Dear Parents and Guardians:

The following is important information regarding student health matters at DSC International School. Please read the school policy regarding student medications and illness very carefully.

DSC has a Health Room (Ground floor Rm 112) which serves as a first aid station, storage of student medication and administration, and a rest area for students who feel unwell, and need to go home. You may reach the Health Room Team via email at health@dsc.edu.hk or direct line at **3658-0525**. **Please input the Health Room's main phone number (3658-0525) into your phone and be sure to answer any calls originating from this number promptly.**

Parents are required to indicate any medical conditions, together with any medications their child takes, on the Medical Questionnaire. This allows the school to provide the safest learning environment possible and provides vital information for health care providers in the event of a medical emergency.

School Policy on Medication (High School Gr. 9-12)

Health Room Staff do not dispense medication to students (e.g. over-the-counter medications like Panadol, or medicines for allergies, cold and cough, gastrointestinal upset, or muscle or body discomfort). If a student needs this medication at school, the student must bring this medication from home. Please be advised that students are not allowed to leave the school during class time to purchase medications.

DSC has a strict policy regarding student medication (tablets, liquid, lozenges, ointments, creams or sprays) being brought to school. Any medication brought to school should be given to the Health Room in the morning for storage and administration. A student ***must never*** keep medication in the classroom or take it on his/her own.

Students taking medication at school is discouraged and are encouraged to use, when practical, dosages that can be safely administered outside of school hours. If a student requires medication in school, please adhere to the following guidelines:

1. A "Temporary Medication Request Form" **must** be received from a parent or guardian in writing. A form must be completed before the student can be assisted with his/her medication (***See Attached***- this form is attached and you may keep it for future use).

2. Medication should be brought to school by a parent or parent's representative. The child can bring the medication with special permission and parents should contact the Health Room. The medication should be delivered personally with the completed Medication Request Form to the Health Room in the morning before class.

3. Medications must be clearly labeled in English with the **student's name, dosage, time, and route**. The medication must be in its **original container** and, if prescribed, with the **prescription.**

4. If there is an excess of medication sent to school, it should be collected by the parent or parent representative. However, it may be sent home with the child after school if agreed upon by the parent and the Health Room.

If these guidelines are not followed, then the medication **may not** be given. Parents/guardians who do not understand the medication policy or have any questions/concerns are encouraged to contact the Health Room.

If a student requires daily long-term mediation, or needs to keep emergency medication at school, the parent must contact the Health Room for further support and instruction.

A student may carry emergency medication (i.e. EpiPen/JEXT or prescribed inhalers) only if agreed upon in advance by the student's parents/guardians, the Health Room Supervisor, and the Principal. Even if a student does carry their own emergency medication, it is recommended that the parents provide another one to the Health Room.
Sorry for any inconvenience caused; however, the health and safety of all students must be our first priority.

School Fever and Illness Policy (*NEW* High School Gr. 9-12)

At DSC it is our responsibility to be proactive against the spread of infection among staff, students, and families. If your child is ill (fever, chills, rash, sore throat, cough, headache, vomiting, and/or diarrhea) he/she should **not** be sent to school. If a student develops these symptoms at school, the parent/guardian will be asked to pick the student up from school and see a doctor.

The school uses 38.0 °C (EAR) to determine "fever". Our fever policy states **a student must be fever free for *24 hours* before returning to school.** When a student no longer has any fever (without the help of medicine), you can begin to count 24 hours (one complete day). When this 24 hours is up, your child can return to school. If your child returns to school before this time period, the student will be sent home.

For example, if your child has a fever on Monday and the fever stops on Tuesday evening, count 24 hours from Tuesday evening. That means that your child can return to school on Thursday of that week.

Please follow the fever reference chart below, provided by the CHP (HK Department of Health).

Measuring Method	**Celsius scale (°C) or higher is a fever**	**Fahrenheit scale (°F) or higher is a fever**
Oral	37.5	99.5
Ear	38.0	100.4
Armpit	37.3	99.1

If the student is sick with gastrointestinal illness, the student must be free from vomiting and/or diarrhea for at least 24 hours before returning to school.

If a student is sick with Communicable Illness (Influenza, COVID- 19, URTI, Chickenpox, Hand, Foot and Mouth Disease, Scarlet Fever, Conjunctivitis, for example), or the student has an infestation such as Head Lice, he/she should not attend school until they are well and/or treated. Please notify the school if your child has contracted a communicable disease or has been admitted to hospital. Depending on the student's condition, the student may be asked to bring a doctor's note to school stating he/she is fit to attend school before returning to class.

For an excused absence, a doctor's note is required if the student's absence is due to illness. Please refer to the Attendance Policy and contact the Secondary office for any questions or concerns.

At DSC, our policies are based on the guidelines and recommendations provided by the Centre for Health Protection (CHP) and the Education Bureau of Hong Kong (EDB). These policies are enforced to protect the health of the students and staff at DSC.

Please refer to the CHP and EDB websites for further information.

http://www.chp.gov.hk http://www.edb.gov.hk

We sincerely thank you for your support and understanding,

Amy Walter, B. Sc. Nursing
Health Room Supervisor- Team Lead
DSC International School

DSC International School
Temporary Medication Request Form

This form is used when your child needs to take medication at school for a short period of time (i.e. cold symptoms, antibiotics, allergies, injuries, insect bites). If your child requires daily long-term medication or emergency medication at school please contact the Health Room (3658-0525 or health@dsc.edu.hk)

Student's Name:_____ Class: _____

1.

Name of Medication:	Dose: _____ tablets/ pills/ capsules or _____ mls/ drops/ spray	Time(s) During School Day: _____ For How Many Days: _____
Medical Condition/Why Needed?	Route: Oral/ Eye/ Ear/ Skin (cream/lotion)	Side Effects:

2.

Name of Medication:	Dose: _____ tablets/ pills/ capsules or _____ mls/ drops/ spray	Time(s) During School Day: _____ For How Many Days: _____
Medical Condition/Why Needed?	Route: Oral/ Eye/ Ear/ Skin (cream/lotion)	Side Effects:

3.

Name of Medication:	Dose: _____ tablets/ pills/ capsules or _____ mls/ drops/ spray	Time(s) During School Day: _____ For How Many Days: _____
Medical Condition/Why Needed?	Route: Oral/ Eye/ Ear/ Skin (cream/lotion)	Side Effects:

4.

Name of Medication:	Dose: _____ tablets/ pills/ capsules or _____ mls/ drops/ spray	Time(s) During School Day: _____ For How Many Days: _____
Medical Condition/Why Needed?	Route: Oral/ Eye/ Ear/ Skin (cream/lotion)	Side Effects:

***** Please note that the **student's name** as well as the **name of the medication**, **prescription date**, and **dose/time** and **route** **of administration** all need to be clearly marked **IN ENGLISH** **on the original container.**

I, _____ (print your name), am the parent/guardian of

_____(student's name) in _____ (grade/class), give

consent for the Health Room Staff to assist/supervise my child with his or her medication(s).

Parent/Guardian Signature: _____ Date: _____

DSC International School
Secondary Section
Tel: (852) 3658 0338 Fax: (852) 3658 0500 Email: s.office@dsc.edu.hk
5-7 Tai Fung Avenue, Taikoo Shing, Hong Kong
www.dsc.edu.hk