37TH ANNUAL SCHOOL HEALTH CONFERENCE

SATURDAY, AUG. 1, 2015
CONFERENCE OBJECTIVES:
• Identify practice-enhancing resources available to school nurses.
• Describe strategies to address current high-risk behaviors in children related to the school setting.
• Develop collaborative efforts for an inclusive school environment for transgender youth.
• Identify common skin problems in school-age children, including the treatment for these skin problems.
• Discuss current issues in the management of asthma in the school setting.
• Describe new approaches to managing food allergies in the school setting.
• Recognize voice dysfunction/habit cough, including ways to assess and plan for management in school setting.
• Discuss current issues in pediatric pharmacology and medication administration.
• Employ new strategies for seizure management in the school setting.

TARGET AUDIENCE:
School nurses, health aides and other health professionals dedicated to providing care for children in the school setting.

CONFERENCE FEES:
$40 for registration by July 17, 2015
$45 for registration between July 18 - 28, 2015

Cancellation: Registration fee, less $10 charge, is refundable for cancellations received after July 27, 2015. Call (816) 701-5297 to cancel.

REGISTRATION:
Registration and payment using MasterCard, VISA, American Express or Discover cards can be completed online at www.childrensmercy.org/EducationPrograms.

OR
Mail-in registration forms are available on the website and payment may be mailed to:
Angie Knackstedt, BSN, RN-BC
Children’s Mercy Kansas City – Bioethics Center
2401 Gillham Road, Kansas City, MO  64108
(Checks payable to Children’s Mercy Hospital)

SPECIAL ACCOMMODATIONS:
If you have special needs, as described by the Americans with Disabilities Act, please contact the conference coordinator at (816) 701-5297 at least two weeks in advance. All reasonable efforts will be made to accommodate your needs.

FOR MORE INFORMATION:
Call Angie Knackstedt, BSN, RN-BC at (816) 701-5297 or email her at aknacksted@cmh.edu.
PROGRAM AGENDA
Saturday, Aug. 1, 2015
8 a.m. to 4 p.m.
Children’s Mercy Kansas City

7:45 – 8:15 a.m. Registration - Continental Breakfast
8:15 – 8:30 a.m. Welcome / Introductions
8:30 – 9:15 a.m. The New Toxic Environment: A Perspective Beyond Dr. Oz
  Jennifer Lowry, MD
9:15 – 10:15 a.m. Working with Transgender Youth in the School Setting
  Rachel Bartel, APRN, FNP, BC & Heather McQueen, LCSW, LSCSW
10:15 – 10:45 a.m. Break - Educational Exhibits
10:45 – 11:30 a.m. Common Skin Problems in School-Age Kids
  Karna Gibson, MS, RN, CPNP & Rebecca Flynn, RN, CPNP-BC
11:30 a.m. – 12:30 p.m. Update on the Management of Asthma and Food Allergies
  Jodi Shroba, MSN, RN, CPNP & Kristen Welborn, FNP-C, RN
12:30 – 12:45 p.m. Pick up Lunch
12:45 – 1:45 p.m. Lunch and Interactive Educational Exhibits
1:45 – 2:30 p.m. Vocal Cord Dysfunction and Habit Cough:
  What Is It and How Does This Apply to the School Nurse?
  Lindsey Partington, MHS, CCC-SLP
2:30 – 3:15 p.m. Pediatric Pharmacology Pearls
  Richard Ogden, PharmD, BCPS
3:15 – 4 p.m. Seizure Management in the School Setting
  Meghan Gustafson, MSN, RN, CPNP-PC

CONTINUING NURSING EDUCATION

This program has been awarded 6 contact hours.

Children’s Mercy Kansas City is an approved provider of continuing nursing education by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
37th Annual School Health Conference Registration Form

Saturday, Aug. 1, 2015
Children’s Mercy Hospital – Auditorium
Adele Hall Campus
Kansas City, Mo.

To register online go to:
www.childrensmercy.org/EducationPrograms

or

Checks should be made payable to Children’s Mercy Hospital.
Please return this form with your check to:
Angie Knackstedt, BSN, RN-BC
Bioethics Center
2401 Gillham Road
Kansas City, MO 64108

Registration Deadline – July 28, 2015
Registration Fee: $40 (by July 17, 2015) or $45 (July 18-28, 2015)

Name: ______________________________________________________
Credentials / Title: _____________________________________________
Address: ____________________________________________________
City State Zip
____________________________________________________
Phone: ________________________ ___________________________
Home / Cell Work
Email Address: _______________________________________________
School: ______________________________________________________
School District:________________________________________________