



Health Office Requirements and Forms for School 2020-21

Dear Parents and Guardians,

We look forward to starting a new school year at Good Hope Country Day School with you and your children! Here you will find a list of required medical documents for the start of the 2020-2021 school year. I encourage you to schedule your child's wellness check-up. If you have any questions regarding the requirements for school attendance please contact the School Nurse at ccooper@ghcds.org

Physical Exam/Wellness Exam Record: To be completed by your child's physician.

- **Due annually for all students in Nursery, Pre-Kindergarten, Kindergarten, and First Grade.**
- The American Academy of Pediatrics (AAP) recommends all children from birth through adolescence have wellness exams be conducted annually. GHCDs encourages annual wellness exams for all of our students but after 2nd grade will **require** a physical exam every 3 years. New students are required to submit all health forms before starting school. Annual exams may be required for students with chronic medical conditions. Please contact Ms. Cooper to discuss your child's health specifically.

Official Immunization Record

- Must be on file on or before the first day of school. In accordance with USVI law, students will not be permitted to school until this requirement is met. Please see the [CDC vaccine schedule](#) included in this document.
- If your child is exempt from vaccines, a vaccine exemption form from the Department of Health must be submitted on or before the first day of school.

Parent Permissions Form:

- To be completed by guardians. You will find this form attached with the physical exam.

If applicable:

- [Prescription Medication Release Form](#): Signed by a parent and physician.
- Emergency Action Plans (EAP) from a Physician (For asthma, allergies, etc.) The below listed action plans are simply suggestions, your doctor will decide which is best for your child.
- [AAP Allergy and Anaphylaxis Emergency Plan](#)
- [AAP Asthma Action Plan](#)

Good Hope Country Day School Physical Examination Report

Name _____ Age _____ Date of Birth _____ Grade _____

It is mandated by the VI Department of Health that this completed physical exam form and a copy of an Official immunization card be on file before or on the first day of school. This Page to Be Completed by Student's Physician or Qualified Medical Professional:

Physical Exam:

Weight: _____ Height: _____ Blood Pressure & Pulse: _____

General Appearance: _____ Posture _____

Eyes: _____ Snellen Test: R) _____ L) _____ Wears Glasses: YES NO

Ears: _____ Teeth: _____ Nose & Throat: _____ Thyroid _____

Abdomen: _____ Heart: _____ Lungs: _____

Skin: _____ Hernia: _____ Musculo-skeletal: _____

Medical Conditions:

Chronic Medical Conditions/Related Surgeries *List medical conditions & ongoing surgical concerns	() None () Special Care Plan Attached	Comments:
Medications/Treatments *List medications/Treatments	() None () Special Care Plan attached	Comments:
Limitations to Physical Activity *List limitations/special considerations	() None () Special Care Plan Attached	Comments:
Special Equipment Needs *List items needed for daily activities	() None () Special Care Plan Attached	Comments:
Allergies/Sensitivities *List allergies	() None () Special Care Plan Attached	Comments:
Special Diet *List dietary specifications	() None () Special Care Plan Attached	Comments:
Emotional/Behavioral/Mental Health Concerns *List behavioral/mental health concerns	() None () Special Care Plan Attached	Comments:
Emergency Plans *List emergency plans that could be needed and the signs and symptoms to watch for	() None () Special Care Plan Attached	Comments:

Result of physical examination normal? YES NO Abnormalities Noted: _____

Any Conditions needing treatment during the school year? _____

Examining Practitioner: Please review student's immunizations. () Immunization Record Attached

() All immunizations are up to date. () A Catch-up schedule for immunizations has been initiated.

() I have examined the child listed above and reviewed their health history. It is my opinion that they are medically cleared to participate fully in all childcare/school activities, including physical education and competitive contact sports, unless noted above. () I have found this child to be free of communicable diseases.

Physician Name: (Print) _____ Phone # of HCP: _____

Address of HCP: _____

Physician Signature: _____ Date: _____

Good Hope Country Day School

Physical Examination Report

For Parent/Guardians:

Student Full Name: _____ Date of Birth: _____ Grade: _____

I give consent for my child's Health Care Provider & GHCDs Nurse to discuss information included in the Physical Exam Report and all included medical documents.

Parent/Guardian Signature: _____ Date _____

In the event that my child suffers an accident or other medical emergency, I authorize trained medical personnel to provide emergency treatment and/or transportation to a hospital. I understand the school will make every effort to contact me, but by my signature below I authorize treatment and/or transportation as necessary for the health and safety of my child.

Parent/Guardian Signature _____

_____ Date

I hereby grant my permission for the Good Hope Country Day School Nurse or other School Personnel to administer non-prescription, over-the-counter medication(s) on an as needed basis to my child during the school day.

No over-the-counter medications will be given to students under the age of 6 unless directed by a doctor.

() Yes, my child can have the following **circled medications** at school *in addition to antibiotic ointment for minor injuries, sunscreen, and bug spray.*

Acetaminophen

Ibuprofen

Cough Drops

Benadryl

Cough Syrup

Daytime Cold relief

Tums/Pepto

() Yes, my child can have OTC medications at school with the exception of the following: _____

() No, my child cannot have OTC medications at school with the exception of antiseptic wash and antibiotic ointment in the event of a minor injury at school.

Parent Signature: _____

Parent Printed Name: _____

