

Pontiac Academy For Excellence



196 Cesar E. Chavez
Pontiac, Michigan 48343
Phone (248) 745-9420 ext 2116
Fax (248) 745-1275
Email: cassellj@pontiacacademy.org

Dr. Jacqueline D. Cassell
CAO/Superintendent

January 28, 2011

Dear Parents,

It is my pleasure to announce to you that beginning February 1, 2011, through our Title funding, Pontiac Academy for Excellence will be providing a school nurse to be of service to our students two days a week. The nurse will be on site all day on Tuesdays and Wednesdays.

Through the school health program the nurse will be able to provide, but not be limited to, the following services:

- > Dispensing medication that is accompanied by a physicians prescription and consent form
- > Tend to ill children checking temperature, pulse, and blood pressure as necessary
- > Tend to medical emergencies as they occur throughout the buildings
- > Provide first aid as needed
- > Inform and educate students, staff and parents of health related topics and issues

All contact with students, by the school nurse, will comply with all Infection Control, Standard Precautions and OSHA requirements. The nurse will also adhere to established HIPAA confidentiality standards.

The school nurse is required to have a nursing degree from an accredited institution; had at least 1 (one) year of supervised experience in direct patient/resident care within the past 3 (three) years, in medical, surgical, long term care or ICU setting with responsibility for multiple patients/residents; and have demonstrated experience in direct patient care in medical, surgical or long-term care setting.

It is our intention for this to truly be a service for our students, therefore we would like your input regarding how our school health program is implemented.

Please take a moment to complete the short survey attached and return it to your school office, by February 4, 2011. Any and all suggestions will be considered as we begin this new program at Pontiac Academy for Excellence.

Sincerely,

Dr. Jacqueline D. Cassell

School Healthcare Program – Parent Survey

January 2011

Please check all that apply to you and your child(ren):

- My child has medication that is required to be taken during the school day.
- My child has a medical condition noted in his/her IEP.
- I would like my child to be seen on a regular (weekly or monthly) basis by the school nurse

I would like my child to be better informed about the following topics:

- infection control
- communicable diseases
- personal hygiene
- dietary habits
- hand washing techniques
- proper exercise

I would like more information and/or would attend a workshop on the following topics:

- infection control
- communicable diseases (recognition)
- disease transmission
- diabetes
- hypertension & blood pressure monitoring
- dietary habits
- hand washing techniques
- proper exercise programs
- safety
- first aid

Please offer any other comments or suggestions you might have in the space below:

Optional information:

Parent Name _____

Student(s) name(s) and grade(s) _____

Please return this survey to your child's school office. Thank you for participating in this survey.