

Alpha Omega Academy - Lice protocol.
Nurse Clinic
(936) 438-8833
pduke@alphaomega

1. Active cases of lice will be determined by the presence of live bugs and/or brown nits (1/4 inch or less from the scalp)
2. In an effort to protect all students and staff from coming into contact with lice, students will be removed from the classroom for live bugs or close brown nits. Parents will be advised to treat and remove nits prior to returning to school. Information sheets about treatment of lice infestation and prevention will be provided to the parent.
3. Routine mass screenings will not occur, unless there is a need for head checks. The following conditions are reasons for mass screenings: Any student in grade Pre K through 3rd grade found having lice, the whole class will be checked. In addition, any After Care or Pre K student found having lice- all parents of those grades will be notified. Students who live in the same house as a student with head lice will also be checked.
4. Students determined to have live bugs will be excluded from school until they are cleared by the nurse or other qualified AOA staff member. Students who are sent home with live lice are required to be cleared prior to returning to the classroom or participation in any school related activity.

The Parent/Guardian of the student must bring the child to the nurse clinic to have their head checked before return to class.

Please feel free to contact me if you have any questions, comments or concerns.

Respectfully,
Patricia Duke
AOA Nurse Clinic

AOA Medication Permission Form

*** Send Medication with form.**



Student Name: _____ **Grade:** _____

Name of Medication: _____

Reason for medication: _____

Dosage of medication: _____

Beginning Date: _____ **Ending Date:** _____ **(OR)** keep on file until last day of school) _____

Time to be given: _____ **(OR)** give only when needed- per medication label _____

Route to be given: Orally _____ **(OR)** Not by mouth = other, explanation _____

Alpha Omega Academy Medication Consent Form.

Please note, by signing medication permission form you are acknowledging and consenting to the following required medication administration rules.

- A Medication Form must be completed and signed for all medications to be given at school.
- One medication per form.
- Family members of the same household care share medication with parent permission. Form needed for every individual student. Each individual medication.
- Medication to be given to your child and to kept at school, must be provided and sent by parent.
- A new form is needed for all changes in medication, dose, or time.
- Prescription medication must be labeled by the pharmacy with the student’s name, prescriber’s name, name of medication, dosage, route, conditions for storage, prescription date, and expiration date.
- Medications will be given per packaging instructions, unless changed by written physician orders.
- Over the counter medications must be in original container, legible manufacturer label.
- Medication order is valid for the entire school year.
- No expired medication will be given nor accepted into the Nurses Clinic.
- All medication submitted needs to be picked up by the last day of school.
- Medication not picked up by the last day of school will be destroyed, unless communicated otherwise.

PARENT/GUARDIAN AUTHORIZATION/Permission Form.

I give permission for designated school personnel to administer the medication I am providing. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school.

Parent/Guardian Signature: _____ **Date:** _____

Home Phone #: _____ **Cell Phone #** _____ **Work Phone #** _____

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level			NOTES
	K – 6th	7th	8th – 12th	
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap) ¹	5 doses or 4 doses	3 dose primary series and 1 Tdap / Td booster within last 5 years	3 dose primary series and 1 Tdap / Td booster within last 10 years	<p>For K – 6th grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4th birthday. For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday.</p> <p>For 7th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.</p> <p>For 8th – 12th grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine.</p> <p>Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.</p>
Polio ¹	4 doses or 3 doses			<p>For K – 12th grade: 4 doses of polio; 1 dose must be received on or after the 4th birthday. However, 3 doses meet the requirement if the 3rd dose was received on or after the 4th birthday.</p>
Measles, Mumps, and Rubella ^{1,2} (MMR)	2 doses			<p>For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1st birthday. Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella and mumps satisfy this requirement.</p>
Hepatitis B ²	3 doses			<p>For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax[®]) was received. Dosage (10 mcg / 1.0 mL) and type of vaccine (Recombivax[®]) must be clearly documented. If Recombivax[®] was not the vaccine received, a 3-dose series is required.</p>
Varicella ^{1,2,3}	2 doses			<p>The 1st dose of varicella must be received on or after the 1st birthday.</p> <p>For K – 12th grade: 2 doses are required.</p>
Meningococcal (MCV4) ¹		1 dose		<p>For 7th – 12th grade, 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11th birthday.</p>
Hepatitis A ^{1,2}	2 doses			<p>The 1st dose of hepatitis A must be received on or after the 1st birthday.</p> <p>For K – 7th grade: 2 doses are required.</p> <p>Special note: a child will not be considered delinquent in this series until 18 months have elapsed since receiving the 1st dose.</p>

NOTE: Shaded area indicates that the vaccine is not required for the respective age group.

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

² Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.

³ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

	DTaP	Polio	HepB	Hib	PCV	MMR	Varicella	Hep A	
Pre K	4 Doses	3 Doses	3 Doses	3 Doses ¹	4 Doses ²	1 Dose ³	1 Dose ³	2 Doses ³	Rev. 05/2016