

## WOODBERRY FOREST SCHOOL

Office of the Infirmary, Woodberry Forest, Virginia 22989  
540-672-6017 | tammy.firman@woodberry.org | 540-672-9298 fax  
TAMMY B. FIRMAN, R.N. *Director of Health Services*

Spring 2010

Dear Parents:

Medical forms for your son **must be completed no later than July 1, 2010**. Please complete Part I of the Medical Information Form online. Please print the Certificate of Immunization and Part II of the Medical Information Form; your physician needs to complete the forms and mail them, rather than fax, to:

Mrs. Tammy Firman, RN  
Infirmary  
179 Woodberry Station  
Woodberry Forest, Virginia 22989

The welfare and good health of each of our students are the primary concerns of our health care team. In order to treat each student properly, particularly in case of emergency, **we must know every detail about your son's medical history, current condition, and medication**. If an emergency physician or our school physician needs to prescribe medication, he or she must know what medication a student is already taking in order to avoid a potentially dangerous mix of prescription as well as non-prescription drugs.

Medical forms must be completed in their entirety each year. Incomplete medical forms will be returned to you for completion. **Pursuant to state law, no student will be allowed to be on campus until complete medical forms have been received.**

**All students are required to have medical insurance;** mail a photocopy of your medical insurance card (front and back) to the address above or email a scan of your card (front and back) to [tammy.firman@woodberry.org](mailto:tammy.firman@woodberry.org).

### IMMUNIZATION INFORMATION NEEDED

- State law mandates that we have a completed Commonwealth of Virginia immunization record on file. This form must include the month, day, and year of the immunizations. We also require a baseline PPD to be done the first time a student attends any program at WFS. We also require that the meningococcal vaccine (Menactra) be administered to all students before they may attend Woodberry Forest School.

### MEDICATION POLICY

Medications such as allergy preparations, acne medications, antibiotics, vitamins, and over-the-counter medications may be kept by students on dorm. All psychogenic medications (ex: Cymbalta, Lexapro, Zoloft), as well as controlled substances such as narcotic cough medicine (ex: Tussin with codeine), narcotic pain medications (ex: Percocet, Vicodin), and stimulant medications (ex: Ritalin, Adderall, Concerta, Vyvanse) must be kept in our school Infirmary. Students will be required to go to the Infirmary during designated times for each dose of medication. The Infirmary nurses will store medications as stipulated by the laws of the Commonwealth of Virginia.

### AVAILABILITY

The Infirmary is directed by Dr. Randolph V. Merrick, MD, ABFP, FAAFP '73 and Tammy B. Firman, RN. It is staffed around the clock by registered nurses. Routine illness or injury is normally seen by the nurse during the day, but sudden illness or injury may be seen at any time in the Infirmary. Dr. Merrick holds clinic in the Infirmary on Tuesday afternoons and Thursday evenings, and he is available by pager for emergencies 24 hours per day. Minor emergencies are normally sent to Culpeper Memorial Hospital Emergency Room. More serious emergencies are sent to the University of Virginia Medical Center in Charlottesville. Routine medical and/or dental appointments may be scheduled through the Infirmary. Allergy shots can be administered but only while the school physician is on campus and must be arranged in advance.

### MEDICATIONS

There is no charge for students to see the nurse, for minor medical supplies, or for single doses of over-the-counter medications. If prescription medications are needed, we use Culpeper Pharmacy in Culpeper (261 Southgate Shopping Center, Culpeper VA 22701; phone 540-825-7576; fax 540-825-5822). Culpeper Pharmacy will set up a charge account for each student at the beginning of the school year and will bill parents for medications or medical supplies obtained from them. In addition, Culpeper Pharmacy will bill your insurance company whenever possible. If you have prescription medication coverage through your insurance company, please send Culpeper Pharmacy a copy (front and back) of your insurance card to facilitate the process.

We use Culpeper Pharmacy because of their outstanding service to Woodberry and their willingness to deliver medications to the school seven days per week and to allow charges. If you prefer to use another drug store, we must arrange for someone to pick up the medications and they must be paid for when they are picked up. We must be notified in writing if you wish to use a pharmacy other than Culpeper Pharmacy.

### NOTIFICATION OF PARENTS

A nurse will notify parents by phone if your son is kept in the Infirmary overnight or if he goes off-campus to a hospital emergency room or other medical specialty. We do not call home to notify of routine visits to the Infirmary due to the volume of boys seen daily. The duty nurse will encourage your son to notify you of routine illness or injury if she does not call you.

### BILLING FOR MEDICAL SERVICES

Dr. Merrick's services will be billed to your insurance company through his office in Orange. A bill for any co-pays or charges refused by your insurance company will be sent to you directly. If your insurance plan requires referral, it is your responsibility to obtain this. Neither Dr. Merrick's office nor the infirmary staff can do this for you.

Please notify your medical insurance company that your son will be attending school away from home and inquire what benefits are offered in our geographical area of Virginia. Many companies offer away-from-home plans for students attending school away from home.

The school makes available two optional student insurance plans. Information about these plans is included in the packet of materials provided by the business office.

### PRIVACY STATEMENT

Your son's medical information is protected under HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations regarding the release of medical information. No information will be released to any outside second party without your written permission or until your son becomes of legal age.

We look forward to working with you and your son. If you have any questions, please feel free to contact Tammy Firman at 540-672-6017. The Infirmary will be closed for summer vacation from July 25th through August 22nd.

Sincerely,

*Tammy B. Firman, RN*

Tammy B. Firman, RN  
Director of Health Services

# MEDICAL INFORMATION FORM

2010-11

Woodberry Forest School, Woodberry Forest, Virginia 22989

***This completed form and the accompanying Certification of Immunization must be on file before the student will be registered.***

**■ Part I: MUST BE COMPLETED BY PARENTS OR GUARDIANS. *Please type or print plainly.***

Student's name				
	<i>Last name</i>	<i>First name</i>	<i>Middle name</i>	<i>Name called</i>
Birth date			⇒ Social Security Number         -	
Home address				
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Home phone				
Student resides with <input type="checkbox"/> both parents <input type="checkbox"/> father <input type="checkbox"/> mother				
Father/guardian's name				
	<i>Last name</i>	<i>First name</i>		
Employer/occupation				
			<i>Business phone</i>	<i>Cell phone</i>
Mother/guardian's name				
	<i>Last name</i>	<i>First name</i>	<i>Middle initial</i>	
Employer/occupation				
			<i>Business phone</i>	<i>Cell phone</i>
<i>In Case of Emergency*</i>				
<b><i>*must be someone other than parents</i></b>				
	<i>Last name</i>	<i>First name</i>	<i>Middle initial</i>	
<i>Relationship</i>				
		<i>Home phone</i>	<i>Business phone</i>	<i>Cell phone</i>

**⇒ Medical Insurance Information. *Legible copy of front and back of insurance card MUST be attached.***

Policyholder's name		Policyholder's Social Security No.		
Insurance company name		Policy No.		Group No.
Street		City		State
				Zip

**Medical History.** Circle the appropriate answers and provide details below where applicable.

Allergy	Eye, serious . . . . .YES. . .NO	Fainting . . . . .YES. . .NO	Sore throats, frequent . . . . .YES. . .NO
Drug . . . . .YES. . .NO	Gastrointestinal . . . . .YES. . .NO	Glasses/contact lenses . . . . .YES. . .NO	Recent illness lasting more
Food . . . . .YES. . .NO	Hearing . . . . .YES. . .NO	Hives . . . . .YES. . .NO	than a week . . . . .YES. . .NO
Insect bite . . . . .YES. . .NO	Heart . . . . .YES. . .NO	Migraine headaches . . . . .YES. . .NO	Recent injuries requiring
Other . . . . .YES. . .NO	Musculoskeletal . . . . .YES. . .NO	Mononucleosis . . . . .YES. . .NO	medical attention . . . . .YES. . .NO
Asthma . . . . .YES. . .NO	Urinary tract . . . . .YES. . .NO	Pneumonia . . . . .YES. . .NO	Surgical operations . . . . .YES. . .NO
Bed-wetting . . . . .YES. . .NO	Depression . . . . .YES. . .NO	Psychological problems . . . . .YES. . .NO	Currently taking medication . .YES. . .NO
Bronchitis . . . . .YES. . .NO	Diabetes . . . . .YES. . .NO	Rheumatic fever . . . . .YES. . .NO	<b>Date of last tetanus booster:</b>
Defects, congenital . . . . .YES. . .NO	Ear infections, frequent . . . . .YES. . .NO	Sinusitis . . . . .YES. . .NO	_____ / _____ / _____
Defects	Eczema . . . . .YES. . .NO	Seizures . . . . .YES. . .NO	
Central nervous system . . .YES. . .NO	Emotional problems . . . . .YES. . .NO	Sleepwalking . . . . .YES. . .NO	

Give details of "Yes" answers and a brief history of your child's overall health. Please list all medications he is currently taking.

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**TREATMENT AUTHORIZATION**

I authorize the school physician, school nurse, or other health professional to render necessary medical care to my child/ward named above. I understand that this authorization does not include medical care beyond that which is usual and customary for routine or emergency treatment.

However, in the event of an emergency, and if I am unable to be reached by the School, hospital, nurse, or physician, as the case may be, I consent for the School to act on my behalf in granting permission for medical treatment, including surgery requiring the use of an anesthetic. This authorization shall be in effect as long as my child is a student at Woodberry Forest School.

I give Woodberry Forest School my consent to administer any incomplete immunizations, lab tests, or physical exams needed for my child's attendance at the School. I understand I will be charged for these services.

I give permission to release medical information regarding my child to the faculty and/or administration at Woodberry Forest School and other health care providers as necessary. This information will be released on a need-to-know basis and will be kept confidential by those persons.

⇒ Date	⇒ Parent or guardian signature
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■ **Part II: To be completed by physician and returned by July 1.** *Please respond to every line.*

Student's name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Eyes: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Pupils equal Yes No

Ears \_\_\_\_\_ Hearing R+ L+

Nose \_\_\_\_\_

Mouth \_\_\_\_\_

Throat \_\_\_\_\_

Skin \_\_\_\_\_

Lymph nodes \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

Abdomen: \_\_\_\_\_

Liver \_\_\_\_\_

Spleen \_\_\_\_\_

Hernia \_\_\_\_\_

Genitalia \_\_\_\_\_

Neurologic \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Scoliosis \_\_\_\_\_

General assessment of muscular strength and flexibility \_\_\_\_\_

Required laboratory tests:

Urinalysis (required yearly) \_\_\_\_\_

**PPD (a baseline PPD within the past five years is required for all students)** \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ Result: \_\_\_\_\_  
*month/year*

**PHYSICIAN'S STATEMENT**

I certify that I have on this date examined this student and find him physically able to compete in all supervised sports and activities except:

\_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

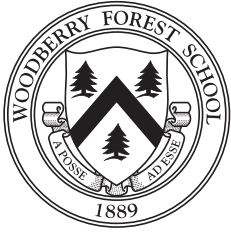
Date \_\_\_\_\_ Signed \_\_\_\_\_

*Physician*

**Physician's name, address, and telephone number (please print):** \_\_\_\_\_

\_\_\_\_\_





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### INSURANCE

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