

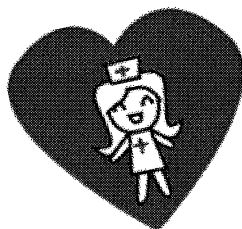
# ANNOUNCING

## MONROE PUBLIC SCHOOLS ELEMENTARY TELE-HEALTH TECHNOLOGY

**When ?**



If a student reports or a staff member notices that they don't feel well.



Trained staff ask the student questions and dial up our school nurse no matter what building she is in at the time.

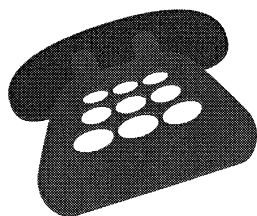
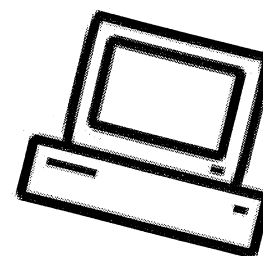
**Who ?**



**How ?**



The staff member and the nurse use a special computer to help determine if your child should be monitored outside of school.



Families are contacted and information is shared on the condition of the student and if they need to leave school.

**What Next ?**



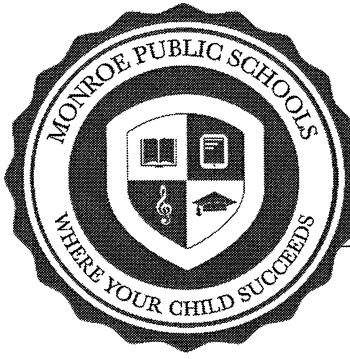
Because healthy students are better prepared to learn. And if they don't need to go home, we'd like them to stay in school!



**Why ?**



**What we need from you:** Review the enclosed information and return the permission slip to your child's school. It's that easy!



# Monroe Public Schools

1275 North Macomb Street, Monroe, Michigan 48162 · (734) 265.3000

November 28, 2018

Dear Elementary Families,

As you know, we began utilizing tele-health technology at the beginning of the school year in order to provide all of our elementary schools with consistent, increased school nursing services. This initiative was made possible through a grant given to our school district in partnership with the Monroe County Health Department, the Monroe County Intermediate School District, and ProMedica. Thanks to a grant from our Community Foundation, our school district received tele-health tablets for each elementary school!

These tablets allow our school staff to connect with our school nursing team regardless of their location, thus creating a consistent source of school nursing throughout the school day. We are thrilled to support students in this way, as well as, provide office staff medical support even when our nurses are at different district locations. As always, we will continue to call you whenever it is determined that your child has a condition that requires him/her to leave school or be monitored beyond the school day. In addition to the beginning of the school year health forms you completed, please continue to alert our school offices if there are any changes in your child's medical condition, or if you would like us to keep a special watch for health symptoms that you are monitoring at home. Healthy students are students who do their very best learning and work at school! Thank you.

Part of our great relationship with families involves having the necessary resources readily available. In the event that our school nursing team determines that an increased level of care is needed, you will be notified immediately. If you have a primary physician, with your written permission, our schools are happy to work with your child's medical team as you see beneficial and would permit. Also, if you need support in connecting with the appropriate medical care for your child, through our partnerships, you will have access to a network of community healthcare agencies and providers that are joining forces and hearts in the commitment to care for Monroe children.

**If you have not already done so, we need you to complete and return the permission slip below to your child's school for your child to participate in the Tele-Health Pilot.** In the event that you choose to have your child engage with a medical professional other than our school nurses through the school tele-health system, additional permission slips would be required. If you have any questions or require assistance, please contact us at our Administration Building at (734) 265-3000. Thank you very much for your assistance with this very important information. Our community is stronger when we work together to provide our students the initiatives and programs that allow them to achieve their fullest potential. Together, we are Monroe!

Thank you!

\*\*\*\*\*Please fill out the portion below and return it with your child to school.\*\*\*\*\*

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Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

(Please check one.)

\_\_\_\_\_ I have reviewed the above information regarding the school tele-health pilot and understand that if my child presents in the office with symptoms requiring the school nurse, that the office staff may involve my child in a consultation with the school nurse through the use of the new school tele-health pad. I give permission for my child to participate.

\_\_\_\_\_ I have reviewed the above information regarding the school tele-health pilot, and I do not give permission for my child to participate.

Signing below indicates that you have read and acknowledged this information.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date