## FISHBURNE MILITARY SCHOOL

225 South Wayne Avenue Waynesboro, Virginia 22980

Cadet Name	Last	First	MI	

## **INFIRMARY GUIDELINES**

The Nurses at Fishburne Military School are pleased that your child has joined our very distinguished Corps of Cadets. Our infirmary's mission is to provide your child with a healthy and safe environment. As your cadet's parent/guardian, we need your full cooperation and assistance with the following:

- 1. Please fill out all of the infirmary forms. Please be completely honest with your answers so that we may provide your cadet with the best possible care. These forms are confidential. Failure to disclose all information can lead to separation from the school.
- 2. It is imperative that your cadet has an up-to-date physical and immunization record form dated and signed by a physician. This must be updated annually. Without a valid and current physical your cadet will not be able to participate in activities and sports vital to Cadet Life and will not be able to stay at FMS.
- 3. Please review and sign where indicated on the FMS Health Registration Form. In particular, please note that item C. CADET MEDICATION PARENTAL AUTHORIZATION AND RELEASE includes Over-The-Counter Medications which are medications that we will routinely give our cadets on an as needed basis. We do not call parents/guardians when we give these medications. We will call you if your cadet has a fever, which is not controlled with these medications or if we think your cadet needs to see a doctor. If you can not be reached, Fishburne Military School will take the appropriate measures to ensure your child's health
- 4. If your cadet is on a prescribed medication, it is imperative that the **DOCTOR AUTHORIZATION FOR ADMINISTERING MEDICATIONS** form be completed and signed by the prescribing Doctor. At anytime that there is a dosage change, medication change or the medication is to discontinue, we will need a new form completed or a physician's letter which directs the change. Medication changes will not be made without the signed form or the doctor's letter.
- 5. It is <u>your responsibility</u> to make sure that your cadet has his prescribed medication available. Many medications need to be filled monthly, please mark your calendars appropriately so you can obtain refills as needed. If your cadet is under a doctor's order to take a prescribed medication we must have the medication or your cadet must return home.
- 6. If your son is on a prescribed medication, you must bring the medication or have the medication mailed to the Infirmary. Cadets are not allowed to carry any medications (prescribed or over the counter) to and from the school. Thus, you must ensure that you have medications at home for weekends and furloughs.
- 7. A nurse is on duty seven days a week. We are in the infirmary from 7am-7pm. We always have a nurse on call when the infirmary is closed.
- 8. Should it be deemed necessary to take your cadet to the doctor, we have several doctors in the area that we use. Because of the various insurances that our Cadets maintain, the local doctors may not be able to file a claim with your insurance company. Thus, Fishburne Military School will need to make payment up front and they will mail you the forms to file with your insurance company. Therefore it is vital that you have funds available in the business office for medical expenditure or a credit card on file.
- 9. If required immunizations are not current, Fishburne Military School reserves the right to send the above-named cadet to the health department for said immunizations at the parent's expense. Cadets who do not have the current required immunizations may not stay at Fishburne.
- 10. The **FISHBURNE MILITARY SCHOOL ENTRANCE HEALTH FORM** must be completed prior to your son's matriculation here at Fishburne. This is mandatory and must be signed by a physician.

I, the undersigned, have read and will comply with the Infirmary Guidelines. I also agree that this form remains valid and in effect for as long as my son remains at Fishburne Military School.				
Signature of Parent/Legal Guardian	Date			