



Dear Parents and Families,

I would like to extend a very warm welcome back to what I know will be a great 2025-2026 school year!

Please read the following information regarding important requirements, guidelines, and medical forms.

Over The Counter Medication Permission:

- **If you would like to give permission for your student to receive over the counter medication (Tylenol/Acetaminophen, Advil/Ibuprofen, or Tums) during school hours, you must complete the [Over the Counter Medication Permission Google Form](#). We cannot distribute these medications without your consent.**
- **Any other over the counter medications or prescription medication that your student may need during school hours requires a doctor's written order. Orders can be faxed to 401-721-3428 or delivered to the nurse's office. We will also need a parent/guardian signature on the [Prescription Medication Consent Form](#).**

Physical Requirements:

- **Any student that is trying out for a sport **MUST** have an updated physical on file with the nurse. (A physical that is dated within the past 12 months)**
- **The Rhode Island Department of Health requires that all students **entering 7th grade** must have a **physical exam** on file.**
- **Physicals must be dated no earlier than 09/2023 through the start of the 2024-2025 school year.**
- **Physicals can be scanned and emailed to me at gaughanj@lincolnps.org or faxed to me at 401-721-3428.**

Please Note.... The Physical form **MUST be completed fully including:**

- 1. Vision**
- 2. Scoliosis**
- 3. The box where (Student) may participate **Fully** in Sports/Physical Education (If not, then an explanation of what the limitations are)**

Middle School Immunization Requirements:

In accordance with the Rhode Island Department of Health Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM), **all students entering 7th grade are required to have the following immunizations:**

- ❖ 1 dose of HPV (human papillomavirus) vaccine
- ❖ 1 dose of meningococcal conjugate (meningitis) vaccine
- ❖ 1 dose of Tdap (tetanus, diphtheria, pertussis) vaccine

HPV vaccination:

- ❖ The CDC now recommends a **2 dose vaccination series starting at age 11 or 12**. The second dose should be given 6 -12 months after the first dose. Further information can be found at:
<https://www.cdc.gov/hpv/downloads/HCVG15-PTT-HPV-2Dose.pdf>
- ❖ In accordance with the Rhode Island Department of Health, a **Religious Exemption or Medical Exemption form** must be filled out and returned to the school nurse if your child will **NOT** be getting the vaccine this year.

School Medical Forms:

If your child has any medical conditions please click on the appropriate form/s, download and fill them out with your signature, and email them back to me at **gaughanj@lincolnps.org**. These forms can also be found on the Lincoln Middle School website.

[Asthma Action Plan](#)

[Asthma Individualized Health Care Plan](#)

[Allergy Care Plan](#)

[Allergy Individualized Allergy Emergency Care Plan Plan](#)

[Seizure Action Plans](#)

[LQTS Care Plan](#)

[Inflammatory Bowel Disease Individualized Health Care Plan](#)

[Headache/Migraine HCP](#)

[Religious Exemption](#)

In an effort to keep families informed going forward I will be sending all parent notification letters via email. **Please keep the school informed of any email, or phone number changes as soon as possible.**

If you have any questions or concerns I can be reached at 401-721-3404 or via email at **gaughanj@lincolnps.org**.

Healthy Regards,

Jennifer Gaughan RN BS CSNT

Lincoln Middle School Nurse

Lincoln Middle School

Nurse's Office

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We cannot distribute these medications without your consent.

- Any other over the counter medications or prescription medication that your student may need during school hours requires a doctor's written order. Orders can be faxed to 401-721-3428 or delivered to the nurse's office. We will also need a parent/guardian signature on the [Prescription Medication Consent Form](#).

PRESCRIPTION
MEDICATION
CONSENT FORM

