



Landstown High School

Home of the Governor's STEM & Technology Academy
2001 Concert Drive Virginia Beach, VA 23456 8088
(757) 648-5500 Fax (757) 468-1860

Dear Parent/Guardian:

Welcome to Landstown High School. I am a Registered Nurse and will be providing nursing care to your child during the school year. The school clinic is equipped to provide first-aid for school-related illnesses and injuries. In addition, I will provide treatments and medications that have been ordered, in writing, by your child's doctor, and develop a school health care plan if necessary.

Medications: Virginia Beach School Board regulation states that any student required to take prescription or over-the-counter medication in school must have an order from either a physician, nurse practitioner, dentist, or physician's assistant, and signed permission from the parent/guardian on one of the following forms: a) Request for Administration of Medication in Hampton Roads Schools, b) Asthma Action Plan, c) Diabetic Management Plan, and/or c) Life-threatening Allergy Management Plan. These forms are available from the school clinic and are posted on the www.vbschools.com school website. All student medication must be brought directly to the clinic by the parent/ guardian and must either be in the original prescription bottle with a label that matches the medication order or in an unopened sealed container, if it is an over-the-counter medication. A parent/guardian may come to the clinic during the school day to administer medication to their child.

Medications prescribed for administration in school, and stored in the school clinic, are not available to students after regular school hours. If your child could require emergency response medications such as auto-injectable epinephrine, insulin/glucagon, and/or asthma inhaler, it is important that you notify the school nurse and activity sponsor, prior to your child participating in school sponsored after-school activities/events. The VBCPS medication policy allows students to self-carry and self-administer these types of emergency medications, if the proper medication forms are completed by their health care provider. Trained school staff will have access to clinic stock EpiPens. It is important that a plan is developed by parents/guardians, school nurses, and activity/event sponsors to ensure the best possible safe environment for your child.

Health Screenings: During the school year, 9th & 10th grade students could receive height, weight, skin, hair, and dental screenings. In addition, new enrolling students in all grades and 10th grade will have their vision and hearing screened. You will be notified if your child fails a screen. All parents/guardians of students in the 9th & 10th grades will receive general scoliosis information at the beginning of the school year. **If you do not want your child to participate in any of the above health screenings, you must provide a written request to the nurse within 7 days of enrollment.**

Communication: Please inform me of any health conditions that could affect your child during school and if any health accommodations will be necessary. Students will only be excused from participation in P.E. class for up to (3) days with written parental permission. If your child needs to be out of P.E. for more than (3) days, a written doctor's note is required. It is important that I have your current phone numbers, and information regarding your designated emergency back-up persons. My clinic assistant, Deborah Amburn and I are here to help your child have a healthy school year. Please contact me should you have any questions or concerns.

Sincerely,

Victoria Couture, RN

Clinic Assistant Debbie Amburn, LPN

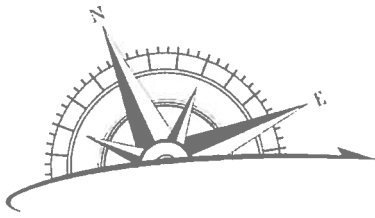
Clinic Assistant Gabriella Atwood, LPN

School Nurses

Clinic Phone: 648-5508

Cheryl C. Askew, Ed.D.

Principal



VIRGINIA BEACH CITY PUBLIC SCHOOLS CHARTING THE COURSE

Dear Parent of Students in Grades Five through Twelve:

Eating disorders are serious health problems that usually start in childhood or adolescence and affect both girls and boys. With early diagnosis, eating disorders are treatable with a combination of nutritional, medical, and therapeutic supports. Recognizing the importance of early identification of at-risk students, the 2013 Virginia General Assembly passed a law requiring each school board to provide parent educational information regarding eating disorders on an annual basis to students in the fifth through twelfth grades.

It is important to note that eating disorders are not diagnosed based on weight changes as much as behaviors, attitudes, and mindset. Symptoms may vary between males and females and in different age groups. Often, a young person with an eating disorder may not be aware that he/she has a problem or keeps the issues secret. Parents/guardians and family members are in a unique position to notice symptoms or behaviors that cause concern. Noting behaviors common to people with eating disorders may lead to early referral to the primary care provider. It is important for eating disorders to be treated by someone who specializes in this type of care.

After reviewing the information on the reverse side of this letter, if you think your child may be showing signs of a possible eating disorder, please contact your primary health care provider, school nurse, or one of the resources listed below.

- Academy for Eating Disorders (AED)
<http://www.eatingdisorderhope.com/information/help-overcome-eating-disorders/non-profits-organizations/aed>
- Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.)
www.feast-ed.org
- National Eating Disorders Association
www.nationaleatingdisorders.org
Toll free, confidential Helpline, 1-800-931-2237

Additional resources may be found at:

- Virginia Department of Education
http://www.doe.virginia.gov/support/health_medical/index.shtml, under the section titled, Eating Disorders

Sincerely,

Mary Shaw

Mary S. Shaw, RN, Coordinator
Office of Health Services/School Nurses

What Are Eating Disorders?

Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships. They are not a fad, phase or lifestyle choice. They are potentially life-threatening conditions affecting every aspect of the person's functioning, including school performance, brain development, emotional, social, and physical well-being.

Eating disorders can be diagnosed based on weight changes, but also based on behaviors, attitudes and mindset. Be alert for any of these signs in your child.

Eating disorders affect both males and females of all ages.

Key things to look for around food:

- Eating a lot of food that seems out of control (large amounts of food may disappear, you find a lot of empty wrappers and containers hidden)
- Develops food rules—may eat only a particular food or food group, cuts food into very small pieces, or spreads food out on the plate
- Talks a lot about, or focuses often, on weight, food, calories, fat grams, and dieting
- Often says that they are not hungry
- Skips meals or takes small portions of food at regular meals
- Cooks meals or treats for others but won't eat them
- Avoids mealtimes or situations involving food
- Goes to the bathroom after meals often
- Uses a lot of mouthwash, mints, and/or gum
- Starts cutting out foods that he or she used to enjoy

Weight is NOT the only indicator of an eating disorder, as people of all sizes may be suffering.

Key things to look for around activity:

- Exercises all the time, more than what is healthy or recommended
 - despite weather, fatigue, illness, or injury
- Stops doing their regular activities, spends more time alone (can be spending more time exercising)

Physical Risk Factors:

- Feels cold all the time or complains of being tired all the time.
 - Likely to become more irritable and/or nervous.
- Any vomiting after eating (or see signs in the bathroom of vomiting
 - smell, clogged shower drain)
- Any use of laxatives or diuretics (or you find empty packages)

Other Risk Factors:

- Believes that they are too big or too fat (regardless of reality)
- Asks often to be reassured about how they look
- Stops hanging out with their friends
- Not able to talk about how they are feeling
- Reports others are newly judgmental or "not connecting"

If Your Child Shows Signs of a Possible Eating Disorder

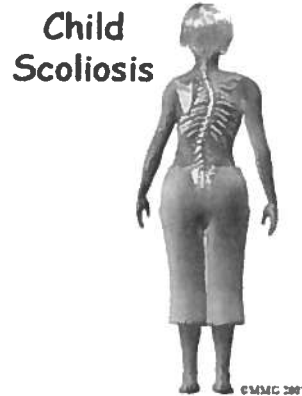
How to Communicate with Your Child

- Understand that eating disorder sufferers often deny that there is a problem.
- Educate yourself on eating disorders
- Ask what you can do to help
- Listen openly and reflectively
- Be patient and nonjudgmental
- Talk with your child in a kind way when you are calm and not angry, frustrated, or upset
- Let him/her know you only want the best for him/her
- Remind your child that he/she has people who care and support him/her
- Be flexible and open with your support
- Be honest
- Show care, concern, and understanding
- Ask how he/she is feeling
- Try to be a good role model- don't engage in 'fat talk' about yourself
- Understand that your child is not looking for attention or pity
- Seek professional help on behalf of your child if you have ANY concerns

Seek assistance from a medical professional as soon as possible; because they are so complex, eating disorders should be assessed by someone who specializes in the treatment of eating disorders. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.

Learning About Scoliosis

Virginia Legislation requires that school divisions provide parents of students in grades five through ten with the following scoliosis educational information. Parents are encouraged to read this important health information in order to gain an understanding of this condition and the treatment available for your child. Please contact your school nurses should you have any further questions or concerns.



WHAT IS SCOLIOSIS?

Scoliosis is a lateral, or sideways, curvature of the spine. Normally, the spine curves backward in the chest area and forward in the waist area when looking at a person from the side. The curvature of the spine to one side, or to both sides at different levels, is the condition known as Scoliosis.

Scoliosis is not a disease. It often occurs in more than one family member in the same or different generations. It does not develop as a result of anything that a child or his parents did or didn't do. Most often it appears with growth during the early teen years, although it may be found in younger children as well.

HOW IS SCOLIOSIS NOTICED?

One of the most common signs of scoliosis is a prominent shoulder blade, frequently the right one. One shoulder may also be higher and the child tends to lean to one side. The hips may be uneven, and one may seem to be higher than the other. Scoliosis should not be confused with poor posture. Scoliosis will not disappear as a child gets older. Very often the first indication of scoliosis is that there is something wrong with the fitting of clothes. This is apparent when observing the hemline of a skirt or dress or the length of pant legs. When a child with scoliosis bends forward, the appearance of a rib hump is one of the definitive signs.

HOW COMMON IS SCOLIOSIS?

Approximately 10% of the adolescent population has some degree of scoliosis. This means that about 1,000,000 youngsters in the United States alone have scoliosis. Some scoliosis may be so mild that treatment may not be needed. Approximately one-quarter of these will require attention.

IS THERE A CAUSE TO SCOLIOSIS?

About 80%-90% of the patients have the type that is known as idiopathic scoliosis. This means that the exact cause of this type of curvature is unknown. Idiopathic scoliosis often runs in families and appears to be genetic in nature. It is not known what causes the development of the curve, or why some curves progress more than others. Scoliosis occurs in perfectly healthy children. Because scoliosis may appear at any time during the growing years, it is essential that the spine be checked regularly until growth is complete. The curvature may progress considerably during the rapid teenage growth spurt.

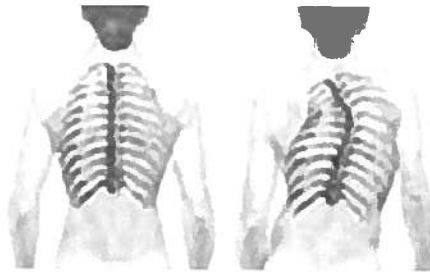
IS THERE A CAUSE TO SCOLIOSIS? (continued)

Two other spinal conditions are lordosis and kyphosis. These differ from scoliosis. There is no evidence to support that scoliosis is caused by carrying heavy book bags and back packs.

Scoliosis, in its early years produces no pain and may be difficult to detect. It may be present for several years in a form so mild that even a doctor might very well fail to recognize it. One of the easiest ways to detect scoliosis is by using the forward bending test.

CAN SCOLIOSIS BE CURED?

There are currently no medications to treat scoliosis, nor can its onset be prevented. The treatment is mechanical in nature. When the curvature is recognized early in development, there are methods of correcting the curvature and preventing its increase. Delay in treating scoliosis may necessitate major treatment. Consulting your doctor is vital to proper treatment. If it progresses, bracing and/or surgery may be needed.



SIMPLE CHECK FOR THE EARLY DETECTION OF SCOLIOSIS

1. Is one shoulder higher than the other?
2. Is one shoulder blade more prominent than the other?
3. Does one hip seem higher or more prominent than the other?
4. Is there a greater distance between the arm and the body on one side than on the other, when the arms are hanging down loosely at the sides?
5. Is there a larger "crease" at one side of the waist than at the other side?
6. Does the child have a "swayback" (lordosis)?
7. Does the child have "round shoulder" or "humpback?" (kyphosis)
8. Does the child seem to "list" or lean to one side?

When the child is bending forward with the arms hanging down loosely with the hands even and the palms touching each other at about the level of the knees, -

9. Is there a hump in the rib area?
10. Is there a hump in the lumbar region (near the waist)?

If you have ANY "yes" answers it is advised that you consult with your physician, an orthopedist, or your pediatrician for further evaluation.

