



SAINT THERESA CATHOLIC SCHOOL

New and Returning Students School Year 2017-2018

Dear Parents or Guardian:

Welcome to St. Theresa Catholic School. The following “Health Care Procedures” for the school are to help ensure excellent health and safety for your child while in school or participating in school related events.

The following forms must be completed and returned prior to the 1st day of school, August 14, 2017:

1. 2017-2018 Student Emergency Information Form
 2. Up-to-date Immunization Record
 3. TB Student Questionnaire
 4. Signed copy of this letter
- If your child has a severe health problem such as diabetes, asthma, epilepsy, severe allergies, heart conditions or other serious health conditions, doctor’s orders, health care plans, medication and meeting with teachers, nurse and principal must be complete before the child can start school.
 - Any medications, prescriptions or over-the-counter remedies need to have a physician or authorized prescriber and parent signature before the medication can be given at school. Ointments, vitamins, and other treatments are considered to be medication. The prescription medication must have a pharmacy label that matches the doctor’s orders. All medications must be brought to the school by the parent.
 - All students in the Archdiocese of Galveston-Houston comply with the State of Texas Immunization requirements. Up-to- date immunization records are required to be returned to the school before registration is complete.
 - Texas Law requires vision, hearing, spinal, and Texas Risk Assessment for Type 2 Diabetes in Children (TRAT2DC) screening. If screening norms are not met, a referral to a physician will be made. St. Theresa will complete these screenings at school by a Certified Texas Screener for the State of Texas.
 - A student TB Screening Questionnaire is required for all students.

If you have any questions or concerns, please contact Erin Serice, RN at: 281-494-1157, fax: 281-240-4870 or nurse@sttheresacatholicschool.org.

I have read and understand the health care procedures.

Oldest/Only Child (Please Print Name): _____

Parent Signature _____ Date _____
(Return this signed copy to school)