**Kent Gardens ES**

***STUDENT HEALTH SERVICES***

**Fairfax County Public Schools (FCPS) and the Fairfax County Health Department (FCHD)** work together to ensure a safe and healthy school environment for learning. This partnership provides each student access to a Health Room, a Public Health Nurse (**PHN**), and a School Health Aide (**SHA**) who will collaborate to provide services.

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| --- | --- |
| **Public Health Nurse ( PHN )** | **School Health Aide ( SHA )** |
| Aela Golden RN, BSN | Ramita Rana |
| Agolden2@fcps.edu | Rrana1@fcps.edu |
| Work Cell Phone: 571-363-1750 | Health Room Phone: 703-394-5610 |

***HEALTH ROOM SERVICES:***

* **The SHA provides daily care of sick and injured** students according to FCPS guidelines and PHN supervision
* **PHN develops health care plans and trains staff** to support students with individual needs
* **Vision and hearing screening** is done for all students in kindergarten, 3rd 7th, 9th; students who are new to FCPS; and upon request by teachers.
* **Medication administration** – parents must supply the medication and complete the required authorization forms for daily medications, as-needed medications, and emergency medications.
* **Call 911** in the event of serious illness or injury
* **Communicable disease risk management – to reduce the risk of outbreaks, children are sent home for**:
* Fever of 100.4 and above
* Vomiting/diarrhea
* Skin conditions and rashes that have not been previously diagnosed
* Chronic productive cough not asthma related

***HOW PARENTS CAN HELP:*** **Complete the FCPS Health Information Form (HIF)Every Year!** listing specific health conditions that may impact your child’s school day. The PHN will update a school Medical Flag List to let teachers know about student health conditions. Notify us if there are any PE restrictions. <https://www.fcps.edu/sites/default/files/media/forms/se71.pdf> - Health Information Form

 **Contact the Health Room** if health conditions change throughout the school year

 **Keep Emergency Care Information** up to date with **local contacts** who can pick your child up if needed and a parent is not available. We will go down the list and make calls until a contact is reached.

***MEDICATION: ALL MEDICATIONS MUST BE TRANSPORTED TO/FROM HEALTH ROOM BY A PARENT/GUARDIAN***

 **Medication should be taken at home whenever possible.**

1. **All Asthmatics must have a signed VA Asthma Action Plan and Asthma Med Auth:**

<https://www.vdh.virginia.gov/content/uploads/sites/58/2016/12/Asthma-Action-Plan-2019.pdf>

<https://www.fcps.edu/sites/default/files/media/forms/se65.pdf> -Asthma Meds Authorization

1. **SEVERE ANAPHALAXIS** and Must have an Epi pen:

<https://www.fcps.edu/sites/default/files/media/forms/se64.pdf> - Epinephrine Authorization

1. All other medications

<https://www.fcps.edu/sites/default/files/media/forms/se63.pdf> -Medication Authorization

***PLEASE CONSIDER:***

A change of clothes in your child’s backpack every day