



# HOLY CROSS SCHOOL

---

436 Broadway, South Portland, Maine 04106

Tim Stebbins

Rev. John D. Dickinson

Principal

Pastor

---

Tel: 207-799-6661 Fax: 207-799-7912

[www.holycrossmaine.org](http://www.holycrossmaine.org)

## Holy Cross Illness Policy

- The Maine Department of Education and CDC guidelines are followed by the Holy Cross School for staff and student illnesses.
- We assume that any student who is sent to school is well enough to participate in our regular program including outdoor play. If a parent feels that his/her child is not well enough to participate in all activities, he/she should keep the child home.
- If your child is sick, contact the School nurse by phone or email to discuss symptoms and date to return to school.
- Holy Cross School may require that your student be tested for COVID-19 and/or cleared by a doctor to return to school.
- Holy Cross school may also request that your child wear a mask if experiencing some symptoms but feeling well enough to remain in school.

**Children must be free from fever (100 degrees F or higher), vomiting and diarrhea without non-prescription medicine (i.e. Tylenol, Advil, Imodium) for 24 hours before they return to school.**

The following criteria for illness are used by Holy Cross School:

- An elevated temperature of 100 degrees F or higher
- Diarrhea/Vomiting
- Nasal/upper airway congestion
- Unexplained rash
- Discharge from eyes or ears
- Highly contagious illness such as, but not limited to, strep throat, scarlet fever, chicken pox, impetigo, conjunctivitis, measles, mumps, viral infections, and/or COVID-19.



# HOLY CROSS SCHOOL

436 Broadway, South Portland, Maine 04106

Tim Stebbins

Principal

Rev. John D. Dickinson

Pastor

Tel: 207-799-6661 Fax: 207-799-7912

[www.holycrossmaine.org](http://www.holycrossmaine.org)

## Maine School Immunization Requirements

All children enrolled in a public or private school in Maine must have the following immunizations.

### Required for PreK entry:

- 4 DTaP
- 3 Polio
- 1 MMR
- 1 Varicella (chickenpox)

### Required for 7th grade entry:

- All previously required vaccines
- 1 Tdap
- 1 Meningococcal Conjugate Vaccine (MCV4)

### Required for Kindergarten entry:

- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- 4 Polio (3 Polio if the 3rd is given on or after the 4th birthday)
- 2 MMR (measles, mumps, rubella)
- 2 Varicella (chickenpox)

- Medical exemption for one or all vaccines. Laboratory evidence of immunity to specific diseases or reliable history of disease documented by a physician or other primary care provider
- Philosophical or religious exemptions are only allowable for students with an IEP and exemption in place prior to September 1, 2021
- Each immunization entry must include the vaccine type, date administered and the name of the provider. As of September 1, 2021 only medical exemptions are allowable except as described in [Title 20-A §6355](#)

### For More Information

Maine Department of Education  
Office of School and Student Supports  
Email:

[DOESchoolandStudentSupports@maine.gov](mailto:DOESchoolandStudentSupports@maine.gov)  
<https://www.maine.gov/doe/schools/safeschools/healthed/nurseresources/manual/immunization>



# HOLY CROSS SCHOOL

436 Broadway, South Portland, Maine 04106

Tim Stebbins

Rev. John D. Dickinson

Principal

Pastor

Tel: 207-799-6661 Fax: 207-799-7912

[www.holycrossmaine.org](http://www.holycrossmaine.org)

## Holy Cross School Over The Counter Medication Consent Form 2023-24

- Students are never permitted to carry any medications other than prescribed emergency medications (inhalers for asthma or EpiPens for allergic reactions).
- Over the counter medications are available in the office for those students who have a current medication consent form on file.
- The Medication Consent form is required every year for every student.

Student Name:		Grade:	
	Allergies	Reaction	Medications
1			
2			

Does your child...	Yes	No
Have an Allergy Action Plan?		
Have Asthma?		
Have an Asthma Action Plan?		

The following over the counter medications are available in the office in generic form. Please place a check mark in the box next to each medication your child is authorized to receive by the Holy Cross designated staff member. Please indicate dosing.

Medication	May Receive	Dose	Medication	May Receive	Dose
Ibuprofen			Benadryl		
Tums			Coughdrops		
Neosporin Ointment		N/A	Hydrocortisone Cream 1%		N/A

Check 1 Box	<input style="width: 100%; height: 100%;" type="checkbox"/>	I authorize the designated staff member at Holy Cross to administer the above selected medications specified by the manufacturer of the "over the counter" product. This form must be on file for the authorized administration of OTC medications.
	<input style="width: 100%; height: 100%;" type="checkbox"/>	I do not wish for my child to receive any medications at Holy Cross School.

Parent Signature:		Date:	
-------------------	--	-------	--

**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_





THEREFORE:

[ ] If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.




[ ] If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

## SEVERE SYMPTOMS

			
<b>LUNG</b>	<b>HEART</b>	<b>THROAT</b>	<b>MOUTH</b>
Short of breath, wheezing, repetitive cough	Pale, blue, faint, weak pulse, dizzy	Tight, hoarse, trouble breathing/ swallowing	Significant swelling of the tongue and/or lips





  

			<b>OR A COMBINATION</b> of symptoms from different body areas.
<b>SKIN</b>	<b>GUT</b>	<b>OTHER</b>	
Many hives over body, widespread redness	Repetitive vomiting, severe diarrhea	Feeling something bad is about to happen, anxiety, confusion	

↓      ↓      ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS

			
<b>NOSE</b>	<b>MOUTH</b>	<b>SKIN</b>	<b>GUT</b>
Itchy/runny nose, sneezing	Itchy mouth	A few hives, mild itch	Mild nausea/ discomfort

---

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

---

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

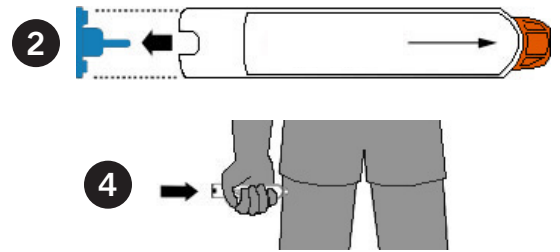
Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

## EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



## ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

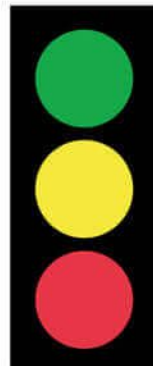
PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

# Asthma Action Plan

Name	Date 2/17/2017
Doctor	Medical Record #
Doctor's Office Phone #: Day	Night/Weekend
Emergency Contact	
Doctor's Signature	



The Colors of a traffic light will help you use your asthma medicines.

**Green** means **Go Zone!**  
Use preventive medicine.

**Yellow** Means **Caution Zone!**  
Add quick-relief medicine.

**Red** means **Danger Zone!**  
Get help from a doctor.

Personal Best Peak Flow \_\_\_\_\_

## GO

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from \_\_\_\_\_ to \_\_\_\_\_

## CAUTION

You have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Tight chest
- Mild wheeze
- Coughing at night

Peak flow from \_\_\_\_\_ to \_\_\_\_\_

## DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow reading below \_\_\_\_\_

## Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

--	--	--

## Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

## Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

**GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.**

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.