Brantley County School Health Services
Student Health Services Information
2026 - 2027

Dear Parent/Legal Guardian,

Welcome to the 2026-27 school year! The Brantley County Schools' Health Services department has developed this letter to share important health-related information and policies. School Health Services works to ensure students stay healthy, safe, and ready to learn. Our team of nurses and clinic assistants provide health services at each school and serve as the key resource for all health-related matters to enhance the performance of all students. This letter will explain some of our health service policies, procedures, and guidelines. To be successful, we need your assistance and cooperation in preparing for the possibility that your child may become ill, sustain an injury during school, need assistance with a medical condition or procedure, or require medication administration. Working together is critical so that we can provide the best care for your student(s).

EMERGENCY INFORMATION / HEALTH CONDITIONS / CHRONIC ILLNESSES / HEALTHCARE PLANS

- It is the parent/legal guardian's responsibility to keep their child's health & contact information (e.g. telephone numbers, address, care plans) updated in the event an emergency/accident/illness arises. Please ensure your contact information (e.g. cell phone) has been updated in the Infinite Campus system. Also, be sure to include emergency contacts, such as family or friends, in the event you cannot be reached.
- **Inform your child's school nurse** if your child:
  - Has a medical condition or chronic illness (e.g. ADHD, diabetes, asthma, severe allergies, seizure disorder, dietary restrictions)
  - May require assistance with a medical procedure, treatment, or medication during school hours. Completed health-care plans & medical forms are needed to ensure continuity of care for your child during school.
    - ➔ For special diet requests: the ***Statement to Request Accommodations for Special Dietary Needs in the School Meal Programs*** *BC_Acc.SpecialDiet_Rev.June2026.docx* form is required & may be obtained from the front office, nurse, or webpage of your child's school.
- If your child rides the bus & has a serious health condition that the bus driver needs to be aware of (e.g. diabetes, seizures, asthma, allergies), please notify the Transportation Department @ (912) 462-5159.
  - ➔ Parents/guardians should not give medications, medical supplies, etc. to their child's bus driver.
    - ◆ For extenuating circumstances, contact your child's school nurse/front office staff.

STUDENT ILLNESS / INJURY

1. Students MUST NOT be sent to school & will not be permitted to remain at school if they exhibit symptoms such as:
   a. Fever of 100.4 or greater
   b. Diarrhea
   c. Vomiting
   d. Any potential or actual contagious illness (including rashes)
2. To return to school, student should:
   a. Have improved symptoms - diarrhea & vomiting improved for at least 24 hours
   b. Be fever-free for more than 24 hours - without the use of fever-reducing medications (e.g. acetaminophen/Tylenol, or ibuprofen/Advil/Motrin)
   c. In some cases, students may be required to obtain clearance from a healthcare provider before returning to school.
      - A note from a healthcare provider must be provided for students diagnosed with a contagious or communicable illness.
3. In the event of a serious accident/illness/emergency during school, EMS/911 will be called, and your child may be transported by ambulance to an emergency medical facility, if deemed necessary by EMS. The parent/guardian is responsible for all expenses related to such transportation.

MEDICATIONS

When possible, medications should be taken at home, including all non-essential medications (vitamins, herbals, essential oils, and prescribed pain medications). However, if medication must be taken during school, on a field trip, or during a before or after school activity, parents must provide the medication(s), both prescribed and over-the-counter, as well as the appropriate school consent forms.

Policies & Procedures: (Note: Brantley County Schools reserves the right to decline administration of non-essential medications)

1. *Authorization to Give Prescription or OTC Medication at School* forms - The parent/guardian must complete an authorization form & bring both the form and the medication to the school nurse clinic/office. Medications administered daily at school for greater than 2 weeks also requires a healthcare provider's signature. This form can be found in the front office and/or school nurse clinic or on the school's website. New forms must be completed each school year.
   - ◆ For extenuating circumstances, contact your child's school nurse/front office staff.
2. **Parents/legal guardians are REQUIRED to bring in any CONTROLLED prescription medication that their child will need to have administered to them during school.** Medications that are considered controlled substances by the State of Georgia (commonly prescribed for: ADD/ADHD, pain, and psychotropic) must be appropriately logged & stored in the school clinic.
3. Medications will only be accepted in their ORIGINAL container. Non-prescription/OTC medications in the smallest available quantity are preferred due to limited storage space in the clinic/front office.
   a. Prescription medications must have a current label. Medication in containers that have expired labeling will not be accepted or administered to the student. **The medication in the container MUST MATCH the label. The label MUST MATCH the student and the instructions on the authorization form. The prescription label on the container MUST BE CURRENT.** A new prescription container with correct labeling is required for any dosage change. The school cannot alter doses without a new authorization form from you and/or your healthcare provider. At the designated time, the student will go to the clinic to

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take the medication. Assistance/supervision by the school clinic personnel will be given per the instructions on the authorization form. Medication is a parental responsibility. Brantley County School System employees will not assume any liability for supervising or administering medication. Brantley County School System retains the privilege of refusing to supervise/assist in administering medication, except where otherwise required by law.

4. Discontinued medication should be retrieved from the school clinic/office within one week after the medication is discontinued and any unused medication should be picked up by the end of the school year. Any discontinued, unused, or expired medication left in the clinic at the end of the school year will be discarded.

AUTHORIZATION FOR STUDENTS TO CARRY: PRESCRIPTION INHALER, EPINEPHRINE, INSULIN, OR OTHER APPROVED MEDICATION

If you have a child who has asthma, a severe allergy, or another health-related condition that requires self-administration of medication, or who needs to carry an emergency medication (epinephrine, Diastat, Glucagon, inhaler, etc.), or if a student has an approved legitimate reason to carry medication on his/her person, an ***Authorization for Students to Carry a Prescription Inhaler, Epinephrine, Insulin, or Other Approved Medication*** form must be completed and submitted to your child's school nurse. This form requires the review and signature of the student, parent/guardian, and healthcare provider. Brantley County School System retains the privilege of refusing certain medications to be carried, except where otherwise required by law. You may obtain this form on-site, or you can access it on the school system's website. Parents are **strongly encouraged** to keep a "backup" supply of these medications in the school clinic. For further instructions, please call/visit your child's school nurse.

IMMUNIZATIONS

For enrollment in Brantley County Schools, a *Form 3231* or Certificate of Immunization must be marked as up-to-date or must have an expiration date in the future. Expired certificates will not be accepted. Effective July 1, 2021, all students entering or transferring into the 11th grade will need proof of a meningococcal booster (MCV4), unless their first dose was received on or after their 16th birthday. Georgia law allows for only two types of exemptions from immunization requirements: medical and religious. Please contact your healthcare provider or local health department if you have questions. A detailed description of the immunization schedule can be found at http://dph.georgia.gov/immunization-section. Students who are not compliant with Georgia's immunization requirements will be excluded from school until the appropriate updated certificate/form is submitted as specified by law.

SCHOOL-BASED HEALTH CENTER - CCC HERON HEALTH CLINIC

The Brantley County School System has a school-based health clinic for both students and staff on the high school campus called the CCC HERON HEALTH CLINIC. The clinic is open by appointment 7:30am-4:30pm on days students must be at school. The Heron Health Clinic is a comprehensive primary care site which provides many of the same services a regular primary care office provides (e.g. well child checks, immunizations, physicals, labs, illness/injury treatment, chronic conditions management). The Brantley County School System partnered with Coastal Community Health as our healthcare provider for this clinic. The clinic is part of several insurance plans including private plans and Medicaid (Peach State, CareSource, Amerigroup, and PeachCare for kids). For those without health insurance, they offer a sliding fee discount program, based on household size and income. The goal of the clinic is to improve access to healthcare, promote overall well-being, prevent illnesses, and address health issues that may impact academic success. The clinic will also partner with your child's primary care physician. Students must have a signed consent form and parent participation to be seen. HHC forms are available with your child's school nurse/office staff OR on the Brantley County Schools district website. Completed forms should be returned to your child's school nurse for submission.

STUDENT ACCIDENT INSURANCE

Student Accident Insurance can be purchased through K & K Insurance Group, Inc. This insurance provides protection against medical expenses resulting from accidental injury to students during school, school-sponsored events, and school athletic activities. For those who have other insurance, this program will help cover deductibles and co-insurance. For those without insurance, this coverage provides needed benefits at a reasonable cost. For more information, visit studentinsurance-kk.com.

By working together, we can ensure the health and well-being of students, so they fully benefit from the learning environment. Should you have any questions or need additional information, please contact your school nurse or office staff.

Thank you.

Brantley County School Health Services

Student - Health Profile & Consent for School Health Services - NURSE FORM

2026 - 2027

STUDENT Demographic Information

STUDENT Name: _____ **DOB**: ____/____/_____ **Age**: _____

School: ❑ BCHS ❑ BCMS ❑ HES ❑ NES ❑ NPS ❑ AES ❑ WPS **Homeroom Teacher**: _____ **Grade**: _____

Child's Health Insurance Name: ❑ None ❑ State (Medicaid/PeachCare/Peach State/etc.) _____ ❑ Private _____

PARENT/GUARDIAN Name(s): _____ **Phone #**: _____

Phone #: _____ **E-mail Address**: _____

- **Parent/Guardian Place of Employment**: _____ **Work Phone**: _____

OTHER Emergency Contact: _____ **Phone**: _____ **Relation**: _____

OTHER Emergency Contact: _____ **Phone**: _____ **Relation**: _____

STUDENT Medical Information

Primary Provider: _____ **Specialist**: _____ **Dentist**: _____

Hospital of choice: ❑ Brunswick ❑ Waycross ❑ Jesup ❑ Other: _____

PreExisting Conditions:

Condition	Yes	Comments	Condition	Yes	Comments
Asthma or Breathing Condition			Head Injury, concussion		
AttentionDeficit/Hyperactivity Disorder			Hearing Conditions or Deafness		
Behavioral/Psych/Social Conditions			Heart Problems/Defect		
Developmental Conditions			Lead Poisoning		
Bladder Condition			Muscle Conditions		
Bleeding Condition			Seizures/Epilepsy		
Bowel Condition			Sickle Cell Disease		
Cancer			Speech Conditions		
Cerebral Palsy			Spinal Injury		
Cystic Fibrosis			Surgery(s)		
Dental Health Condition			Vision Conditions		
Diabetes: ❑Type 1 ❑Type 2			Other		
Insulin Pump					

Allergies (severe/life threatening):

Types: ❑ Plant ❑ Food ❑ Insect ❑ Medication ❑ Animal ❑ Latex ❑ Other

Name(s) of allergen(s)	Reaction	Treatment

If you checked YES to any chronic condition or severe allergy, or if there is another health condition, it is YOUR responsibility to **contact the school nurse** about having a care plan on file. Please provide details to any YES conditions or additional health conditions on the back of this form.

Medications:

(List all prescription, emergency, over-the-counter, and herbal medications your child takes regularly)

Medication Name	Dosage	Time Administered (Home/School)	Notes

Parental/Guardian Consent for School Health Services

I give my consent for the above-named child to participate in the School Health Services Program, which may include vision, hearing, height, weight, body mass index, nutrition, dental, scoliosis screenings, health appraisals, hygiene and health related issues, and nursing assessment.

I give my consent for my child to receive routine first aid administered by the school nurse or principal designee in the case of minor accidents or injury.

I give permission for the school nurse or principal designee to provide emergency care and to seek emergency medical services for my child if necessary. In

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the event that the situation is very serious, 911 will be called and the student will be transported to the nearest emergency room. Fees for transportation and medical services will be the responsibility of the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Additional Information: (MARKED HEALTH CONDITIONS / OTHER CONDITIONS)

SPECIFIC REQUESTS: regarding medication administration or care

Parent/Guardian Signature: _____ Date: _____

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Brantley County School Health Services
Authorization To Give OTC Medication at School
2026 - 2027

NOTE: If medication can be given at home or after school hours, please do so. However, if medication must be given during school hours, this form must be completed.

Student Name: _____ DOB: ___/___/_____ School: _____

Homeroom Teacher: _____ Grade: _____ Bus #: _____ Car Rider ☐

I hereby request that the Brantley County School District, through the principal, school nurse, or designee, supervise/assist in the administering of medication to my child according to the instructions contained in the statement below. I understand that:

- All medication MUST be in its original container, not expired, and be brought to school by the parent or guardian. Medications brought in baggies or other unmarked containers will not be accepted or administered.
- Parents/Guardians must provide: specific instructions, as well as the medication and related equipment needed.
- It is the responsibility of the parent/guardian to inform the school in writing of any changes to medications.
- Medications that allow doses to be administered before or after school should not be brought to school for school dosing. (**exception:** physician prescribes medications/treatments at a specific time during the school day)
- School personnel CANNOT give medication that contains ASPIRIN to students under 18 years of age due to the correlation with Reye's Syndrome. Examples: Pepto Bismol, Excedrin Migraine, Goody's powder.

The safety & well-being of your child is our top concern. With your understanding and cooperation, we can decrease unnecessary medication administrations and ensure required medications/treatments are received as directed during the school day. If you have any questions regarding medications, please call the school or your school nurse.

* I give the above-mentioned personnel permission to contact my child's health care provider and/or pharmacy to acquire medical information concerning my child's diagnosis, medication, and other treatment(s) required.*

Start Date	End Date	Medication Name	Medication Dosage	Time to be Given	Parent/Guardian Signature	Date

*I have read this form and I understand that school personnel will administer the medication(s) in accordance with the system's procedures. I understand my responsibility to school personnel who are assisting me in this matter of medication administration to my child while at school. I agree that the school system and personnel will not be held legally responsible or liable for any illness or damage that may result from administration or lack of administration of this medication to my child or from the storage of medication supplies for my child. I agree to provide any and all supplies and equipment necessary to carry out this request.

_____ _____ _____/_____/_____

Parent/Legal Guardian Signature **Date** **Home Phone** **Work Phone** **Cell Phone**

SI:☐ Yes☐ No

Brantley County School Health Services
Authorization To Give PRESCRIPTION Medication at School
2026 - 2027

Student Name: _____ DOB: ___/___/_____ School: _____

Homeroom Teacher: _____ Grade: _____ Bus #: _____ Car Rider☐

I hereby request the Brantley County School District, through the principal, school nurse, or designee, supervise/assist in the administration of medication to my child according to the instructions contained in the statement below. I understand that:

- All medication MUST be: in its original, most current labeled prescription container and brought to school by the parent/guardian. (Medications brought in baggies or other unmarked containers will not be accepted or administered.)
- It is recommended that a monthly dose supply be provided for routine medications.
- Upon receipt of medication at the school, all controlled prescription medications must be counted by the parent/guardian and the school nurse (or designee) with the amount received properly documented.
- Parents/Guardians must provide: medication, specific instructions, and related equipment needed.
- It is the responsibility of the parent/guardian to inform the school in writing of any changes to medications. If the medication or treatment is changed, a new form must be completed.
- It is the parent/guardian's responsibility to keep up with providing the medication supply in a timely manner, BEFORE the student is out of medication.
- Medications that allow doses to be administered before or after school should not be brought to school for school dosing (**exception:** physician prescribes medications/treatments at a specific time during the school day).

The safety & well-being of your child is our top concern. With your understanding and cooperation, we can decrease unnecessary medication administrations and ensure required medications/treatments are received as directed during the school day. If you have any questions regarding medications, please call the school or your school nurse.

* I give the above-mentioned personnel permission to contact my child's health care provider and/or pharmacy to acquire medical information concerning my child's diagnosis, medication, and other treatment(s) required.*

NAME of Medication: _____ DOSAGE: _____

TIME to be given at school: _____ *Dosing as per Rx:* _____

Date Medication will START: _____ Date Medication will END: _____

Physician's Name: _____ Physician's Phone: _____ Fax: _____

Special Instructions: _____

Give dose(s) on: Field Trips☐ Yes☐ No
Early Release Days☐ Yes☐ No
Non-Academic/Celebration Days☐ Yes☐ No

REMIND texting Sign-up:☐ Yes☐ No
*** Text: _____ @ to 81010**

I have read this form and I understand that school personnel will administer the medication(s) in accordance with the system's procedures. I understand my responsibility to school personnel who are assisting me in this matter of medication administration to my child while at school. I agree that the school system and personnel will not be held legally responsible or liable for any illness or damage that may result from administration or lack of administration of this medication to my child or from the storage of medication supplies for my child. I agree to provide any and all supplies and equipment necessary to carry out this request.

_____ _____ _____/_____/_____

Parent/Legal Guardian Signature **Date** **Home Phone** **Work Phone** **Cell Phone**

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To be completed by the HEALTHCARE PROVIDER for all medications administered at school for greater than 2 weeks:

- **Condition/Illness Requiring Medication: _____ Diagnosis Code: _____**
- **Possible Side Effects of Medication:_____**

_____ _____

Signature of Healthcare Provider **Date**