



The Maryland School for the Blind

Blanton Health Center

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Dear Parents/Guardians of Early Learning Students:

The start of the 2023-2024 School Year will be here before you know it. We have enclosed in this registration packet the health forms that will need to be completed before your child comes to school in the fall.

Please read the contents of this packet carefully. Please also note that (a) some forms may not be necessary for your child, and (b) some forms require only your signature while others require the signature of your child's primary care provider (referred to throughout as physician). We strongly encourage you to read thorough this entire packet as soon as you receive it so that you have ample time to call us with questions and schedule any necessary appointments with your medical providers.

Changes that are new to the registration process this year include the following:

- Several new forms have been added to the Nutrition Order process. Please follow the instructions carefully to ensure you are providing the information required.
- A physician's prescription is required for the use of protective and stabilizing devices, per COMAR 13A.08.04.02. If your child is currently using a device for this purpose, a letter providing more information will be included in your child's registration packet.

Important information for you to consider when scheduling appointments:

1. Completed forms are due to the Health Center by **July 14, 2023**. Please be sure to have all fields completed, including necessary signatures and dates, prior to submission. **Completed forms must be returned by mail, fax, or in person.**
2. All prescription and non-prescription medications, in pharmacist-labeled bottles/boxes that match the physician's medication order, must be delivered to the Health Center by **August 21, 2023**.
3. Failure to meet these deadlines may result in a delayed start to your child's school year and may require you to schedule an appointment with one of our nurses after the forms and medications of those who have met the deadlines have been processed.

Thank you, in advance, for your understanding and assistance in ensuring your child's safe return to school. Please contact us with any questions you may have regarding the contents of this memo or the specific forms required for your child.

I wish you a happy and healthy summer and look forward to a wonderful 2023-2024 school year.

Patti Bell, M.S., R.N., C.P.N.

Health Center Manager

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PB/cic:05/2/23

REGISTRATION FORMS GUIDE

Name of Form	Students for Whom Form is Required	Required Signatures
Emergency 911 Transportation /Insurance Form	All Students	Parent/Guardian
Topical Medications	All Students	Parent/Guardian
Over-the-Counter Medication Permission Form	All Students	Parent/Guardian
SY 2023-2024 Nutrition Order	All Students	Completed by Parent/Guardian; signature not required IMPORTANT: A. If responses to all questions on this form are "No," Forms A, B, E, F, and G do not need to be completed. B. Forms C and D need to be completed for all students
Form A - Food Allergy Information	Students with food allergies (If answered "Yes" to allergy question on SY 2023-2024 Nutrition Order	Physician
Form B - Special Diet Information	Students with special diet needs due to religious/cultural, lifestyle, nutritional or medical reasons (If answered "Yes" to special diet question on SY 2023-2024 Nutrition Order)	Physician and Parent/Guardian - If a special diet is due to nutritional needs or medical condition. Parent/Guardian - If a special diet is for religious/cultural or lifestyle purposes.
Form C - Food Texture Modification	All Students	Physician - If answered "Yes" to food texture question on SY 2023-2024 Nutrition Order Parent/Guardian - If student eats foods on level 7 or 7a on the IDDSI scale (See definition on Form C)
Form D - Liquid Thickness Modification	All Students	Physician - If answered "Yes" to liquid thickness modification question on SY 2023-2024 Nutrition Order Parent/Guardian - If student drinks liquids thin liquids (Level 0 on Form D) IMPORTANT: A. Physician signature is not required for Level 0 only (see Form D for definition of Levels). All other levels require a physician signature.

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Name of Form	Students for Whom Form is Required	Required Signatures
Form E - Safety Modifications/Considerations for Mealtimes	Students who require special preparation or presentation to minimize safety risks during meals; e.g., limiting amount of food presented at one time; cutting food into smaller than typical sizes; presenting one sip at a time, etc (If answered "Yes" to safety modifications question on SY 2023-2024 Nutrition Order)	Parent
Form F - Gastrostomy Tube Feeding Order for School Feedings	Students who receive some or all of their nutritional intake by gastrostomy tube (If answered "Yes" on gastrostomy tube question on SY 2023-2024 Nutrition Order)	Physician IMPORTANT: A. Students who use a gastrostomy tube must have a complete unexpired replacement kit at school by Aug 21, 2023 B. If a student with a g-tube is to receive any food by mouth while at MSB, forms C, D and E must also be completed.
Form G - Selective Eater Information	Students with limited food preferences or extreme 'pickiness' in regard to what they will eat. (If answered "Yes" to selective eating habits question on SY 2023-2024 Nutrition Order)	Parent/Guardian
Maryland State Office of Child Care Seizure/Convulsion/Epilepsy Disorder Medication Administration Authorization Form	Students who receive seizure/convulsion/epilepsy medication while at MSB	Physician Please have your physician complete all information requested on the form <u>The medication order and the pharmacist-labeled bottle must match exactly.</u>
Maryland State Office of Child Care Allergy and Anaphylaxis Medication Administration Authorization Plan	Students who receive allergy/Anaphylaxis medication while at MSB	Physician Please have your physician complete all information requested on the form <u>The medication order and the pharmacist-labeled bottle must match exactly.</u>

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Name of Form	Students for Whom Form is Required	Required Signatures
Medication Administration Authorization Form (Office of Child Care)	Students who receive medications at MSB	Physician and Parent/Guardian A separate School Administration Office of Child Care Form must be completed for each medication your child takes at school. This includes prescription <u>and</u> over the counter medications. <u>The medication order and the pharmacist- labeled bottle must match exactly. Discrepancies may result in a delayed start to the school year.</u>
Physician Letter to Prescribe a Protective/Stabilizing Device	Required for those students who use protective and stabilizing devices, per COMAR 13A.06.04.02 B (13)	Physician IMPORTANT: A. This letter will only be included in your packet if it applies to your son / daughter. The letter will include information regarding what is required as well as a form for you to take to your child's physician. If you do not receive this letter or form in the registration packet, we are not aware of your child needing such a device.