

## **From the School Nurse: Diane Kretzschmar RN**

Dear Parent/Guardian,

I want to welcome you and your child to St Paul's Lutheran School!  
The following Programs are available to your child starting on the 1st day of school. They require that the attached forms be completed and sent back to me by email or during the 1st week at school.

Please do not hesitate to contact me with any questions or concerns as I am here to help you and your child adjust to our school.

I can be reached by email or by phone.

### **Over-the-Counter Medication Program:**

This program is supervised by the school nurse.

We stock 5 over-the-counter, non-prescription medications in the nurse's office for as needed, occasional use by students.

These medications are Acetaminophen, Ibuprofen, Pepto Kids Chewables, Hydrocortisone 1% cream, and cough drops/sore throat drops.

The intent of having these medications available is to alleviate minor discomforts and prevent missed time from class and unnecessary early dismissal from school.

Last school year, 87 families participated making the Program a success so we are going to continue it this coming school year.

The Over-the-Counter Medication Authorization Form must be completed and signed by both the child's physician and the parent/guardian. The school nurse will administer these medications based on the original package directions unless otherwise specified by the physician.

You can sign the attached form and send it back to me by email or have your child bring it to the main office during the first week of school.

We do need a doctor signature to give all medications, prescription or over-the-counter here at school'

Once I receive your child's completed form, I will fax it to your child's doctor for their signature.

### **Prescription Medications during school:**

The attached form allows trained Staff to give these medications to your student during school hours. We cannot give them without the prescribing doctor and parent/guardian signatures.

It is important that parents/guardians bring the medications in their original

bottle from the pharmacy into the school office.

Please see the following form that must be completed by the first day of school:

1. Fact Sheet for prescription medications
2. School Medication Administration Authorization form

**Allergy Information Form:**

This form assists me in providing a safe environment for your child. Please email it back to me or send it to school on the first day.

I look forward to meeting you and your child in August.

Blessings, Diane

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