

Medical and First Aid Policy

At Summit School we are fortunate to have a full-time nurse at our Main Campus, and via consultation at Lauren Hill and TECC campuses. The nurse is available to our students, staff, and families, for any medical concerns.

Nurse Stacy Baker, 514-744-2867 ext. 254, nursing@summit-school.com.

To keep our students and staff healthy please abide by the following guidelines:

- If your child is sick, please keep them at home.
- Parents are asked to call the school if their child is unwell and will be absent.
- Please inform the school if your child has a communicable disease.
- Should a student become ill/ injured during school hours, the parent/guardian will be notified. They are expected to pick their child up from school, when necessary, within a reasonable amount of time.
- In the case of an emergency, the school will decide whether to send the child to the hospital by ambulance, and parents will be notified. It is the parent's responsibility to pay any charges related to the student's transportation to the hospital.
- An emergency contact number is required, for when the parent is unable to be reached or cannot pick up the child, the emergency contact will be called.

Medication

- If your child needs to receive medication **while in school**, an email must be sent directly to nursing@summit-school.com for the nurse to approve it, or the medication will not be allowed to be given.
 - All medications sent to school **MUST** be properly labelled with your child's name, exact dosage, and time of day to be given.
 - The label **MUST** be from the pharmacy. This includes both prescription and over the counter medications. (Without proper labelling, medication will not be given.)
 - Please advise the Nursing Department of any changes in medication during the school year, as this is important information, should your child have an emergency and need to be brought to the hospital.
 - For safety purposes, all medication should be given to the bus monitor or driver, who will bring it into the school.
 - Students are not allowed to transport any medication with them in their bags *unless* they come to school independently, and they must submit this medication to their teacher when they arrive. This is for the safety of other students as well as their own.
- *TECC students are responsible for their own ADVIL, TYLENOL, & BENADRYL.**

Allergies

- If your child has allergies, please inform the Nursing Department.
- If your child requires an EPIPEN, it must be supplied by the parent, worn by the student, in a pouch, during school hours. Your child will have an allergy protocol written for them.

Please note that we are a peanut-free school. (We ask that parents comply with this standard so that we can offer a safe environment to students with peanut allergies.)

Contagious Diseases

- Students with fever will be sent home and must remain at home until 24 hours after the fever has subsided.
- If you think that your child is coming down with an illness, please do not send them to school.
- Students having an infection that requires antibiotics must be kept at home for 24 hours after starting the medication, providing they are fever free.
- Students with diarrhea and/or vomiting at school will be sent home. (It is the parents' responsibility to make sure that someone is available to pick up the student.) Students must then remain at home for 24 hours after the last symptom.

Concussion

Summit School has a Concussion Protocol for all students who have had a significant blow to the head and exhibit any symptoms. If your child presents with any of the above, you will be notified and will be required to seek medical assessment for diagnosis or medical clearance. If a concussion is diagnosed, there will be strict "Return to School & Return to Play" strategies to be implemented at home and once at school.

Personal Information

By accepting this Medical Policy, I consent to the sharing of confidential information regarding my child between the Summit School Nurse and Summit School professionals, teachers, and administration, solely for the benefit of my child's follow up and care.

Medical Form 2026-2027

The **legal parent** or **legal guardian** is responsible for completing and signing this form. Should anything change in a significant way, (i.e. new or change in medications, hospital tests etc.) a note from yourself or your child's doctor should be provided, or you may call the nursing department at ext.254 with the information. Thank you.

Student Name: _____ Teacher: _____

Medicare #: _____ Exp date: _____ Date of Birth: _____

Pediatrician's name: _____ Telephone # _____

Neurologist's name: _____ Telephone # _____

Others professional: _____ Telephone # _____

Allergies/Asthma/Food Restrictions:

Does your child have any allergies? Yes ____ No ____ If yes please list;

Does your child require an EPIPEN as per a DR prescription (adrenaline)? Yes, ____ No ____

*** It is school policy that prescribed EpiPens are to be WORN by the student at all times, while at school and on the bus.**

Seizures

Does your child have seizures? Yes ____ No ____ If yes, please describe;

MEDICATIONS: Please list all medications taken at home/school or attach a pharmacy list photocopy if the list is longer than the space provided below.

| Name of medication | Dosage | Times taken | date medication reviewed by doctor |
|--------------------|--------|-------------|------------------------------------|
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MEDICATION CONSENT:

I authorize Summit School to administer any medication prescribed by my child's doctor for the 2026-27 sch.year

Signature of Parent/Guardian: _____ Date: _____

(Medical Form cont'd)

Following nursing assessment (visual or over the phone) I authorize the administration of the following medication(s) for the 2025-2026 school year.

Ibuprofen (Advil) YES _____ NO _____ (please initial) _____.

Acetaminophen (Tylenol) YES _____ NO _____ (please initial) _____.

Dimenhydrinate (Benadryl) (for allergic reactions, seasonal allergies) YES _____ NO _____ (please initial) _____.

***TECC students are responsible for their own ADVIL, TYLENOL, & BENADRYL.**

Please read carefully and sign below to give permission:

Should your child need to be transported to a hospital by ambulance, our nurses/ staff will decide this. Please be aware, if so, it is the parents' responsibility to pay any related charges. This fee may be covered by your individual insurance plan.

I _____ **(parent name)** consent to the sharing of confidential information regarding my child _____ **(child's name)**, between the Summit School **NURSE** and

Summit School professionals, teachers and administration, solely for the health benefit of my child's follow up and care.

Authorization is valid for the 2026-2027 school year and can be revoked at any time via written request.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Please send this form with your child no later than May 30th, 2026.