



HEALTH Protocol

Approved by: Board of Directors, January 2024

Next review due by: January 2025

General Health Information

Parents should sign the “Health Declaration” (Appendix 1, added at the end of this document) when they enrol their children and respect this Health Protocol.

In case of requesting any additional medication administration, please contact our school nurse Júlia Campos at jcampos@stpeters.es, so that she can provide with the request form needed (Appendix 2, added at the end of this protocol).

Most frequent infectious diseases in school-age children

As a general rule for all illnesses that cause fever, **students must stay fever-free for 24 hours** before returning to school.

Below are the criteria for returning to school for some of the most common infectious diseases at school age:

- **Diarrhoea:** You can return between 24-48 hours after the last diarrhoeal stool.
- **Pediculosis (head lice):** They can return to school when they no longer have head lice and have undergone anti-lice treatment.
- **Conjunctivitis:** If it is suppurative, he can return to school 24 hours after starting the treatment. If it is not suppurative, he/she can come to school normally.
- **Chickenpox:** Until all lesions have crusted over or at least 6 days after the onset of the rash.
- **Bacterial tonsillitis requiring antibiotics:** 24-48 hours after the start of antibiotic treatment.

If your children are diagnosed with a different illness than the listed in this protocol, please contact our school nurse at jcampos@stpeters.es, as are more illnesses that exclude students from the school.

APPENDIX 1. Health declaration

The Legal guardian _____
of the student _____

DECLARES

(Cross any of the following two options)

- that the student HAS NO KNOWN ALLERGIES, DISEASES, OR INTOLERANCES.
1. That on date ____/____/____ Doctor _____ with registration number _____ diagnosed the following allergy/disease _____

2. That the diagnosis is supported by an authentic certified copy of the medical prescription.

3. That, taking into account the diagnosis and in order to prevent possible health incidents for _____, the following precautions must be taken:

(list all the indications given by the doctor).

If the doctor has put in writing all the precautions that must be taken, WRITE: "The report of date _____ is attached and in force."

4.- That, in the event of a crisis, the physician has prescribed that the minor be given a dose of _____ of the medication _____ in accordance with the content of the certified copy of the prescription and the action protocol attached (if the physician has written one).

5- That if there is any change regarding your child's allergies or intolerance, you must inform the school and submit a new medical certificate.

I REQUEST TO THE SCHOOL'S DIRECTION (please tick this option)

- **That in case of emergency**, first aid be provided to my child as prescribed by the doctor.
- **That in case of unforeseen circumstances**, my child be made available to the nearest medical personnel or with whom it is most effective to receive instructions.
- **If applicable, that all necessary measures be** taken to prevent my child from coming into contact with the allergenic agent.
- **That, on behalf of the legal representative of child**, in case of contact with the allergenic agent, accident, or emergency, the medication prescribed by Dr _____ on date _____ be administered (medication _____)

- That, in any case, as soon as possible, I be informed of all incidents and measures taken by any means of communication, and in case I cannot be reached, an e-mail be sent to _____@

ADMINISTRATION OF ADDITIONAL OR TEMPORAL MEDICATION

In case of requesting any additional medication administration, please contact our school nurse Júlia Campos at icampos@stpeters.es, so that she can provide with the request form needed.

MENUS AND FOOD OPTIONS

Option	Type of Menu	Comments
	Vegetarian menu	
	Vegan menu	
	No pork in menu	
	<i>Halal</i>	
	<i>Other specify:</i>	

Appendix 2. REQUEST TO ADMINISTER MEDICATION

Date / Fecha	
LEGAL GUARDIAN / tutor legal	
LEGAL GUARDIAN NIE OR PASSPORT NIE o Pasaporte del tutor legal	

- I REQUEST THAT** ST PETER'S nurse administer to my child (complete name)
SOLICITO QUE la enfermera de St PETER'S administre a mi hijo/a (nombre completo)

the following medication / la siguiente medicación

- prescribed by Dr. _____, Col. no. _____
prescrito por el Dr. N.º Col.

I further agree that St PETER'S SCHOOL employees are not responsible for any claims resulting from any and all actions performed under this request.

Acepto a librar de responsabilidad a St PETER'S y a sus empleados, ante toda reclamación presentada como resultado de cualquiera, o todas, las acciones realizadas bajo esta autorización.

Medicine <i>Medicina</i>	Dosage <i>Dosis</i>	Time <i>Hora</i>	Period of Treatment <i>Periodo del tratamiento</i>

Requirements on the administration of all Medication at St PETER'S SCHOOL: ***Requisitos para todo medicamento administrado en St PETER'S SCHOOL***

- Requires the parent/guardian to complete and sign this Medication Administration Form.
Que el padre, madre o tutor legal rellenen y firmen este Formulario para la Administración de Medicamentos.
- In the case of medicines with a prescription, this should be attached to this form with the student's name.
En caso de aquellos medicamentos que requieran receta médica, se deberá adjuntar a la presente Petición con el nombre del alumno.
- The medicine must be in the original, child-proof container and labeled with the child's name.
El medicamento debe estar guardado en el envase original a prueba de niños y tener la etiqueta con el nombre del niño.
- Containers will be stored out of reach of children in a locked cabinet.
Los envases se guardarán fuera del alcance de los niños en un armario cerrado bajo llave.
- Unused medication will be returned to the parent/legal guardian when the requested period is completed.
Se devolverán al padre, madre o tutor legal cuando acabe el período solicitado de administración del medicamento.

SIGNATURE	
-----------	--