



**ANDERSON COUNTY**  
**HEALTH DEPARTMENT**  
**School Health Clinic**

**Clinic days and times may vary based upon location.  
Contact your child's school to learn the nurses' clinic schedule.**

**THE FOLLOWING IS AVAILABLE TO ALL STUDENTS WHOSE  
CONSENT FORMS HAVE BEEN SIGNED:**

**Nursing Assessment of health problems with referral as needed.**

**Over the Counter medication as follows:**

*Benadryl*, for allergic reaction / itching.  
*Antacid tablets or liquid* for indigestion.  
*Calamine lotion* for skin rashes.  
*Robitussin (Plain)*, for cough associated  
with common cold.  
*Ibuprofen* for headaches, cramps and  
other discomfort based on the  
nurse's assessment.

*Hydrocortisone cream* (1/2 %) for contact dermatitis.  
*Antifungal cream* for ringworm.  
*Antibiotic ointment* for cuts, abrasions and other skin  
conditions based on the nurse's assessment.  
*Throat lozenge* for throat discomfort  
*Acetaminophen* for headaches, earaches and other  
discomfort, based on the nurse's assessment.  
*Aloe Vera Lotion* for mild sunburn

**Health Assessments**

Complete physical exams by a registered nurse, which may include basic lab tests as necessary  
(separate consent will be sent home for physicals)

Hearing and vision screenings as needed

Scoliosis screenings for 8th graders

Oral health including dental screenings

Immunizations and TB skin test (parental consent for immunizations needed prior to giving)

**If your child qualifies to receive free or reduced lunch he or she qualifies for a Well Child Exam.**

**Please contact the school nurse if you would be interested in this service for your child.**

**Health Education Services**

Nutritional needs (weight loss or gain, eating habits, special diets, etc.)

Physical health problems

Physical and Dental Health Education for parents

Classroom instruction

**Emergency Action Plans (EAP) \*\*\*\*\* PLEASE CONTACT YOUR SCHOOL NURSE IF NEEDED**

**1. DIABETES, 2. ASTHMA** that requires the use of a nebulizer or inhaler, **3. SEIZURES**, or  
**4. ALLERGY** (food allergy, bee sting allergy, or any allergy requiring the use of antihistamines or  
EPI-PEN) **5. Other EAP's as needed.**

**Confidentiality**

All medical records are the property of the Anderson County Health Department. See attached Notice of  
Privacy Practice for access to your medical records.

We protect the privacy of your child's health information by:

- Limiting how we use and disclose health information.
- Providing physical safeguards including secure offices and storage facilities, electronic protections,  
and procedures.
- Training employees about privacy policies and procedures.