

IMSA Health Office: What you need to know

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Student Health Services Coordinator

Experience & Credentials

- PEL-CSN: Professional Educators License – Credentialed in School Nursing
- Masters of Science in Nursing – Advanced Community Health and School Nursing
- 5 year at IMSA
- 25 years experience as a School Nurse
- 35 years in nursing: orthopedics, neurology, obstetrics, nursery, pediatrics, and allergy
- Mom 32 years

Services Provided

- Injury and Illness assessment
- Medication Administration (psychotherapeutics)
- Medication Counseling
 - Side effects, working, not working
- Chronic illness management
- Sleep issues
- Concussion Management

Health Services Website



- Imsa.edu > Student Life > Health Services
- https://www.imsa.edu/site_section/health-services/

Illness or Injury During the School Day

- A School Day is defined as student attendance day (M-F) 7:30 – 4:00
 - Does not include holidays, evenings, or weekends
- Students are encouraged to come to the health office before classes start, during their free time or lunch, when possible
 - Nurses will give a pass to class if they show up prior to the start of class

Contacting Parents

- A nurse will contact you if:
 - Student needs to go home, i.e. fever, vomiting
 - Consider having a local person as backup, especially if you live far away
 - Course work and exams can be made up without penalty for excused absences (illness)
 - Nurse recommends evaluation by a doctor

Student Needs Off-Campus Medical Evaluation

- Students will become ill & injuries will happen and require a medical evaluation (possible strep w/o fever, sprained ankle, etc.)
- Please check with your insurance company this summer and determine which local urgent care and hospital your insurance is accepted at
- Transportation can be arranged if you live far away (>/= 2 hours)

Illness During Non School Day/After Hours


- If your student contacts you during the night they can be assessed by an RN as early as 7:30 am
 - We can then report the assessment to you with a recommendation for management on or off campus
 - It may save you a long drive
- Contact a Resident Counselor
 - There are 2 RC's for each residence hall on call during the overnight hours for emergencies
 - Posted daily in the hall wings

Insurance Information

- Please provide a photo copy of both sides of the insurance card for your student's health file
- Call your insurance company and ask for a duplicate card for your student (**it is free**)
 - Have your student carry it in their wallet
- Provide updated copy and replace students card when insurance changes

Psychotherapeutic Prescription Medication Agreement

- **Only required for psychiatric medications** such as for depression, anxiety, ADHD
- These medication have a “Black Box Warning”
 - alert you and your healthcare provider about any important safety concerns, such as serious side-effects or life-threatening risks

 ILLINOIS MATHEMATICS AND SCIENCE ACADEMY
 Phone: (630)97-0888 School Medication Authorization Form
 Fax: (630)97-0928 **Psychotherapeutic Prescription Medication Agreement**

Student Name (print) _____ Birth Date _____
 Year of Graduation _____

An important component of my child's care is the psychotherapeutic prescription medication(s).

To be completed by the student's physician:

Name of Medication (print)	Strength	Dosage	Frequency	Time

Diagnosis _____
 Over-the-counter medications that are contraindicated _____
 Further instructions _____
 Physician Name (print) _____
 Address _____ Phone _____
 Physician's Signature _____ Date _____

To be completed by parent:

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Illinois Mathematics & Science Academy and its employees and agents, on my behalf and in my stead, to administer or attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the Academy), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practice.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims that I might have against the Academy, its employees

Revised 3/10/2015

Psychotherapeutic Prescription Medication Agreement

- These medications are maintained by the nursing staff
- Administered in the Health Office during school hours
- Administered in RC Office nights/weekends



Phone: (630)907-5005
Fax: (630)907-5938

ILLINOIS MATHEMATICS AND SCIENCE ACADEMY
School Medication Authorization Form

and agents, arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the Academy, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

I have read, and I understand, this agreement. My questions have been answered to my satisfaction by IMSA Student Health Care Services Office personnel. I agree to abide by IMSA's policies regarding the administration of psychotherapeutic prescription medication to my child.

Parent/ Guardian Signature _____ Date _____
Printed Name _____

To be completed by student:

I understand that IMSA supports my physician's treatment goals for me: improvement of health, enhancement of well-being, and promotion of optimal functioning. I agree to obtain medication from the IMSA Student Health Care Services Office and take it as prescribed by my physician until I am released from treatment by my physician. I agree to communicate written orders from my physician to the health office staff regarding any change in medication, dosage, and timing. I acknowledge that failure to follow my physician's treatment recommendations may jeopardize my health and continued enrollment at the Academy.

I have read, and I understand, this agreement. My questions have been answered to my satisfaction by IMSA Student Health Care Services Office personnel. I agree to be responsible for taking care of myself appropriately.

Student Signature _____ Date _____
Print Name _____

Psychotherapeutic Prescription Medication Agreement

- Regardless of time, the student is responsible for coming to the appropriate location
- Failure to disclose information regarding medication or issues surrounding an illness will be referred for disciplinary action

Helpful Hints

1. Please give new medication or refills of the medication to a Resident Counselor (RC), and they will turn it in to the Health Office by 11:00 am the next day.
2. When a prescription is refilled please reserve a sufficient quantity at home to cover the expected time at home before the next refill. It would be advisable to obtain an extra bottle from the pharmacy when the prescription is obtained to keep at home with the remainder of the medication.
3. It would be helpful if you obtained 3 additional labeled bottles from the pharmacy when the prescription is filled for use at IMSA on the weekends (they will do this at no charge). This would only apply at the beginning of the year or with any prescription dosage change.
4. If your student is going home and you need a supply of medication:
 - a. Contact the Health Office 48 hours prior to leaving campus at 630-907-5008 or imsa@imsa.edu
 - b. Parent/Guardian can pick up the medication from the health office before 3:30 pm
 - c. Parent/Guardian can pick up the medication from the RC Office of your student's residence hall after 4:30 pm.
5. The parent/guardian will be responsible at the end of the treatment period, or at the end of the year, to pick up the student's medication or it will be discarded.

Revised 3/10/2015

Prescription Medication

- Mark your calendar for refills
- It may be helpful to have prescriptions transferred to a local pharmacy
 - Students can make arrangements with a Resident Counselor to transport them, preferably in advance of the need

Physical Form

- Most common correction needed
- Parent must complete the Health History and sign and date
- If incomplete we will email it to you for completion

Zoom In

Last	First	Middle	Birth Date	Sex	School	Grade Level/ ID
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER						
ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye, ear, kidney, testicle)	Yes	No	
Child wakes during night coughing?	Yes	No	Hospitalizations? When? What for?	Yes	No	
Birth defects?	Yes	No	Surgery? (List all) When? What for?	Yes	No	
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No	
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No	
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No	
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No	
Heart murmur/High blood pressure?	Yes	No	Dental (dentures) <input type="checkbox"/> Bridge <input type="checkbox"/> Plate Other			
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.			
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____	Parent/Guardian Signature _____ Date _____					
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)						
Ear/Hearing problems?	Yes	No				
Bone/Joint problem/injury/scoliosis?	Yes	No				
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by PARENT/GUARDIAN						
HEAD CIRCUMFERENCE if < 2.5 years old			HEIGHT	WEIGHT	BMI	BP

Immunizations

- What? My kid needs another shot?
- Starting with the 2015-2016 school year all seniors need to provide proof of meningococcal vaccination
 - Your student should already have their first dose of MCV4 (not to be confused with Men B)
 - The second dose is required on or after the 16th birthday

Other Medical Forms

- Asthma Treatment Plan
 - Student has a diagnosis of asthma or reactive airway disease
 - Daily medication: Asthma Action Plan with MD signature
 - You keep an inhaler on hand “in case they need it” and they rarely use it or use it only pre-exercise
 - Asthma Action Plan not required!!
- Food Allergy & Anaphylaxis
 - Have Epi-Pen: need a form with MD signature

Flu Vaccines

- Offered on campus
 - 7:30 am – 1:00 pm
 - Walk-in only
 - Thursday, September 19 (C Day)
 - Wednesday, September 25 (I Day)
- Rush Copley will bill insurance according to information on file
- Please complete the vaccine consent form in your parent folder and turn it in today if possible (Resource Fair)

Submitted Paperwork

- Paperwork has not yet been processed
 - Physicals
 - Immunizations
 - Medication Forms
- We will contact you if we are missing any documents or information is incomplete
- If you have health forms today you can turn them in at the Resource Fair
 - A bin will be on the table
 - Please wait in line if you have questions

Health Office Contact Information

- Anne Joseph MSN, RN, PEL-CSN
 - ajoseph@imsa.edu
 - 630-907-5008
- General
 - 630-907-5008
 - nurse@imsa.edu
 - Fax: 630-907-5938 confidentially delivered to nurse@imsa.edu