student requires medication, nursing procedures and or an individual health plan call your school nurse the week prior to school beginning to discuss the needs of your student.

We look forward to helping your student have a safe and healthy educational experience this year.

For questions please feel free to call Health Services at 720-554-4274

02/26//2018

Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

Student's Name: _____ D.O.B. _____ Grade: _____

School: _____ Teacher: _____

ALLERGY TO: _____

HISTORY: _____



Asthma: YES (higher risk for severe reaction) – refer to their asthma care plan
 NO

◇ STEP 1: TREATMENT

SEVERE SYMPTOMS: Any of the following:

- LUNG:** Short of breath, wheeze, repetitive cough
- THROAT:** Tight, hoarse, trouble breathing/swallowing
- MOUTH:** Swelling of the tongue and/or lips
- HEART:** Pale, blue, faint, weak pulse, dizzy
- SKIN:** Many hives over body, widespread redness
- GUT:** Vomiting or diarrhea (if severe or combined with other symptoms)
- OTHER:** Feeling something bad is about to happen, Confusion, agitation



MILD SYMPTOMS ONLY:

- NOSE:** Itchy, runny nose, sneezing
- SKIN:** A few hives, mild itch
- GUT:** Mild nausea/discomfort



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
 - Ask for ambulance with epinephrine
 - Tell EMS when epinephrine was given
3. Stay with child and
 - Call parent/guardian and school nurse
 - If symptoms don't improve or worsen give second dose of epi if available as instructed below
 - Monitor student; keep them lying down. If vomiting or difficulty breathing, put student on side

Give other medicine, if prescribed. (see below for orders) Do not use other medicine in place of epinephrine. **USE EPINEPHRINE**

1. Stay with child and
 - Alert parent and school nurse
 - Give antihistamine (if prescribed)
2. If two or more mild symptoms present or symptoms progress **GIVE EPINEPHRINE** and follow directions in above box

DOSAGE: Epinephrine: inject intramuscularly using auto injector (check one): 0.3 mg 0.15 mg

If symptoms do not improve _____ minutes or more, or symptoms return, 2nd dose of epinephrine should be given if available

Antihistamine: (brand and dose) _____

Asthma Rescue Inhaler (brand and dose) _____

Student has been instructed and is capable of carrying and self-administering own medication. Yes No

Provider (print) _____ Phone Number: _____

Provider's Signature: _____ Date: _____

◇ STEP 2: EMERGENCY CALLS ◇

1. If epinephrine given, call 911. State that an anaphylactic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.
2. Parent: _____ Phone Number: _____
3. Emergency contacts: Name/Relationship _____ Phone Number(s) _____
 - a. _____ 1) _____ 2) _____
 - b. _____ 1) _____ 2) _____

DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices and release the school and personnel from any liability in compliance with their Board of Education policies.

Parent/Guardian's Signature: _____ Date: _____

School Nurse: _____ Date: _____

To be completed by healthcare provider

Student Name: _____ DOB: _____

Staff trained and delegated to administer emergency medications in this plan:

- 1. _____ Room _____
- 2. _____ Room _____
- 3. _____ Room _____

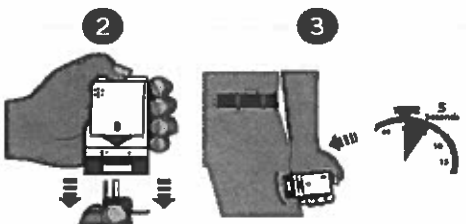
Self-carry contract on file: Yes No

Expiration date of epinephrine auto injector: _____

Keep the child lying on their back. If the child vomits or has trouble breathing, place child on his/her side.


AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



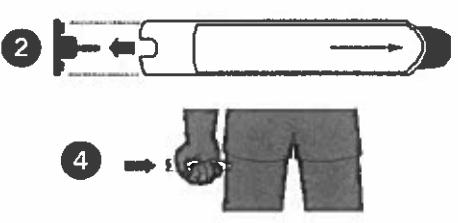
ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



If this conditions warrants meal accomodations from food service, please complete the form for dietary disability if required by district policy.

Additional information: _____

Adopted from the Allergy and Anaphylaxis Emergency Plan provided by the American Academy of Pediatrics, 2017

COLORADO ASTHMA CARE PLAN AND MEDICATION ORDER FOR SCHOOL AND CHILD CARE SETTINGS

PARENT/GUARDIAN COMPLETE AND SIGN:	School/grade: _____
Child Name: _____	Birthdate: _____
Parent/Guardian Name: _____	Phone: _____
Healthcare Provider Name: _____	Phone: _____
Triggers: <input type="checkbox"/> Weather (cold air, wind) <input type="checkbox"/> Illness <input type="checkbox"/> Exercise <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Pollen <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Life threatening allergy, specify: _____	

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child/youth, and if necessary, contact our healthcare provider. I assume full responsibility for providing the school/program prescribed medication and supplies, and to comply with board policies, if applicable. I am aware 911 may be called if a quick relief inhaler is not at school and my child/youth is experiencing symptoms. I approve this care plan for my child/youth.

	PARENT SIGNATURE	DATE	NURSE/CCHC SIGNATURE	DATE
HEALTHCARE PROVIDER COMPLETE ALL ITEMS, SIGN AND DATE:	QUICK RELIEF (RESCUE) MEDICATION: <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____ Common side effects: <input type="checkbox"/> heart rate, tremor <input type="checkbox"/> Have child use spacer with inhaler. Controller medication used at home: _____			
IF YOU SEE THIS:	DO THIS:			
GREEN ZONE: No Symptoms Pretreat	<ul style="list-style-type: none"> • No current symptoms • Doing usual activities 			
YELLOW ZONE: Mild symptoms	<ul style="list-style-type: none"> • Trouble breathing • Wheezing • Frequent cough • Complains of tight chest • Not able to do activities, but talking in complete sentences • Peak flow: _____ & _____ 			
RED ZONE: EMERGENCY Severe Symptoms	<ul style="list-style-type: none"> • Coughs constantly • Struggles to breathe • Trouble talking (only speaks 3-5 words) • Skin of chest and/or neck pull in with breathing • Lips/fingernails gray or blue • ↓ Level of consciousness • Peak flow < _____ 			

PROVIDER INSTRUCTIONS FOR QUICK RELIEF INHALER USE: CHECK APPROPRIATE BOX(ES)

Student needs supervision or assistance to use inhaler. Student will not self-carry inhaler.

Student understands proper use of asthma medications, and in my opinion, can carry and use his/her inhaler at school independently with approval from school nurse and completion of contract.

Student will notify school staff after using quick relief inhaler, if symptoms do not improve with use.

HEALTH CARE PROVIDER SIGNATURE	PRINT PROVIDER NAME	DATE	FAX	PHONE
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Copies of plan provided to: Teacher(s) PhysEd/Coach Principal Main Office Bus Driver Other _____



COLORADO
Department of Education

Revised: March 2018

CONSENT FOR PRESCRIPTION/ HOMEOPATHIC MEDICATION AT SCHOOL



Dedicated to Excellence
Cherry Creek Schools

To be completed by Licensed Health Care Provider with prescriptive authority:

Student's Name: _____ Date of Birth: _____

Medication: _____

Dosage: _____

Route: _____ Time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects/ adverse reactions to be reported: _____

Starting Date: _____ Ending Date: _____

SIGNATURE OF HEALTH CARE PROVIDER WITH PRESCRIPTIVE AUTHORITY)

LICENSE NUMBER

PHONE

FAX

ATTENTION PRESCRIBERS: IF THIS Rx IS FOR A RESCUE INHALER OR EPI-PEN please complete the Colorado School Asthma Plan and/or Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders.

School District Policy JICA requires, as a condition to its agreement to release any medication to students, that the medicine be prescribed by a physician or dentist and furnished by the parent(s) of the student with the original pharmacy container label stating the student's name, name of the medication, the dosage, the number of dosages per day or time(s) when the medication is to be released to the student, and the date when the medication is to be stopped. New forms must be completed annually or with any changes in medication administration and the parent must pick up expired/unused medication prior to the last day of school or it will be disposed of per Board of Health Guidelines.

It is understood that the medication is given at the request of, and as an accommodation to, the undersigned parent(s) or guardian(s). For safety reasons, parents are requested to bring the medication directly to the school nurse. By signing this document, I give permission for the nurse or nurse designee to administer the medication as prescribed and give my permission for this Health Care Provider to share information about this medication's administration with the Registered Nurse. The undersigned parent(s) or guardian(s) hereby agree(s) to exempt and release the Cherry Creek School District and its directors, officers, employees, volunteers and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain or which they now have or may hereafter have arising out of the release of the medication to the student.

PARENT/GUARDIAN SIGNATURE

PHONE

DATE

This consent must be resubmitted at the beginning of every school year.