

LOWER Cape May REGIONAL SCHOOL DISTRICT
687 ROUTE 9 – CAPE MAY, NJ 08204
(609)884-3475

Dear Parent/Guardian:

Welcome to the new school year. Hopefully it will be a healthy one for your child.

Medication Policy: Medication must be in a labeled prescription bottle. There must be a note from the doctor stating name of medication, amount to be given, and time it is to be given. There must also be a note from the parent/guardian. These rules pertain to over-the-counter medication also. The nurse **WILL NOT** give medication if these rules are not followed.

Gym Excuse Policy: There must be a physician's note stating length of exclusion, reason for exclusion and a day Physical Education may be resumed.

Head Lice: Head lice are found in students' hair throughout the year. Please check your child's hair regularly. If lice or nits are found, please let us know so that we can check the entire class. A child will be excluded from school until all nits and lice are removed.

Emergency Numbers: Please make arrangements now to have someone we can reach in case your child is ill. We cannot keep a sick child in the nurse's office for the entire day. A form is included for emergency information. Please have your child return the yellow form to his/her homeroom teacher.

Immunizations: If your child has had a recent immunization, please let us know so that we can update his/her health card.

Thank you for your cooperation. If you have any questions, please call the nurse's office at 884-3475, extension 275.

Please Note: **If your child is absent,** please call the school at 884-3475, extensions 212 or 275, between 8:00 A.M. and 9:00 A.M. to verify the absence.

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High School
Larry Ziemba, Principal
Bonnie Walker, School Nurse

Teitelman School
Gregory Lasher, Principal
Morgan Dougherty, School Nurse

PARENT NOTIFICATION OF SCOLIOSIS SCREENING

Dear Parent/Guardian:

Date: August 2014

There will be a screening program for scoliosis for pupils in Grades 8, 10 and 12, as required by law, which will be carried out over the current school year.

Scoliosis is defined as a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of the screening program is to recognize scoliosis in its earliest stages.

Pupils will be screened during a gym or health class depending on their schedule. A pupil may be exempted from this examination if requested by the parent/guardian in writing.

You are also invited to be present if you desire. However, females will be screened by the nurse or a female gym teacher. You will need to complete the form below so that you can be advised of the time to be present.

Whether you are present or not, you will be informed of any suspected problem.

Thank you for your cooperation.

Bonnie Walker, School Nurse

Morgan Dougherty, School Nurse

Name of Pupil: _____ Grade _____ ID# _____

_____ Please EXAMINE my child.

_____ Please EXCUSE/EXEMPT my child.

_____ I WILL COME TO THE SCHOOL TO WATCH THE SCREENING. Please call me at
(phone#) _____ to MAKE AN APPOINTMENT to come to the school.

Signature of Parent/Guardian