

BLESSED SACRAMENT GRADE SCHOOL

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**Elementary School Parent/Student Handbook
2022-2023**



This school is accredited by the Virginia Catholic Education Association whose accreditation process has been approved by the Virginia Council for Private Education as authorized by the Virginia State Board of Education.

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INTRODUCTION

Blessed Sacrament School began educating kindergarten through eighth grade students in 1948. At its peak there were approximately 1100 students taught by 16 Holy Cross sisters and a large lay faculty. There was a unique sense of hospitality present in the church community that was reflected in the school. During the 1960s the parish board made a decision to limit its financial commitment to the school, resulting in a tuition cost increase. A decrease in enrollment followed.

In 1970, the parish board voted to further limit the parish subsidy, resulting in an additional increase in tuition. Once again, enrollment dropped. In late 1970, the Holy Cross order notified the pastor, Monsignor Quinn, that it was no longer able to staff Blessed Sacrament School. Efforts to obtain another religious order were unsuccessful and the parish board, after evaluating the situation for one year, recommended that the school be discontinued. Monsignor Quinn reluctantly agreed with the recommendation and Blessed Sacrament School was closed. The students transferred to nearby St. Rita's, St. Mary's, and St. Anthony's schools.

In 1974, the pastor Fr. Justs, concerned that the needs of the young children were not being served, requested that a small preschool be opened in the old school annex. The request was granted with the clear understanding that no financial support be required of the parish community. In September of 1974, Sister Frances Clare Ugast and a group of enthusiastic parents re-opened Blessed Sacrament Early Childhood Center in the old school annex building. A kindergarten was added in 1975. The Blessed Sacrament School Early Childhood Center grew and flourished without parish funding with the support and hard work of the dedicated parents, teachers, school board and ECC director.

In March 1984 the pastor, Fr. Casey, sought and received approval to build a new elementary school. The Parish Council commissioned a study in 1985 and in July 1985 a resolution was made and passed to open a K – 8 school. Additional parish support would not exceed 5% of the annual offertory income. The present school building was opened in fall 1988.

Blessed Sacrament School has enjoyed steady enrollment since Sr. Frances Clare Ugast reopened the Early Childhood Center in 1974. Four principals have guided the school since it has re-opened. The late Sr. Marita Ellis celebrated the first graduating class in the new school in June 1991. Dr. Maureen Dowling served for eight years as the next principal of Blessed Sacrament School until 2000. Mrs. Valerie Garcia served as principal for 21 years from 2000 until 2021. Ms. Kate Chelak, the current principal, assumed the position of principal in July 2021.

Blessed Sacrament School has been recognized by the United States Department of Education as a “No Child Left Behind Blue Ribbon School of National Excellence” in September 2008 and a “National Blue Ribbon School” in September 2018.

I. PHILOSOPHY OF EDUCATION/MISSION STATEMENT

DIOCESAN PHILOSOPHY OF CATHOLIC EDUCATION

*Go, therefore, and make disciples of all nations
Teaching them to carry out everything I have commanded you.*

Matthew 28:19-20

These words of Christ addressed to the apostles at the Ascension bestowed on the Church the office of teacher. Obedient to this divine challenge, the Church provides education permeated with the spirit of Christ and dedicated to promoting the full development of the human person.¹ The two-fold goal of Catholic schools is to provide an environment which will foster rich religious training as well as solid academic education in a Catholic, value-oriented manner.

¹ Declaration on Christian Education #3

DIOCESAN MISSION STATEMENT

The Catholic schools in the Diocese of Arlington are an essential component in the educational ministry of the Church. Our schools are committed to providing an education rooted in the Gospel of Jesus Christ where Catholic doctrine and values and academic excellence prepare each student for a life of faith, service, and integrity.

SCHOOL MISSION STATEMENT/PHILOSOPHY

The primary mission of Blessed Sacrament School is to create an educated community to serve Christ and one another with integrity and respect.

We provide a Catholic environment that fosters spiritual, intellectual, social/emotional, and physical development for diverse and life-long learning.

We partner with parents to prepare our students to live out Gospel values in a global society through prayer, liturgy, integrated academic instruction, and service to God and others.

STUDENT/PARENT HANDBOOK

Each school shall utilize the Office of Catholic Schools (OCS) template to develop and distribute a handbook for students and parents. All local policies and procedures must be in conformity with the Office of Catholic Schools' policies, guidelines' and regulations.

A committee, representative of the total school community, shall be involved in the development and periodic revision of this handbook. The handbook shall be updated annually to reflect policy and procedural changes. Principals shall establish a process for review and revision of local school policy to ensure changes reflect the input of key stakeholders. All parents, along with students in middle and high school, are required to provide a signature of receipt acknowledging they have read the rules and regulations outlined in the handbook, and they agree to abide by those rules (Appendix AG-1 and AG-2). A signature form will be provided to students upon receipt of the handbook and the form must be signed and returned as soon as possible, but no later than the date of the school's Parent/Teacher Conferences Failure to have a signed form on file will not prevent the school from enforcing its policies and or preventing a student from enrolling or continuing to be enrolled at the school.

Faculty and staff members shall be given access to copies of all school handbooks.

Handbooks and all subsequent changes are subject to prior written approval by the Diocese. To the extent any local handbook or policy statement therein may be inconsistent with the policies, guidelines, or regulations of the Office of Catholic Schools, the Office of Catholic Schools' policies, guidelines, or regulations shall be of controlling force and effect.

PARENTAL/GUARDIAN ROLE

Since parents/guardians have given their children life, the Catholic Church recognizes parents as the primary and principal educators of their children. The Catholic parents' promise at baptism to raise their children as Catholic supports this premise. The Catholic school exists to assist parents in the Christian formation of their children.

In this Handbook, the term "parent" refers not only to a child's natural or adopted parent, but to a student's non-parent legal guardian or to any person or agency authorized to act in place of parents.

The Diocese of Arlington Office of Catholic Schools respects the role of parents as the primary educators of their children. Since the school is a continuation of the education children are receiving at home, Diocesan schools should demonstrate respect and support for the parents in their important and challenging task.

Parents are expected to support the school's mission and commitment to Christian principles and support the school policies as outlined in school handbooks (i.e., annually sign the school's

Handbook Agreement Form). One of the conditions for initial and continued enrollment at the school is receipt of this signed form indicating the parent's support of the school's philosophy, policies, and regulations.

In the event a parent desires to discuss a problem with his/her child's teacher, the parent should make an appointment for a private meeting with the child's teacher. Teachers welcome the opportunity to discuss a matter of concern with parents before it becomes an actual problem. Any parent who wishes to speak with the principal may do so, but after an initial meeting with the classroom teacher. Similarly, parents should discuss matters of concern with the school principal, and pastor when necessary, before bringing them to the Office of Catholic Schools.

If a parent repeatedly or seriously violates proper school protocol, displays inappropriate or disruptive conduct toward students, or displays disrespectful, disruptive or harassing behavior toward teachers or toward school, parish, or diocesan staff (in verbal, written, or digital form), the school may take corrective action. Such corrective action may include, at the discretion of the principal (and, for parish schools, the pastor of the parish) the following: imposition of particular rules or procedures the parent must follow in interacting with the school and its students and staff; restriction or termination of the parent's access to school or parish property; dismissal of the parent's child(ren).

The school may impose other appropriate corrective action, without prior recourse, based upon the nature of the parent's conduct and the surrounding circumstances.

As foundation for a faith-community, parents are invited and encouraged to participate in the school's celebration of prayer and Liturgy.

Parents are encouraged to participate in the programs, which are developed for the education of their children. The wide spectrum of this involvement includes volunteer work, participation in parent-teacher conferences, attendance at meetings and seminars designed to help parents assist their children at home, and active involvement in the school's Parent-Teacher Organization.

NON-DISCRIMINATION CLAUSE

Catholic Schools, administered under the authority of the Catholic Diocese of Arlington, comply with those constitutional and statutory provisions, as may be specifically applicable to the schools, which prohibit discrimination on the basis of race, color, sex, age, marital status, disability, national origin, or citizenship in the administration of their educational, personnel, admissions, financial aid, athletic, and other school administered programs.

This policy does not preclude the existence of single sex schools, nor does it conflict with the priority given to Catholics for admission as students. This policy also does not preclude the ability

of the school to undertake and/or enforce appropriate actions with respect to students who advocate on school property or at school functions, any practices or doctrines which are inconsistent with the religious tenets of the Catholic faith.

NON-CATHOLIC STUDENTS

The presence of students from other faiths provides a wonderful diversity to the school. However, the presence of non-Catholic students in the school shall not alter the primacy of Catholic religious formation as an integral component of the educational program in the school. As such:

- a. Non-Catholic students are expected to participate in the religious formation and education programs of the school.
- b. Non-Catholic students must participate in liturgies (except for reception of the Eucharist), retreats, other religious functions, and religion classes for credit.
- c. Non-Catholic students may be exempt from formal co-curricular or extra-curricular sacramental preparation programs but not from the catechesis held during the school day.
- d. Students are expected, for testing and discussion purposes, to be knowledgeable of the Catholic Church's positions on scripture, revelation, and moral practices. While Catholic teaching respects the various faith traditions of the students attending the Catholic school, parents/guardians must be aware that it is the Catholic position that will be taught.

In light of the unique situations which may arise in the educational process, and because it is impossible to foresee all school issues that arise, the faculty and administration reserve the right to address and to take appropriate action for any such situations not specifically referenced in this manual. In addition, in view of the unique and essential religious mission of the school, it is expressly understood that the school may take action in cases where moral offenses occur which reflect adversely on the school, the Catholic Diocese of Arlington, or the Roman Catholic Church, or which interfere with the ability of the school to perform its religious mission or effectively maintain the intimate working relationship of the school and the Community of Faith.

This handbook may be modified by the school after reasonable notice to the parents/students of the effective date of any changes. Any section headings are for convenience of use, and shall not affect the interpretation of any provisions. If the school should elect not to take action in a particular situation, this shall not be construed or interpreted as a waiver, or preclude the school from acting in a subsequent situation of the same or similar kind.

II. ACADEMICS

CURRICULUM

Curriculum encompasses the sequentially ordered learning experiences which the school provides for its students virtual and in person. The total curriculum includes the development of Catholic values and attitudes, as well as the attainment of knowledge and skills necessary for the student's spiritual, moral, intellectual, social and physical development.

The basic curriculum for the school (but not necessarily for each grade level) includes the following subjects: Religion, Reading, Language Arts (English, Spelling, Handwriting), Mathematics, Science, Social Studies, Fine Arts (Art and Music), Health and Safety, Physical Education, Technology, Library and World Languages.

The following path is outlined for those students capable of completing High School Geometry in the eighth grade.

GRADES FIVE TO SIX

For Placement in Pre-Algebra in the sixth grade:

Students must satisfy the following criteria:

- a. Math Composite standardized test score National Percentile: 96 or above on the Spring Scantron Performance Series Exam.
- b. Class grade in 5th grade math: 93 or above.
- c. End of year diocesan comprehensive grade-level test: 93 or above (Recommended time of testing – May of 5th grade year).
- d. Favorable teacher and principal recommendation.

GRADES SIX TO SEVEN

For Placement in Algebra I in the seventh grade:

Students must satisfy the following criteria:

- a. Math Composite standardized test score National Percentile: 96 or above on the Spring Scantron Performance Series Exam.
- b. Class grade in Pre-Algebra: 93 or above.
- c. Iowa Algebra Aptitude Test results: 85 or above (Recommended time of testing – May of 6th grade year).
- d. Favorable teacher and principal recommendation.

Because the Algebra I course incorporates numerous word problems that students need to solve, a teacher's recommendation should take into consideration the reading comprehension standardized test score when making a final decision for placement in Algebra I.

GRADES SEVEN TO EIGHT

For Placement in Geometry in the eighth grade:

Students must satisfy the following criteria:

- a. Math Composite standardized test score National Percentile: 96 or above on the Spring Scantron Performance Series Exam.
- b. Class grade in Algebra I: 93 or above.
- c. Scoring 77% on the Diocesan Algebra I exemption exam.
- d. Favorable teacher and principal recommendation.

The following path would be followed by those students identified as capable of completing High School Algebra in the 8th grade.

GRADES SIX TO SEVEN

For Placement in Pre-Algebra in the seventh grade:

Students must satisfy the following criteria:

- a. Math Composite standardized test score National Percentile: 93 or above on the Spring Scantron Performance Series Exam.
- b. Class grade in 6th grade math: 93 or above.
- c. End of year diocesan comprehensive grade-level test: 93 or above (Recommended time of testing – May of 6th grade year).
- d. Favorable teacher and principal recommendation.

GRADES SEVEN TO EIGHT

For Placement in Algebra I in the eighth grade:

Students must satisfy the following criteria:

- a. Math Composite standardized test score National Percentile: 93 or above on the Spring Scantron Performance Series Exam.
- b. Class grade in 7th grade math: 93 or above.
- c. Iowa Algebra Aptitude Test results: 80 or above (Recommended time of testing – May of 7th grade year).
- d. Favorable teacher and principal recommendation.

The Algebra I course incorporates numerous word problems that students need to solve. As such a teacher's recommendation should take into consideration the reading comprehension standardized test score when making a final decision for placement in Algebra I.

Eighth grade students must satisfy the following criteria to receive credit for Algebra I instruction and placement in the next level of high school math instruction:

- a. Pass the Algebra I course
- b. Score 77% or above on the Diocesan Algebra I exam
- c. Receive teacher recommendation for placement in the next level of high school math instruction

If a student does not score 77% or above on the exam, a compelling case made by the teacher through the use of the Teacher Recommendation Form (*Appendix X*) can be forwarded to the high school. The decision of the high school will be final.

VIRTUAL INSTRUCTION

1. Maintain effective communication between teachers, students and families about the virtual learning plan.
2. Teachers should be available throughout the day for questions and feedback even if the day is fully asynchronous.
3. Feedback is paramount and students should be accountable for their work. Assignments shall be assessed in a timely manner to provide feedback to the student.

IMPLEMENTATION OF FAMILY LIFE PROGRAM

Catechesis in Sexuality is an important and sensitive component of a comprehensive program of catechesis. According to the Second Vatican Council, "As they (children and young people) advance in years, they should be given positive and prudent sexual education." Education in sexuality includes all dimensions of the topic: moral, spiritual, psychological, emotional, and physical. Its goal is training in chastity in accord with the teaching of Christ and the Church, to be lived in a wholesome manner in marriage, the single state, the priesthood, and religious life.

Formation in Christian Chastity Program is presented to applicable grade levels. Information for parent use is posted on our school website.

TEXTBOOKS/SUPPLEMENTAL MATERIALS

Students are responsible for the care of the books they use. All books must be covered and carried to and from school in a book bag or backpack. Clear plastic book covers are NOT to be used on hard cover textbooks. Soft-covered workbooks should be covered with clear contact paper.

Students must pay for damaged or lost books, including library books. Final report cards will be held until fees are received for missing or damaged books. Students are responsible for providing supplemental materials listed on the yearly supply list for use in the classroom.

TECHNOLOGY – RESPONSIBLE USE POLICY

There is no expectation or right to privacy or right to freedom of speech when using the school's computer resources, which are the school's property. Any use of the school's computers and Internet access must be in support of education and research and be consistent with the educational objectives of the Office of Catholic Schools.

Using school facilities for Internet access and e-mail is a privilege, not a right. Inappropriate use which includes, but is not limited to, unauthorized transmittal or improper use of copyrighted materials or materials protected as trade secrets; transmission of threatening or obscene materials; vandalism of computer files; and violation of computer security as determined by the school administration can result in a cancellation, denial, suspension and/or revocation of those privileges by the school administration and also subject the user to other disciplinary action.

Electronic and/or digital communications with students should be conducted for educationally appropriate purposes and employ only school sanctioned means of communication.

Users must adhere to local school policy that may further define uses of mobile devices. Access will be determined by the administration of the school. If a particular mobile device is to be used for an educational purpose, the school administration and/or teacher will provide parameters for this use.

Additional responsibilities for use of school facilities for the Internet and e-mail are:

- a. When using networks or computing resources of other organizations, students must observe the rules of that organization regarding such use.
- b. Users should not reveal their personal addresses or phone number(s), and shall not reveal the personal address or phone number(s) of others without their authorization/permission.
- c. Users are reminded that electronic mail (e-mail) is not guaranteed to be private. Operators of the network/system have access to all mail. Messages relating to, or in support of illegal activities, may be reported to the authorities.
- d. Students shall immediately notify the system administrator/school administration if they suspect that a security problem with the system and/or the Internet exists.
- e. Any attempt to log onto the Internet or the school's network/system as a systems administrator will result in a loss of user privileges at the school. Any user identified as a security risk by the school administration/systems administrator due to a history of

- actual or suspected unauthorized access to other computer(s), network(s), or system(s) may be denied access to the school's computers, networks, and/or systems.
- f. Users shall abide by generally accepted rules of network etiquette, which include but are not limited to:
 - i. Messages to others shall be polite and shall not be abusive.
 - ii. Messages shall use appropriate language and shall not use obscenities, vulgarities, or other inappropriate language.
 - iii. Use of the network shall not disrupt use of the network by others.
 - g. The Diocese/school makes no warranty of any kind, whether express or implied, for Internet service. The Diocese/school will not be responsible for any damages suffered. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence, user errors, or omissions. Use of any information obtained via the Internet is at the user's risk. The school specifically denies any responsibility for the accuracy or quality of information obtained through its services.
 - h. Examples of Unacceptable Uses – Users are not permitted to:
 - i. Use technology in sexting or cyber bullying: to harass, threaten, deceive, intimidate, offend, embarrass, or annoy any individual.
 - ii. Post, publish, or display any defamatory, inaccurate, violent, abusive, profane, or sexually oriented material. Users must not use obscene, profane, lewd, vulgar, rude, or threatening language. Users must not knowingly or recklessly post false information about persons, students, staff, or any other organization.
 - iii. Use a photograph, image, video, or likeness of any student or employee without express permission of the individual, individual's parent/guardian, and the principal.
 - iv. Create any site, post any photo, image, or video of another except with express permission of that individual, individual's parent/guardian, and the principal.
 - v. Attempt to circumvent system security.
 - vi. Deliberately visit a site known for unacceptable material or any material that is not in support of educational objectives.
 - vii. Violate license agreements, copy disks, CD-ROMs, or other protected media.
 - viii. Use technology for any illegal activity. Use of the Internet for commercial gains or profits is not allowed from an educational site.
 - ix. Breach confidentiality obligations of school or school employees.
 - x. Harm the good will and reputation of the school or school employees.
 - xi. Transmit any material in violation of any local, state, or federal law. This includes, but is not limited to: copyrighted material, licensed material, and threatening or obscene material.
 - i. Users must immediately report damage to the appropriate school officials.

- j. The school has the right to monitor student use of school computer, computer accessed content, and social media. Social media refers to activities that integrate technology, telecommunications, and social interaction through the use of words, images, video, or audio tools. Examples include, but are not limited to, social websites, blogs, message boards, wikis, podcasts, image and/or video-sharing sites, live webcasting, and real-time communities. Because this is a constantly evolving area, this policy applies to all new social media platforms whether or not they are specifically mentioned in this policy.
- k. Violation of the above policy will be dealt with by the administration of the school. Violation of this policy may result in any or all of the following:
 - i. Loss of use of the school network, computers, and software including Internet access.
 - ii. Disciplinary action including, but not limited to, dismissal and/or legal action by the school, civil authorities, or other involved parties.
- l. The school retains the right to discipline students for their actions, regardless of when or where they occur, when those actions negatively impact the school's image, reputation, and/or the safety and well-being of the school community. This covers inappropriate behavior in cyberspace including but not limited to messages, chat room commentary, comments/pictures, postings on social networking sites, blogs, wikis, gaming chats, digital transmissions, and other technology related activity.

Students may not change the desktop appearance or any other settings on any of the school computers without authorization or direction of the teacher. In addition, nothing shall be downloaded from the Internet without teacher consent.

No student may use school technology until the Handbook Agreement Form, which covers the Acceptable Use Policy, is signed.

TESTING

The school's testing program is intended to assist teachers and administrators in a systematic evaluation of the academic and religion programs, to diagnose students' strengths and weaknesses, and to aid in the revision of the curriculum and planning of instruction.

In addition to academic tests for grading purposes, the school will administer standardized religion and achievement tests according to the diocesan testing program. All eighth grade students take the high school placement test used in determining placement in diocesan high schools. Eighth grade teachers are encouraged to review only the format and style of the high school placement test with their students.

HOMEWORK

In order to reinforce daily work and develop good study habits, the school promotes specific homework policies.

Although homework has different purposes at different grades, homework is required at all grade levels. The amount of homework a child may have on any given day will vary depending upon the nature of the assignment, the amount of work the child completes in school that day and the speed at which the child completes his/her work at home.

SUGGESTED TIME ALLOTMENTS

Below are suggested time allotments for homework. Please remember that each student works at a different pace and that the time frame for completing homework will vary from one student to another. The following time frame for homework is recommended:

Grades 1 and 2: 15 to 45 minutes

Grades 3 and 4: 45 minutes to 1 hour

Grades 5 and 6: 1 to 2 hours

Grades 7 and 8: 1 ½ to 2 ½ hours

PARENT- STUDENT RESPONSIBILITIES

Parents are responsible for fostering systematic home study habits for their children by providing adequate study space, lighting and an environment free from distraction. Parents should be aware of their child's progress on homework and encourage daily student responsibility. Parents should support the independent work of their children and should be available to quiz students and provide minimal guidance, but not do the assigned homework for them.

STUDENT RESPONSIBILITIES

- Each student is expected to copy daily and long-range assignments into their agenda each day accurately and completely.
- It is the responsibility of the student to inform the teacher if he/she does not understand the assignment as it is being assigned.
- Each student is expected to exert his/her best effort to complete assignments as directed.
- Each student is expected to turn in assignments before or on the due date.
- Students who are absent due to illness are responsible for requesting makeup work and missed homework assignments and for submitting work in a timely manner.
- Major tests and long-term assignments are posted on teacher web pages.

PARENT-TEACHER COMMUNICATION

Teachers are expected to be reasonably available to parents/guardians throughout the school year to keep the lines of communication open in the best interest of the students. Parent-teacher conferences can be scheduled throughout the school year if necessary. Parents should first privately

contact a teacher with any concerns about a student or class concerns before seeking intervention by the school administration.

SCHEDULING AND OTHER CONFERENCE INFORMATION

Mandatory Parent-Teacher conferences are scheduled for each family after the first trimester in November. November conferences give teachers in grades K-8 an opportunity to discuss a student's progress and to discuss strategies to assist their child. Conferences at any other time can be scheduled if requested by a parent or a teacher. The presence of the student is required at all Parent-Teacher conferences for middle school at the discretion of the school administration.

Conferences are not to be scheduled during teacher's instructional time. Every effort will be made to schedule a mutually agreeable conference time. Telephone or video conferences will not be made during teacher's instructional time.

Teachers' time to reply to parents is limited due to their instructional responsibilities. Teachers will make their best effort to reply to parents in a reasonable amount of time, but the goal is to encourage each student to be responsible for their own learning. Teachers are advised to return telephone and email communication to parents within two business days.

GRADING/REPORT CARDS

Overall evaluation of the student must be based on teacher judgment and observation of the student's daily work, class participation, effort, and performance on teacher prepared tests (to include but not be limited to projects, portfolios, and other tools of assessment).

The purpose of report cards is to alert the parents/guardians and present to them an assessment of their child's achievement in his/her academic studies.

Students with identified disabilities who have a current IEP or Student Assistance Plan should receive an asterisk on their report card grade when modifications have been made to the curriculum. A modification changes the content, instructional level, or student work load of subject matter or tests. Conversely, accommodated programs should not be denoted.

GRADING SYSTEM

Grades 1-2

- M Meets Grade Level Standards – Child consistently meets skills
- P Progressing Towards Grade Level Standards - Child is in process of developing skill
- NI Needs Improvement – Child is not demonstrating skill

ACADEMIC PROGRESS SCALE

The letter M, P or NI is indicated in the appropriate box for each subject area.

* (asterisk) indicates modified curriculum

Grades 3-8 use numeric (percentage) grades. Below 70 is designated by an F.

INDICATORS FOR EFFORT, SPECIALS, AND PERSONAL DEVELOPMENT:

3	Very Good
2	Satisfactory/Good
1	Needs Improvement
X	Unsatisfactory

ADDITIONAL INFORMATION

Kindergarten

Teachers will send student work home to parents on Thursdays to update parents on student progress. Teachers will also maintain copies of student work in their classrooms.

Teachers will use their records of student work to enter progress for different kindergarten standards into PowerSchool at the end of each trimester. Teachers will use the letter system (M, P, NI) detailed above.

Grades 1 & 2

Teachers will send student work home to parents on Thursdays to update parents on student progress. Teachers will enter assignment and assessment grades into PowerSchool using a letter system (M, P, NI). Roughly speaking, these letters are equivalent to the following percentages:

M = 85%-100%

P = 70%-85%

NI = < 70%

Grades will be entered and up-to-date on PowerSchool at least twice a trimester (before interims and before report cards). There will be at least 14 assignments in each subject for each trimester. Trimester grades are calculated based on these assignment grades, using the same letter system (M, P, NI).

Grades 3-5

Teachers will send student work home to parents on Thursdays to update parents on student progress. Teachers will enter assignment and assessment grades into PowerSchool for the trimester report cards using a weighted point system:

Tests/Projects = 35%

Quizzes = 30%

Homework/Classwork = 25%

Participation/Conduct = 10%

Grades will be entered based on the number of points in each assignment, not the percentage achieved after the points are calculated into a percentage (ie: 9/10 instead of 90/100). Grades will be entered and up-to-date on PowerSchool at least twice a trimester (before interims and before report cards). There will be at least 14 assignments in each subject for each trimester.

Grades 6-8

Teachers will send student work home via students to update parents on student progress. Teachers will enter assignment and assessment grades into PowerSchool for trimester report cards using a weighted point system. Exact weights for categories (tests, projects, quizzes, homework, etc.) will vary depending on the subject. Teachers will explain the different weights at Back to School Night. Grades will be entered based on the number of points in each assignment, not the percentage achieved after the points are calculated into a percentage (ie: 9/10 instead of 90/100). Grades will be entered and up-to-date on PowerSchool at least twice a trimester (before interims and before report cards). There will be at least 14 assignments in each subject for each trimester.

PROMOTION/RETENTION/PLACEMENT POLICY

A major goal of the school is to assist students to complete each academic year satisfactorily. The repetition of a grade is recommended when it is deemed by the school to be necessary and advantageous to the particular needs of the student.

- a. The final decision to promote or retain a student is based on the student's academic performance and best interest as determined by the principal.
- b. Teachers will notify parents/guardians if their child is not progressing satisfactorily toward a passing grade in the course.
- c. Elementary students failing one or two academic areas must successfully complete summer school or another program approved by the principal in order to be promoted to the next grade. If a student fails three or more core academic subjects, the student will not be promoted to the next grade.
- d. Students who have not successfully completed summer school or another program approved by the principal but would not benefit from being retained in the grade may be "placed" in the next grade level; however, the school must prepare and implement an
"Academic Intervention Plan" for the student as a condition of placement.

Report cards are distributed three times per year. All financial obligations must be up-to-date in order for report cards to be distributed and/or processed.

Interim reports are made available through PowerSchool three times per year at the mid-trimester point. Paper copies of interim reports will be sent home if a student is failing.

Each trimester students in grades two through eight receive the St. Joseph the Worker Award. The homeroom teacher recognizes one student in the class who has put forth excellent effort to work to his/her full potential.

SCHOOL COUNSELORS

School counselors are available to confer with students in areas which may extend beyond academic matters. While the conferences are generally confidential, the counselor may need to disclose certain information to parents/guardians, school administration, or other authorities.

The Director of the Academic Resource Center is available to confer with teachers and parents to assist in meeting the needs of students and to assist in referring students for specialized testing. The Director meets with local public school officials at eligibility meetings and implements plans to aid in the success of students with special learning needs. Students who are eligible to receive testing and/or classroom accommodations due to a documented disability may meet periodically in the Academic Resource Center.

Education evaluations must be updated every three calendar years. Requests for outside testing forms may not be hand-carried by a parent, must be submitted to the Academic Resource Center with sufficient time to complete, and must include the address of the testing group.

III. ADMINISTRATIVE PROCEDURES

ADMISSIONS

DIOCESAN INITIAL ADMISSION REQUIREMENTS

Students who desire an educational experience founded on the Catholic philosophy of education and who fulfill the age, health, academic, and behavioral requirements are eligible for admission to the school.

The school sets registration procedures and admission policies. The availability of space and the order of preference for admission is determined by the school according to the following general criteria:

- a. Children from the parish
- b. Children from parishes without schools
- c. Children from parishes with schools (for sufficient reason)
- d. Children from non-Catholic families

If approved by the pastor, and where practicable, siblings may receive special consideration.

AGE FOR ADMISSION TO KINDERGARTEN

Under Virginia state law (Code of Virginia 22.1-254) school attendance is compulsory for children who have reached their 5th birthday on or before September 30th of any school year. Readiness testing (fine/gross motor, speech, and language screen) is required for kindergarten entry and within 60 days of school admission for new students in grades 1 – 3. Additional school readiness testing may be conducted at the discretion of school officials. In those cases where the school has sufficient reservations regarding the potential for success, those students may be admitted on a conditional basis with dates and criteria of evaluation established in writing; however, the decision of whether to extend or remove conditional admission status should be made by school officials at their discretion.

REQUIREMENTS FOR SCHOOL ADMISSION: PRESCHOOL – GRADE 5

- a. Presentation of an original birth certificate (schools are expected to keep a copy of the certificate on file)
- b. Baptismal certificate for Catholic students
- c. Proof of custody where applicable
- d. Current report card and previous academic years' report card as applicable

- e. Current standardized test scores and previous years, if applicable
- f. Completed Diocesan Application Form (*Appendix J*)
- g. A non-refundable application fee
- h. A fully executed MCH 213G Commonwealth of Virginia School Entrance Form or other U.S. state equivalent, which stipulates the following must be submitted prior to the student beginning school:
 - ii. Physical examination covering all required aspects as mandated on the MCH 213G within 12 months prior to entering school for the first time. Equivalent school entrance physical forms from another state may be acceptable. (Note: A pre-school physical does not take the place of the required kindergarten entry physical even though it was completed within the 12 months prior to kindergarten entry. This is because some aspects required for kindergarten are not included in a pre-school physical – e.g., hearing and vision screening)
- i. Proof of exact dates of required immunization as required by the Code of Virginia. Immunization records are required to be signed and verified by a licensed healthcare provider.
 - i. Proof of satisfying tuition requirements at any former Diocesan school if previously enrolled in a Diocesan school

REQUIREMENTS FOR ADMISSION TO GRADES 6 – 12

- a. Presentation of an original birth certificate (schools are expected to keep a copy of the certificate on file)
- b. Baptismal certificate for Catholic students
- c. Proof of exact dates of immunization with signature of licensed healthcare provider
- d. Records from previous school, including standardized test scores
- e. Proof of custody where applicable
- f. Completed Diocesan Elementary or High School Application Form (*Appendix J*)
- g. A non-refundable application fee
- h. Proof of satisfying tuition requirements at any former Diocesan school if previously enrolled in a Diocesan school

GENERAL CONDITIONS OF ADMISSION

A student is admitted to the school on the premise the student intends to learn the Catholic religion and be educated in a Catholic environment. In certain cases, students may be admitted on a probationary basis subject to the student successfully completing one or more subsequent interim

evaluations. Students with academic or other needs (i.e., behavioral), which cannot be reasonably addressed by the school, may be denied admission.

School application forms may request disability-related information. The Americans with Disabilities Act (ADA) does not prohibit a school from asking questions about a student's disabilities provided that information does not discriminate (automatically prohibit a student from applying).

F-1 (NON-IMMIGRANT)

1. F-1 (Nonimmigrant) students who apply for admission to a Diocese of Arlington Catholic school will be considered for admission, upon meeting the following conditions:
 - a. Meets Diocesan admission requirements as stated in Policy 601.2;
 - i. A fully executed MCH 213G Commonwealth of Virginia School Entrance Form or equivalent, which stipulates the following must be submitted prior to the student beginning school:
 1. Proof of exact dates of required immunization as required by the Code of Virginia with signature of licensed healthcare provider.
 2. Physical examination covering all required aspects as mandated on the MCH 213G within 12 months prior to entering school for the first time. Equivalent school entrance physical forms from another state may be acceptable. (Note: A pre-school physical does not take the place of the required kindergarten entry physical unless it is completed within 12 months prior to kindergarten entry.)
 - ii. F-1 (Nonimmigrant) students who enroll in a school in the Diocese for the first time must provide documentation that they are free from communicable tuberculosis. (Policy 624.1.b).
 - b. Currently holds or is in the process of obtaining an F-1 (Nonimmigrant) student visa;
 - c. Resides at the same U.S. address as the guardian;
 - i. Guardian cannot house more than two international students. Policy may be amended if requested in writing from a guardian in certain situations; for example, if international students are related to one another and/or related to the guardian
 - d. Pays tuition in full upon school admission;
 - i. There is no refund given for registration, tuition or other related fees; The Diocese of Arlington does not provide healthcare insurance for international students.
 - e. Carries applicable healthcare insurance, including for emergencies, that may be needed while in the United States;

- i. The Diocese of Arlington does not provide healthcare insurance for international students.
2. Students meeting the above criteria and accepted for admission must complete the Diocese of Arlington *I-20 Application Form* and return the form to the school the student will be attending. The school must forward the Diocese of Arlington *I-20 Application Form* to the Office of Catholic Schools with the original signature of principal or admissions director.
3. When a student is transferring *from* another school outside the Diocese, the originating school must transfer the existing I-20 in active status to the Diocese of Arlington. A Diocese of Arlington *International Student Transfer Report* must be completed by the originating school and returned to the Office of Catholic Schools along with the *I-20 Application Form*. It is the responsibility of the parent/guardian to contact the originating school within 15 days of leaving that school to have the I-20 transferred;
 - a. A student must maintain status by attending classes until the transfer release date. Lack of attendance before the transfer date would be a violation of status and the student's SEVIS record should be terminated;
 - b. The student must report to the school within 15 days of the program start date and enroll full time in the first required session/term at the school;
 - c. When a student is transferring *to* a school outside the Diocese of Arlington school system, the Diocese of Arlington must transfer the existing I-20 in active status to the new school. It is the responsibility of the parent/guardian to contact the Office of Catholic Schools within 15 days of leaving the Diocesan school to have the I-20 transferred.
4. In order for international students to maintain F-1 (Nonimmigrant) student status, the Department of Homeland Security requires ongoing accounting. In that regard, schools are responsible for ensuring the enrollment status of all F-1 (Nonimmigrant) students is reported correctly. High Schools will report via the Diocese of Arlington *Semester Report on Status of F-1 (Nonimmigrant) Students* form (Appendix AH). Reports for elementary school international students will be accessed through the Student Information System district database. Specifically, the school shall:
 - a. Submit a *Semester Report on Status of F-1 (Nonimmigrant) Students* form for each high school international student who has been issued an I-20 regarding the enrollment status of any F-1 (Nonimmigrant) student. This form is due to the Office of Catholic Schools within 15 days of the beginning of every semester;
 - b. Create and update elementary F-1 (Nonimmigrant) student record in the Student Information System, ensuring all fields pertaining to international students are completed. All F-1 (Nonimmigrant) student records must be completed and/or updated within 15 days of the beginning of every semester;
 - c. Notify the Office of Catholic Schools via the *Semester Report on Status of F-1 (Nonimmigrant) Students* form if an F-1 (Nonimmigrant) student has been accepted by that school and fails to report to the school within 30 days of their Program Start Date;

- d. Notify the Office of Catholic Schools via the *Semester Report on Status of F-1 (Nonimmigrant) Students* form within 15 days when an F-1 (Nonimmigrant) student transfers to another school or departs the United States;
 - e. Report via the *Semester Report on Status of F-1 (Nonimmigrant) Students* form any legal change in the name, address, or guardianship of an F-1 (Nonimmigrant) student within 10 days.
5. For students who hold a visa other than F-1, refer to Appendix AJ (*Visa Types*);
- a. Students who are currently in B-1 or B-2 status cannot begin their studies prior to approval of their change to F-1 (Nonimmigrant) student. Obtaining a change of status is the responsibility of the parent/guardian.
 - b. Students who are currently in B-1 or B-2 status may be enrolled to audit classes at the discretion of the principal for a limited time (generally not more than two months) but must still meet Diocesan admission requirements pertaining to the MCH 213G Commonwealth of Virginia School Entrance Form and provide documentation that they are free from communicable tuberculosis. (Policy 624.1.b).

Any student applicant whose passport, United Nations travel document or other United States Citizenship and Immigration Services (USCIS) documents indicates that the student is a refugee, asylee, parolee, lawful nonimmigrant or legal permanent resident may be admitted to the schools of the Diocese of Arlington under normal requirements for admission. This policy would also include undocumented children.

CLASS PLACEMENT

The principal/administration and faculty reserve the right to place students in a class which is consistent with the results of the student's prior academic records and any admission testing.

ATTENDANCE

DIOCESAN POLICY FOR ATTENDANCE REQUIREMENTS

In order to achieve the goals and objectives of the curriculum, regular attendance by the student is mandatory.

The school (K-8) is normally in session not less than 180 days per academic year or the length of time as required by the Virginia Catholic Education Association.

- a. Once a student is enrolled in the school, the principal/administration and teachers will insist on regular attendance. Neither the Diocese, the Office of Catholic Schools, the school, nor any of its employees are, however, responsible for ensuring actual attendance. This is the responsibility of the student's parent(s)/guardian(s).

- b. Students in grades kindergarten through grade eight who miss ten or more days of the school year, whether excused or unexcused, and who have not satisfactorily completed the required work, may be considered for retention. Certification of absence by a physician is an exception to the ten-day limit. However, satisfactory completion of required work is still required.

ABSENCE/TARDINESS/LEAVING SCHOOL

In order to ensure continuous progress in school, regular attendance and habits of punctuality are essential. The school defines proper procedures as:

- a. A written excuse, explaining the reason for absence and signed by the parent/guardian, must be presented upon a student's return to school.
- b. Persistent absences may cause serious academic problems (including but not limited to course failure) and could result in the dismissal of the student. The administration or the class teacher will normally review the matter with parents/guardians before a decision is made by the administration. Persistent absences may also result in the student being subject to appropriate administrative action.
- c. Except in cases of emergency as determined by the principal/administration and/or a faculty member (as applicable or necessary), a student may only (a) be released from school with the prior written authorization of the student's parent/guardian, or (b) leave the school grounds with the prior authorization from the principal/administration.

TARDINESS

The tardy student will normally be subject to appropriate disciplinary action by the school administration or by the class teacher.

A student who is tardy, as determined by local policy, should report to the principal's office or attendance office.

A student who arrives late with an excused reason (i.e. doctor's note) is counted tardy.

The student who is tardy due to unexcused reasons may be subject to appropriate administrative action. Frequent cases of tardiness should be brought to the attention of the principal so that the parent/guardian may be contacted.

ABSENCES FOR OTHER REASONS

When parents wish to take their student out of school for several days for personal and/or medical reasons, the parents should discuss the student's progress with the teacher. However, the school is under no obligation to provide a tutor, make-up work, or special testing schedules for such a period of absence. The administration has the sole discretion to determine the conditions and terms governing such absences.

ATTENDANCE/REPORTING PROCEDURES

ABSENCE

When a student is absent from school, a parent should call the office by 9:00 a.m. each day of the absence.

A written statement giving reasons for absence should be brought to the school office on the student's return.

The school calendar provides for extended weekends throughout the school year. Parents are strongly encouraged to schedule family trips during these times to eliminate the need to interrupt a child's learning process. Teachers are not required to give make-up tests or assignments for absences due to vacation trips. No assignments will be given in anticipation of the vacation. Tests missed due to illness may be made up on the day designated by the individual teacher and should be taken within one week of the original test. Parents of students with excessive absence will be required to meet with the principal.

Students who are absent for any portion of the school day due to illness may not participate in after school activities.

TARDINESS

Excessive tardiness has a direct impact on a student's academic preparedness and, therefore, can hinder progress. It is also a severe disruption to the learning environment. Students arriving to school for the day should arrive between 8:00 am and 8:15 am on the gym side of the school building. Students who arrive after the "Kiss and Ride" carpool is completed (after 8:15 am) MUST proceed to the main office doors on the Braddock Road side for tardy slip. Students who enter the building through the main office doors (Braddock Rd. Entrance) will be marked tardy regardless of their arrival time.

Unless there is a major accident on the roadway, traffic is not an acceptable excuse for being tardy.

Parents of students with excessive tardiness will be required to meet with the Principal.

MEDICAL EXCUSES PROCEDURES

Students who are absent due to sickness must be fever free for 24 hours without the aid of fever-reducing medication before returning to school.

Additional requirements for a student's return to school after contracting a contagious illness (strep, flu, Covid, etc.), or being in close contact with someone with a contagious illness, may be

necessary. The school will rely on guidance from the Centers for Disease Control (CDC) and the Alexandria Health Department (AHD) when making these decisions.

As frequently as possible, the requirements for Covid related illness or close contact will be detailed in the school's Covid Mitigation Plan. All final decisions on requirements for a student's return to school after a contagious illness rests with the principal.

ANTICIPATED ABSENCE

Parents are strongly urged to schedule family trips during summer, Christmas, and Easter vacation times or on extended weekends throughout the school year to avoid interruptions in a child's learning process. Teachers are not required to give assignments in anticipation of family vacation trips. Missed assignments are the responsibility of the student. Teachers are not required to give make-up tests for absences due to vacation trips

RELEASE OF STUDENTS

Students may not leave the school grounds without prior written permission from a parent/guardian. Students will not be released to any person/s not listed on the approved permission form. In cases of emergency, special permission to leave school may be given by the principal in consultation with the parent.

TRANSFERRING TO ANOTHER SCHOOL

The school must be notified in writing by the parent(s) of a student regarding a decision to transfer a student to another school, including the last day the student will attend classes at school. All school-owned materials such as textbooks and library books must be returned to school and all fees paid before leaving. Scholastic information will be sent to the new school upon a "Release of Student Records Form" from the new school. All fees and tuition **MUST BE PAID** prior to the release of the student's records.

LUNCH/MILK PROGRAM

Rules for acceptance and participation in the U.S. Department of Agriculture Child Nutrition Programs are the same for all students without regard to race, color, sex, age, handicap or national origin. Any person who believes he or she has been discriminated against in any USDA related activity should write to the Secretary of Agriculture, Washington, DC, 20250.

Blessed Sacrament School works with YAY! Lunch to provide parents with an option of a catered lunch for students. The school helps distribute lunches and information about the lunch program to parents. Parents are responsible for creating an account with YAY! Lunch and ordering the meals through YAY! Lunch. YAY! Lunch is responsible for processing and delivering all orders received.

ARRIVAL AND DISMISSAL

Each school should formulate a policy of traffic, pedestrian, bike, and bus safety for its students and communicate this policy to all school personnel, students, and their parents/guardians. Older students in elementary schools and secondary school students may serve as traffic/pedestrian safety patrols at the discretion of the school principal. Within the scope of this designation, the students shall work under the supervision of and in cooperation with the school principal and the local police liaison for safety issues.

Please always drive slowly and with great caution on school grounds.

Students arriving at school must use the doors on the gym side, which open at 8:00 a.m. and close at 8:15 a.m. Students are to go directly to their classrooms and begin preparing for the school day. All students who arrive before 8:00 a.m. and are left unsupervised will be escorted to Extended Day and appropriate fees will be charged. After 8:15 a.m., students must go to the main office doors (Braddock Rd. entrance) and report to the office for a tardy slip. Students who enter the school building through the main office doors (Braddock Rd. entrance) will be marked tardy, regardless of their arrival time.

Safety patrols are available to assist students during arrival and dismissal. For security and safety, it is requested that parents refrain from entering the school building during arrival and dismissal times to escort their children to class.

Grades K-8 dismiss at 3:15 pm (2:15 pm on Wednesday) except for noon dismissal days.

- Students are dismissed to parents waiting in cars in the parking lot on the school gym side near the flagpole. Beginning at 2:45 pm (or 11:40am on noon dismissal days; 1:45pm on Wednesdays) parents are permitted to pull into the designated lanes and park their cars.
- As parents pull in, a staff member inputs their family number into the **Driveline app**. This app allows staff to communicate with classrooms so teachers know when to release their students. Parents are asked to turn off their cars while waiting for their students.
- At 3:10pm (or noon; 2:10 Wednesdays) the parking lot is closed for the first round of pickup.
- Parents who are not in the first round should wait in their cars for admittance to the second round of pick-up.
- After the parking lot is closed, students from the first round are released from the school building.
- When all students are safely in their cars, the first round will be released and the second round will pull in. Extended Day is dismissed within the building during this time.
- This will repeat with a third round if necessary.
- After all cars rounds have been released, Walkers are dismissed.
- No student will be allowed to leave with an unauthorized person without written permission from a parent or guardian.
- All arrangements for pick-up should be made prior to dismissal time.

When a student is dismissed before 3:15, he/she must be signed out by an authorized adult at the office.

- At regular dismissal time, only students whose parents have given written permission for their child to leave school alone (Walker Pass) will be released from the school.
- Walkers are expected to vacate school premises promptly.

Parents are reminded to drive slowly and observe the one-way flow of traffic.

Due to strict Virginia State Licensing regulations, students are NOT permitted to play on school grounds when Extended Day is outdoors.

IV. GENERAL SCHOOL POLICIES

ADMINISTRATIVE

STUDENT CUSTODY AND GUARDIANSHIP

At the time of school entry or at any other time where a change in custody status/arrangements occurs, it is the responsibility of the parent(s) to provide the principal/administration with a true and correct copy of the legal document for any student for which there is a legal custody agreement or for any student not residing with his/her parent.

School communication with the appropriate guardian is essential. Accordingly:

- a. Custodial parents should identify, in writing, other adults who may have access to information regarding their child.
- b. Non-custodial parents may receive information (when requested) regarding the child unless specific documentation to the contrary is provided in the legal custody agreement.

ACCESS TO RECORDS

Parents/Guardians have a right (unless prohibited by the courts in a custody agreement) to the timely inspection of the educational records (cumulative and confidential) of their child during school hours. The school shall respond to reasonable requests for explanations and interpretations of the records.

If the education records of a student contain information on more than one student, the parents are limited to the specific information about their child only.

Student records shall be open to authorized school personnel only (principal, assistant principal, and those to whom they extend access within a given year.)

The School administration may elect to provide, at cost, photocopies of a student's educational records to parents, but documentation is to be stamped "unofficial."

TRANSFER OF RECORDS

Schools may disclose a student's cumulative record (i.e. Permanent Record card, attendance card, test results) to another school with legitimate educational interest provided a written request for such records is received, or when those individuals to whom the custodial parent/guardian has given written permission, have requested the child's records to be released. Parent signature is required for release of a student's confidential file (i.e. special education records, psychological reports, disciplinary records, anecdotal information, or reports by the school counselor).

Only copies of student records may be released. Original Cumulative Health Record and MCH213 transfer with the student.

Parents/guardians may not hand-carry records to another school, except under extraordinary circumstances. If this occurs, the records are to be placed in a sealed envelope and marked "hand carried."

As a general rule, each school, at the discretion of its principal, shall have the right not to certify the student's graduation or provide transcripts of the student's academic record to third parties such as other schools, colleges, or employers, or to issue a Certificate of Diploma to the student, if there has been a breach of a material condition of the contract (i.e., failure to meet financial obligations, infractions against the school's code of conduct).

CONFIDENTIAL ACADEMIC RECORDS

Parents/guardians are obligated to share educational/psychological testing results and any resulting plan with the school. If a student has a documented disability, a copy of the Individualized Education Plan (IEP), Individualized Services Plan (ISP), 504 plan, and/or Student Assistance Plan (SAP) should be maintained in the student's confidential file. The refusal to provide such information is grounds for terminating enrollment in the school.

Confidential records for dis-enrolled students are merged with the students' cumulative files.

RETENTION OF RECORDS

The following student records are to be retained indefinitely:

Permanent record card (to include transcripts, attendance record, and standardized test results)

The following student records are to be retained for 25 years:

- a. IEP/ISP or 504 Plan
- b. Student Assistance Plan
- c. Eligibility Minutes
- d. Student Assistance Team minutes

The following student records are to be retained for 7 years, or when the students reaches the age of 25, whichever is greater:

- a. Application
- b. Counselor notes
- c. Discipline notes
- d. Court Documents
- e. Psychological reports

SCHOOL VISITORS

All persons other than school staff and currently registered students must first report to the school office immediately upon entering school grounds, sign-in, and wear an identification tag when visiting the school.

SCHOOL COMMUNICATIONS

PRINCIPAL'S COMMUNICATION

The Principal will regularly communicate with the parent community through the weekly school newsletter. Newsletters are distributed weekly via email to all parents and are archived on the school website. The principal is available to speak with parents by appointment via telephone, video conference, or in person as needed. Please e-mail the principal or call the school office to schedule an appointment time that is mutually convenient.

Every effort will be made to respond to voice mail, e-mail, and other messages within one business day; however, the supervisory nature of a principal often requires that the principal be present in the school building with the students and teachers and, as such, is limited in the ability to respond to inquiries immediately.

Blessed Sacrament School uses a School Messenger Alert System for emergency announcements whereby alerts will be sent via text, voice mail, and email.

TAKE-HOME COMMUNICATION

All materials prepared by parents/guardians for release to the parish or school community must be approved by the Principal or his/her designee.

All materials prepared by parents for release to the parish or school community must be approved by the Principal or his/her designee.

All materials prepared by parents for release to the parish or school community must be approved by the Principal or his/her designee

PTO communication, including emails from room parents, must be submitted to the principal in advance for approval. Requests for class funds by room parents must be approved by the principal prior to making a request to parents in the class.

TELEPHONE USE/MESSAGES FOR STUDENTS

Students are not permitted to use school telephones except in emergencies. Parents should not call the school or e-mail their child's teacher with messages for their children.

Students in kindergarten through fourth grade may not bring to school a cell phone or other device capable of sending/receiving messages or calls except in unique circumstances that must be discussed with the principal before the student brings the device. Students in grades five through eight may bring a cell phone to school, but it must be turned off and handed to the student's teacher at the beginning of the school day. The teacher will return cell phones to students at the end of the school day.

Students are not permitted to wear smart watches that are connected to a message transmitting device or bring to school any other device that is capable of transmitting messages.

INCLEMENT WEATHER/SCHOOL CLOSINGS

In addition to the traditional 180 school days, schools should add at least three extra days to the school calendar each year to accommodate days off due to inclement weather or other nonweather related emergencies. In the event these inclement weather/emergency days are not used, schools may dismiss for summer after completing the required 180 school days. If, however, during the course of the year, the school uses more than three inclement weather/emergency days, it is not necessary for the school to extend its school year beyond the 183 budgeted days, provided the school has surpassed 1038 hours of instructional time (as defined by the Commonwealth of Virginia).

If, during the course of the year, the school uses inclement weather/emergency days, it may be necessary to modify the published school calendar.

If school closes unexpectedly for a single day, there will be no academic requirements for that day. If, however, the school will be closed for an extended period due to weather or public health

concern, the school will transition into on-line (eLearning) for the required duration and students will meet academic requirements.

For the most part, Blessed Sacrament School follows the weather-related opening and closing decisions of the Alexandria City Schools when they are in session. If Alexandria City schools are closed, Blessed Sacrament School will be closed. If Alexandria City schools are delayed, Blessed Sacrament School will be delayed. If there is a two hour delay on a scheduled dismissal day, the grade school will open two hours late, but will remain in session until 3:15 p.m. *If Alexandria City Schools are learning virtually due to weather-related concerns, Blessed Sacrament School will make its own decision regarding closure, delay, or on-time opening.*

School Messenger Alerts will be issued as information becomes available. Please call the Alexandria City Public School hotline at 703-866-5300 and/or check our website for updates.

The Diocesan Superintendent of Schools will publish annually a Diocesan school calendar for the following school year.

PHOTOS AND OTHER MEDIA

Parents/guardians may opt their children out of participating in videotaping, audio recording, school pictures, other photography, or participation involving the Internet. When a parent decides to exercise this right, the school is required to use the *Waiver/Right to Object* form (*Appendix N*). All student or parental publications are subject to review and approval by the school administration prior to publication.

LIBRARY

All books chosen for classroom reading in Diocesan schools must be appropriate for students, not only in age level and reading ability, but also for the moral development which we are working to foster. All books shall conform with Diocesan policies and guidelines regarding Catholic education.

Parents, guardians or teachers who object to reading or multi-media/audio-visual/computer materials used in the classroom must complete an Objection to Content Form (Appendix K) after they have read the book or viewed the media and then submit it to the school principal. Those objecting to materials obtained in the school library should complete Objection to Content Form for Library Materials (Appendix K-1). A review committee (to include an Office of Catholic Schools member) will subsequently discuss the objection and decide the disposition of the challenged material. The parent or teacher initiating the review should be personally notified of the results of the review. The Superintendent of Schools has the final say in any subsequent question of this review.

FIELD TRIPS

Class visits to places of cultural or educational significance enhance the lessons of the classroom. Field trips, virtual or in person, are planned by teachers and approved by the school administration with educational purposes as the primary objective and in light of financial considerations.

Field trips are considered an extension of the school day and the code of conduct will apply.

A permission form signed by a student's parent(s)/guardian (s) must be obtained prior to a student participating in each activity (Appendix R, available in PowerSchool).

In the event private automobiles/vehicles of students, parents, or other authorized adults of at least 20 years of age are to be utilized to transport students on field trips, the drivers and/or the vehicle owners must have a valid driver's license and sufficient liability, medical, and uninsured motorist insurance coverage as defined by the Diocesan Risk Manager. Evidence to this effect must be presented to the principal/administration for review and approval prior to the use of such vehicles. Appendix R-1 must be used for this purpose. The principal/administration shall have the right to prohibit, for any reason, a proposed driver from transporting students on a field trip.

Youth weighing less than 100 pounds may not be seated in the front seat.

Cell calls and texting are not permitted while driving.

Parents/guardians are to be furnished with detailed written information about the field trip, and must be given the opportunity to “opt out” their children from the field trip.

Teachers and other school employees should not drive students in their personal vehicles.

It should also be understood, in light of world conditions and specifically threats of terrorism against Americans, that it may be necessary to cancel school-sponsored trips due to world and national developments at any time.

School-sponsored ski trips are not permitted.

Alcohol shall NEVER be served to minors, regardless of cultural norms and/or parent permission while on a Field Trip/Experience.

All medications given on field trips must comply with medication administration policies. For a student with prescription medication and/or medically necessary health related procedures or treatments, a trained individual needs to be present on the field trip such as; a school nurse, parent/guardian, or designated family member to ensure care in the case of an emergency. If a trained individual of the school is unable to chaperone the student on a field trip, it is the responsibility of the parent to provide a trained individual to accompany the student.

OVERNIGHT TRIPS

Overnight trips are not permitted for elementary school children.

MARCH FOR LIFE POLICY

Students are offered varied opportunities to participate in activities that promote the sanctity of life.

Principals may permit students in grades 7 through 12 with permission of their parent/guardian to participate in the March for Life in a group sponsored by the school or the parish. Procedures detailed under "School-Sponsored Trips" (Policy 609) must be followed. The principal is not authorized to permit students in grades K through 6 to participate as a group in the March for Life. Students with written parental permission may accompany their parents on the March for Life.

Students who accompany parents on the March for Life should not be marked as absent for that day. From time-to-time it has been the case that world or local events raise concern about the advisability of school-sponsored student participation in the March for Life and related events. When this happens, principals should use prudent judgment when deciding on attending the March and should consider appropriate alternatives that can be conducted at the school level.

GRADUATION REQUIREMENTS/CEREMONIES

Students must earn their certificate of completion. The school does not guarantee the award of this certificate to students. In order to graduate, students must satisfactorily complete (by attaining a passing grade) all courses as required by the Diocese of Arlington and the Commonwealth of Virginia. In addition, students must comply with all school regulations and policies.

The principal shall have the right to withhold certification of a student's graduation or provide transcripts of the student's academic record to other schools, or to issue a Certificate of Completion to the student, if there has been a breach of a material condition of the contract (i.e., failure to meet financial obligations or infractions against the school's code of conduct).

Graduation ceremonies should be simple and dignified.

The Liturgy is highly recommended. Certificates signifying completion of studies may be given upon completion of 8th grade.

PARENT ORGANIZATIONS

Parent-Teacher Organizations (and like-named entities) support the critical relationship between schools and parents, the primary educators of their children. These organizations help the head of school/principal advance the school's mission.

"...since parents have conferred life on their children they have a most solemn obligation to educate their offspring. Hence, most parents must be acknowledged as the first and foremost educators of their children. Their role as educators is so decisive that scarcely anything can compensate for their

failure in it. For it devolves on parents to create a family atmosphere so animated with love and reverence for God and men that a well-rounded personal and social development will be fostered among the children. Hence, the family is the first school of those social virtues which every society needs..." (Declaration on Christian Education – Vatican Council II)

All parent organization activities and all materials prepared by parents must be submitted to the principal/administration for approval prior to implementation and/or distribution.

All PTO monies must be deposited in the parish or school account as designated by the pastor. In consultation with the principal, the PTO officers should prepare a budget and submit it to the pastor and principal for approval

Persons nominated to serve as a PTO board member must receive the approval of the pastor and principal.

Every school should have an effective Parent-Teacher Organization. An effective Parent-Teacher Organization helps the head of school/principal advance the school's mission. It can also help mobilize the parent community regarding legislative proposals impacting Catholic education.

FUNDRAISING

Any program of generating additional revenue should have the approval of school leadership (pastor, principal, head of school). These activities should be organized and executed so that the school program is not interrupted.

Students may participate in, and cooperate with, worthy collections and fundraising projects conducted by a school or parish, provided such activities have been approved by the school leadership (pastor, principal, head of school).

TRANSPORTATION/PARKING

The parking lot on the gym side by the flagpole is used for arrival, dismissal, and recess. It is blocked off during the school day and not available for parking.

Parents visiting or dropping off/picking up their students during the school day should park in the parking lot before coming to the front office. There is NO PARKING in the fire lanes at any time during the day.

V. FINANCES

DIOCESE OF ARLINGTON TUITION ASSISTANCE PROGRAM

APPLICATION PROCESS & REQUIREMENTS

All school families participating in the program must submit the same application form (available in English and Spanish) along with all supporting tax documents as required and a processing fee payable to the private vendor.

To be eligible to receive funds from this program, students must satisfy all of the criteria described below:

- a. A baptized Catholic or convert officially received into the Church
- b. Family resides within the boundaries of the Diocese of Arlington
- c. Family is registered and an active member of the parish
- d. Student attends, or is accepted by, a Catholic school in the Diocese of Arlington

The deadline for submitting applications to the contracted vendor is determined annually. Applications received after the stated due date will be considered for tuition assistance if funds are still available.

Although students from families residing on local military bases are not domiciled in a Diocesan parish, those students are eligible for the Diocese of Arlington Tuition Assistance Program.

The funds from the program will be paid directly to the school that the qualifying student attends. Schools will credit the tuition accounts for those families who have been approved to receive aid for that school year.

SCHOOL TUITION POLICIES

A family's tuition obligation continues even when the school shifts to an eLearning model. The education of each student continues with teachers planning and delivering lessons and assessing student progress. Report cards will be distributed at the end of each grading period. If a parent/guardian cannot make the regular tuition payment, the principal should be notified as soon as possible to create a payment plan.

Blessed Sacrament School is funded to the maximum extent possible through tuition income. Timely payment is essential to the fiscal stability of the school.

Families are required to use the FACTS Management Company for tuition payment. A link to FACTS Management Company can be found on our website.

Tuition assistance is available for qualified families. Application forms can be obtained in the office. BSS also uses the FACTS Management Company for tuition assistance assessment.

If for any reason a parent is not able to make a payment on time, the school office should be notified immediately so that an alternate arrangement can be made. Delinquent accounts may Jeopardize registration for the following school year or participation in 8th grade graduation. All tuition and fees must be up to date in order for student transcripts to be provided to other schools. A fee of \$50 will be assessed for transcript/recommendation requests in excess of two requests per year. (This fee is also applicable for high school requests.)

Tuition/fee payments are nonrefundable.

TUITION AND OTHER FEE SCHEDULES

K-8 TUITION AND OTHER FEE SCHEDULES

Tuition:	1st child	2nd child	3rd child
K-8 (in parish)	\$8,390	\$7,551	\$6,293
K-8 (out of parish)	10,376	9,339	7,782
K-8 (non-Catholic)	11,034	9,931	8,276

Application Fee: \$35.00

Registration Fee (non-refundable): \$175

Plus one month's tuition for new students only (non-refundable)

Workbook Fee (due July 1) K-8: \$125 per student

Technology Fee (due July 1) K-8: \$165 per student

Activity Fee ECC: \$110 per student

K-5: \$183 per student

6-8: \$208 per student

EXTENDED DAY PROGRAM FEE SCHEDULE

REGISTRATION FEE

A yearly non-refundable fee of \$35.00 per new student or \$25.00 per returning student must be paid when the application for enrollment is submitted. (Maximum of \$75.00 per year per family.)

Session A (11:45 am - 3:00 pm; Butterflies & Fuzzy Bears)

1st child	Sibling
5 day - \$480.00/month	\$283.00/month
3 day - \$289.00/month	\$171.00/month
2 day - \$192.00/month	\$113.00/month

Session A (1:30 pm – 3:00 pm; Rainbows & Shooting Stars)

1st child	Sibling
5 day - \$248.00/month	\$144.00/month
3 day - \$148.00/month	\$86.00/month
2 day - \$100.00/month	\$59.00/month

Session B (3:00 pm - 6:00 pm; Rainbows, Shooting Stars, Butterflies and Fuzzy Bears)

Session B (3:15 pm – 6:00 pm; K-8)

1st child	Sibling
5 day - \$449.00/month	\$250.00/month
3 day - \$269.00/month	\$149.00/month
2 day - \$180.00/month	\$104.00/month

Session B with Early Release (12:00 pm - 6:00pm)

1st child	Sibling
5 day - \$480.00/month	\$271.00/month
3 day - \$289.00/month	\$164.00/month
2 day - \$191.00/month	\$111.00/month

Early Release **only** (12:00PM-3:00PM K-8) (ECC Shooting stars, Rainbows 11:45-1:30PM)

1st child	Sibling
\$45.00/month	\$33.50/month

Wednesdays **only** (2:10 pm - 3:00PM K-8)

1st child	Sibling
\$40.00/month	\$20.00/month

Drop-in Rates

1st child	Sibling
\$14.50/hour	\$9.50/hour

EXTENDED DAY ADMISSION POLICY

Early Childhood Center students may use Session A. Kindergarten and Grade School students may use Session B, Wednesdays, and Early Release segments. Please note: ECC students who are registered for the “Session B” do not need to register for Early Release. On the registration form,

it is possible for K-8 students to register for Early Release without the B session. The fee for this session is clearly listed above.

Families are required to use the FACTS Management Company for Extended Day Program payments. A link to FACTS Management Company can be found on the school website.

Regular users will be billed monthly in advance through FACTS and payment must be collected in advance. The first payment for the school year is due on September 1st. All remaining payments are due on the 1st of each month. Fees for Grade School students will be collected September – May (9 payments), whereas payments for preschool students will be collected September – April (8 payments). Credit will not be given if the student fails to use the program on any regularly scheduled day due to sickness, etc. These fees include a provision for snow days and holidays. All changes in schedule must be made known prior to the end of the current month for billing purposes, and must apply to the entire month to be considered.

Drop-in users are charged for **each hour or part of an hour** from the time the student is checked in till the student is picked up. The Session A is counted as 4 hours, and Session B as 3 hours.

RETURNED CHECK FEE

A fee of \$15.00 per returned check will be added to the total bill.

SESSION A, LATE PICK-UP FEES

A penalty equivalent to the **hourly drop-in rate** will be imposed on a family who picks up its child/children after 3:00 p.m. Billing for late pick-ups will appear in the following month's statement.

SESSION B LATE PICK-UP FEES

A penalty of \$5.00 **per minute** will be imposed for pick-ups after 6:00 p.m. Cash or check payments **will not be accepted** for late pick-ups at the time of pick up. The charge will be collected through FACTS.

VI. CO-CURRICULAR AND EXTRA CURRICULAR ACTIVITIES

PARTICIPATION

In order for sportsmanship to be rooted in Catholic values, it is expected that coaches, athletes, and fans display respect, civility, and responsibility in words and actions before, during, and after all athletic contests and/or practices. These policies are developed to assist the schools in accomplishing their goal of providing a Catholic education which is rooted in the teachings of the Catholic faith, especially the practice of respect for each person. The policies outlined in this section exist to ensure good sportsmanship and fair play.

Participation in co-curricular and extra-curricular activities is a privilege, not a right. Students who successfully meet the school's academic requirements and adhere to the code of conduct may participate in co-curricular and extra-curricular activities. Girls are not allowed to participate in boys' football and/or wrestling activities.

When possible, separate athletic teams will be offered for each sex. Young people will participate on teams consistent with their biological sex and may not participate on teams offered for the other sex. When (for example, in swimming or track) a team may include both sexes, individuals will participate in events consistent with their biological sex. In the case of golf, if separate male and female teams are not offered, members of both sexes may participate together on a single team in the same events. Girls are not allowed to participate in boys' football and/or wrestling activities.

Students participating in school-sponsored team athletic activities must have proof of an annual physical. Submission of a pre-sport participation physical examination form and consent form for elementary- and middle school-based athletic program participation is required, excluding parish CYO.

When a student is requesting a waiver from participating in Physical Education classes and/or recess, parents/guardians are required to submit a written statement from their child's physician that states any activity restrictions with regard to participation in Physical Education classes and/or recess. The statement is expected to include a specific time frame for the activity restrictions.

TRANSPORTATION OF ATHLETES

Students participating in a school-sponsored sport who wish to drive to and from practice and games in a privately owned vehicle must have a written permission from their parents/guardians. This approval does not permit a student to transport other passengers, under any circumstances, unless that passenger is a member of the carpool as permitted by the parents and administration.

Although CYO athletic teams are separate and distinct from parish/school activities, the pastor/principal retains the right of possible intervention by the school in the event a significant incident would bring the reputation of the parish and/or school into question within the community.

SUPERVISION OF STUDENTS

The school is not responsible for providing supervision for students who remain on school property after the conclusion of the instructional day, unless the student is enrolled in an extended day/after care program, or participating in a school-sponsored activity (such as athletics or theater)

VII. STUDENT RESPONSIBILITIES & BEHAVIOR

CODE OF CONDUCT

In all areas of learning, discipline must be considered in the development of the whole person. The Code of Conduct is based on the Gospel message of Jesus. Growth in self-discipline, a responsibility for Catholic moral values and a loving respect for the rights of all persons is encouraged and nourished by the Code of Conduct. To achieve these ends parents/guardians, faculty, and students work together to create a Catholic school environment. These basic components include:

- a. Teachers have a right to teach. No student will stop the teacher from teaching.
- b. Students have a right to learn. No student will stop another student from learning.

Based upon the Catholic moral values and loving respect for others taught by Jesus, students:

- a. will be honest and committed to integrity.
- b. will be respectful and courteous toward all teachers and adults.
- c. will refrain from harassment of any kind.
- d. will use appropriate language.
- e. will speak respectfully to and about others.
- f. will complete all assignments and participate fully in class.
- g. will respect all school and personal property (see *Care of School Property*).
- h. will refrain from any deliberate disruption in the school.
- i. will adhere to the school's cell phone policy.
- j. will comply with the Internet Responsible Use Policy.
- k. will demonstrate good sportsmanship when engaged in all school-sponsored co- and extra-curricular activities.
- l. will be present for all required activities unless officially excused by the administration.
- m. will adhere to the dress code (see *Dress Code*).
- n. will not give or receive unauthorized assistance on tests, quizzes, or assignments.
- o. will not leave school grounds during the school day for any reason without permission from the principal/administration.

- p. will not bring to school, nor possess at school, any real or toy knives, guns (or any facsimile thereof), sharp objects that may be used as a weapon, matches, lighters, sparklers, laser devices, or any facsimile thereof. It is understood if this term is violated, suspension, or expulsion may result (see *Substance Abuse/Weapons* and *Inappropriate Materials*).
- q. will maintain, and support others who maintain, a safe and drug-free environment at, or near, school and at all school sponsored functions/activities with the understanding that possession or distribution of alcohol, drugs, tobacco, or any other substance that may be harmful or dangerous and forbidden to include drug paraphernalia will result in suspension or expulsion from school (see also *Substance Abuse/Weapons*).
- r. will not engage in any physical or verbal contact with another student which could be interpreted to be an inappropriate display of affection. Such conduct is prohibited on school grounds or at school-sponsored activities.
- s. will, at all times, whether at school or in the community, conduct themselves in a manner which reflects the Catholic values and principles of the school.

The school observes this Code of Conduct because it is built on fundamental Catholic social teachings. The role of the principal/administration, staff, and faculty is to work with the students and parents/guardians to assist the students in developing a strong Christian attitude toward life.

SUBSTANCE ABUSE/WEAPONS

The school makes every effort to make students aware of the dangers and consequences of the unlawful use of substances.

It is unlawful for any person to manufacture, sell, distribute, or possess with intent to sell, give, or distribute any controlled substance, imitation controlled substance, or marijuana while upon the property of the school; on any school bus; upon any public property or any property open to the public use within 1000 feet of the school (or any school bus stop when students are waiting to be picked up and transported to or are being dropped off from school or a school-sponsored activity.) If a student knows or suspects that any of the foregoing activities are occurring, he/she must immediately report the matter to the school administration/faculty so the appropriate law enforcement agency may be contacted.

If a student is suspected or is discovered to have (a) violated the foregoing policy with respect to any controlled substance, imitation controlled substance or marijuana or (b) used, possessed or distributed alcohol, tobacco, or e-liquids while upon the property of the school; on any school bus; upon public property or any property open to the public use within 1000 feet of the school (or any school bus stop when students are waiting to be picked up and transported to or are being dropped off from school or a school-sponsored activity), the student will be subject to disciplinary action, up to and including expulsion. In the event school officials believe that a student is under the influence of an illegal substance, the parents/guardians will be notified, and the student will be

removed from class. School officials reserve the right to require that the student be taken for drug testing within 24 hours and that the results of the testing be shared with the appropriate school officials. If, however, a violation of the law has occurred, the proper law enforcement agency will be contacted (see also Policy 615).

A student shall not possess or use drug paraphernalia, including, but not limited to, e-cigarette delivery devices, e-cigarette accessories, vaping devices, water pipes, cigarette paper rolling machines, and miniature scales on the property of the school, on any school bus and/or at any school-sponsored activity, whether discovered in an authorized search of his or her private property (Policy 615.1) or on school property (e.g., lockers – Policy 615.2). Any student who violates this provision will be subject to disciplinary action up to and including, expulsion.

A student shall not possess, use or threaten to use on the property of the school, on any school bus; and/or at any school sponsored activity, any weapons (including but not limited to any pistols, revolvers, rifles or other firearms, stun weapons, tasers, knives, flailing instruments [which may sometimes be known as nun chucks or fighting chains], sling shot, metal knuckles, any type of pointed metal throwing disk or dart, mace, pepper spray, or other similar propellant or any type of explosive, incendiary or poison gas, bomb, grenade or rocket) or any facsimiles thereof, or any object that can be used with the intent of threatening or harming an individual, except when expressly authorized by a member of the school administration/faculty for authorized school purposes (such as knives for use only in food preparation activities in family life/home economics class; chemicals solely for use in instructional lessons as part of the school's academic curriculum; etc.). Any student who violates this provision will be subject to disciplinary action up to, and including, expulsion. If there is reason to believe a violation of law has occurred, parents as well as the proper law enforcement agency, will be immediately contacted.

DISCIPLINE

Because it is impossible to foresee all problems which arise, this handbook empowers the faculty and administration to take disciplinary action for any behavior (within or outside of the school community) which violates the spirit, philosophy, and code of conduct of the school, even though not specified.

In justice to the other students, circumstances may dictate that a student be removed temporarily or permanently from the particular school setting.

USE OF DISCIPLINARY ACTION

In cases where a student is continually disruptive of others or in the case of a single serious disciplinary infraction, the teacher will apprise the principal/administration of the situation. They will assist in the development of a course of action to be taken to correct the situation.

Students who lack self-discipline or who violate the rights of others can expect disciplinary action. Each offense will be dealt with on an individual basis according to the age of the student, the nature of the infraction, and the severity of the case. Repeated infractions can result in more serious consequences, up to, and including, suspension and/or expulsion, but there is no requirement for progressive discipline.

DISCIPLINARY MEASURES

The following are some approved disciplinary measures:

- a. Counseling and/or conference with the student and family
- b. Assignment of special tasks
- c. Denial of privileges
- d. Detention
- e. Probation
- f. Suspension
- g. Expulsion

SPECIFIC DISCIPLINARY POLICIES

When parents send their child to Blessed Sacrament School, it is understood that they agree to uphold the discipline policy.

Physical and/or verbal abuse will not be tolerated. Physical abuse includes any physical confrontation that may result in no injury, minor injury, or serious injury that includes, but is not limited to kicking, shoving, pushing, hitting, and fighting. Verbal abuse includes but is not limited to taunting, name-calling, insults, verbal teasing, bullying, or threatening. Parents may be notified if the administration determines the need to send a disruptive student home from school for the day.

Students are expected to follow conduct rules. Action will be taken for disrespectful behavior (i.e. answering back, rudeness) to school personnel and/or each other, deliberate disobedience, continual talking, throwing food or school objects, interfering with the education of others, etc.

Teachers will review specific grade-level appropriate discipline procedures with students during the first week of school. Parents will be informed of the procedures and the consequences for misbehavior at Back to School Night. Faculty, staff, and administrators may issue demerits and/or detentions for infractions of school rules. The report card will reflect misbehavior.

Students in grades 5-8 who receive 5 demerits in a trimester will serve an automatic lunch detention. Students who receive 10 demerits in a trimester will serve an automatic Saturday

morning detention. Automatic lunch or Saturday detentions may be issued for inappropriate behavior at any time. Demerits and detentions will be reflected by an NI in the appropriate category on the report card. Demerits do not carry over to a new trimester.

The administration reserves the right to notify parents if it is determined that a student needs to leave school for the day for any disciplinary infraction.

Repeated violations of school conduct rules or serious violations to the code of conduct may result in a suspension. If the discipline procedures do not effect a positive change in student behavior, a conference will be held to determine whether the student's and the school's best interests would be served by the withdrawal of the student.

Parent signature of the handbook agreement form indicates acceptance of the school discipline policies.

SUSPENSION

Suspension may be imposed as determined by the principal/administration. Once the principal/administration suspends a student, parents/guardians may be required to sign a behavioral contract in which they signify their understanding of the problem and agree to work with the school in correcting the situation.

The failure of the parents to execute the above referenced agreement shall preclude the student from returning to the regular instructional program. This policy applies to in-house and out-of-school suspensions.

EXPULSION

Expulsion may be resorted to when one or all of the following are present:

- a. a serious infraction of school rules occurs;
- b. the student has demonstrated continuing disregard of school rules for which other means of discipline have proven ineffectual;
- c. the student's continued presence in the school is considered by school officials to be a serious hindrance to the safety or welfare of the school community;
- d. a parent/guardian repeatedly or seriously violates proper school protocol, displays inappropriate or disruptive conduct toward students or displays disrespectful, disruptive, or harassing behavior toward teachers, school, parish, or diocesan staff.

If the principal/administration believes it necessary to expel a student, the principal/administration will notify the student and the student's parents about the student's action and provide them with

an opportunity to respond in accordance with the school's disciplinary hearing process before making any final decision on the matter.

A parent/guardian whose child is expelled may appeal this decision in writing to the Superintendent of Schools within 5 working days from the time of written notification.

During the pendency of any appeal, the expelled student shall be removed from the school community in compliance with the expulsion notice unless otherwise directed at the discretion of the principal/administration.

Students who have been expelled from any Diocesan school may not apply for admission to that school or another Diocesan school for a minimum of one (1) year from the date of expulsion.

STUDENT REGULATIONS AND PROCEDURES

Privacy of individual students must be balanced against the need to protect the health, welfare, and safety of other members of the school community.

STUDENTS AND STUDENT PROPERTY SEARCHES

The principal/administration or his/her designee has the right to protect the health, welfare, and safety of school patrons against drugs, weapons, unauthorized publications, and other contraband materials. Search of a student's person and/or personal property on school property (e.g. automobiles, etc.) or at school activities may be conducted by the school principal/administration or other designated officials. It is only necessary that a search be reasonable and related to the school rights in these regards. The failure of a student to voluntarily submit to a search shall be presumptive evidence of the existence of contraband and grounds for appropriate disciplinary action.

INTERROGATION OF STUDENTS

Unless provided with a court-issued warrant, the pastor (or principal if Diocesan high school) or the Office of Catholic Schools must first be consulted before law enforcement authorities are allowed to speak to any student for interrogation purposes of alleged illegal activities. This policy does not apply to Child Protective Services (CPS) officers, who are by law entitled to interview children.

The questioning by police officers of students in school or on school grounds about alleged illegal activities shall meet the following conditions:

- a. The principal, the assistant principal, or the principal's designee shall be alerted.

- b. The police officers shall report to the principal's office.
- c. Permission from the student's parent/guardian must be acquired, either by phone or in person, prior to questioning.
- d. The principal or a school representative shall be present.
- e. The questioning shall be conducted in a private room where participants cannot be seen or heard by students and/or other school personnel.

The police officers, under unusual circumstances, may take legal actions that they deem necessary.

STUDENTS AND STUDENT PROPERTY

Students are solely responsible for their own personal property. The school accepts no responsibility for items left unattended in the common areas of the school. It is the responsibility of the student to turn in wallets, watches, and other valuables to the physical education teacher/coach when participating in athletic events away from school. Items of personal property or clothing not directly related to academic or athletic events sponsored by the school should not be brought to school.

SCHOOL LOCKERS AND DESKS

Lockers and desks are school property and are subject to searches by school authorities to protect the safety of all. A student to whom a locker or desk has been assigned, has *vis-a-vis* other students, exclusive use of the locker or desk but has no proprietary rights versus the school.

CARE OF SCHOOL PROPERTY

Students are to care for school property in a respectful manner. Students who deface or damage school property or the property of others will make financial restitution. If library books are not returned, students will be assessed an amount equal to the value of the book or its replacement, whichever is greater, as determined by the principal/administration.

Students are expected to provide their own school supplies to include: poster board, markers and crayons, and other project supplies. Students must also arrange to print assignments outside of school.

DRESS CODE

The dress code provides a standard for our students, which fosters an environment conducive to learning and respectful behavior.

Final decisions regarding the school uniform rest with the principal/administration.

UNIFORM REQUIREMENTS & OTHER PERTINENT INFORMATION

INSTRUCTIONS ON ORDERING UNIFORMS

In order to purchase uniforms, you must go to our school store on the Land's End website. A direct link is available on the Blessed Sacrament School website. When ordering your clothing selection, the appropriate logo will appear as part of your selection. Each logo is an additional \$5.95. The only clothing that does not require a logo is the girls' jumper, girls' skirt, girls' peter pan shirt, turtleneck shirts, and the gym shirt. All other items of clothing will require a logo.

Please follow the Blessed Sacrament Dress Code when selecting the appropriate clothing items. Please contact the office staff with questions about the uniform policy.

UNIFORM REQUIREMENTS

Shorts are an allowable uniform option prior to November 1 and after April 1. If wearing khaki pants or sweats, long pants are required between November 1 and April 1.

Boys

Navy polo with logo and Khaki chino shorts with logo (Shorts allowable prior to November 1 and after April 1)

OR Khaki slacks with logo (Long pants required between November 1 – April 1) *Optional: Navy sweater/vest/sweatshirt with logo. White turtlenecks are also allowed with all dress uniforms (no logo required).*

Socks: White, navy or black socks (must cover the anklebone)

Shoes: see below

Girls: Grades K-5

Navy polo with logo OR White knit Peter Pan shirt (no logo required) and Khaki chino shorts with logo (Shorts allowable prior to November 1 and after April 1) OR Khaki slacks with logo (Long pants required between November 1 – April 1)

OR Blessed Sacrament jumper (no logo required).

Optional: Navy sweater/vest/sweatshirt with logo. White turtlenecks are also allowed with all dress uniforms (no logo required).

Socks: White, navy or black socks (must cover the anklebone)

OR White, navy or black tights with feet/knee socks

White, navy or black leggings with matching socks are allowed.

SOCKS MUST MATCH THE LEGGINGS.

In cold weather, sweatpants can be worn under jumpers outdoors only, with the exception of PE days.

Shoes: see below

Girls: Grades 6-8

Dress Uniform Navy polo with logo and A-line Blessed Sacrament skirt (no logo required)
(CREASE LINE AT BACK OF KNEES)

OR Khaki chino shorts with logo (Shorts allowable prior to November 1 and after April 1)

OR Khaki slacks with logo (Long pants required between November 1 – April 1)

Optional: Navy sweater/vest/sweatshirt with logo (no hooded sweatshirts). White turtlenecks are also allowed with all dress uniforms (no logo required).

Socks: White, navy or black socks (must cover the anklebone).

OR White, navy or black tights with feet/knee socks

White, navy or black leggings with matching socks are allowed.

SOCKS MUST MATCH THE LEGGINGS.

In cold weather, sweatpants can be worn outdoors only, with the exception of PE days

Shoes: see below

Gym Uniforms K-8

Should be worn to school on gym days only

Navy gym shorts with logo (Shorts allowable prior to November 1 and after April 1)

OR Navy sweatpants with logo (Long pants required between November 1 – April 1)

and

Navy Essential t-shirt (no logo required)

Optional: Sweatshirt with logo (hooded sweatshirts with logo are permitted)

Socks: White, navy or black socks (must cover anklebone).

Shoes

PE Shoe Requirement - (May be worn any day but are required on gym days): ***All white or all black (no other colors visible)*** low- top rubber-soled sneaker. (Example for K-5 Boys and Girls: New Balance – KV624; Example for 6-8, Boys: Reebok – NPCII 6836; 6-8 Girls: Reebok Classic Leather – J90120).

Dress Shoe Requirement- ***All white or all black (no other colors visible)*** low top rubber-soled sneaker OR ***all white, or all black, or all brown (no other colors visible) shoe***. (Example for K-5 Girls: Lands End 427531-BP8; K-5 Boys – Lands End 393279-BP0; Example for 6-8: Girls: LLBean – TA137104; 6-8 Boys: Lands End – TA130448). All tan or all dark brown Sperry’s are also permitted.

Accessories

- Belts must be worn with pants or shorts that have belt loops.
- Make-up may *not* be worn to school, with the exception of girls in Grade 8 who may wear lightly applied, tasteful makeup.
- Nail polish may *not* be worn to school.
- Girls may wear one set of small-posted earrings in the lobe.
- Boys may *not* wear earrings.
- Jewelry is limited to one ring per hand, a wristwatch, and one necklace with a single religious pendant.

Grooming

- Boys' and girls' hair is to be clean, neat, and tidy (for boys, generally cut above the ears, collar, and eyebrows), and styled in the student's natural hair color.
- Extreme hairstyles (Mohawks, tails, etc.) are *not* permitted.
- Middle school boys must be clean-shaven (no mustaches, goatees, etc.).

Dress Down Day Guidelines

- Skirts should be no shorter than 2 inches above the knee.
- Shoes should be closed heeled with a heel less than 1 ½". No flip flops.
- Shirts should be modest, not overly tight or low cut. No spaghetti straps or tank tops.
- Jeans without holes are permitted.
- Leggings or tights worn with tunics or sweaters that cover the bottom when bending over are permitted.
- Tee-shirts with appropriate messages only are acceptable.
- Students may wear shorts that are the same length as their gym shorts.

ADDITIONAL REQUIREMENTS

- All uniform shirts are to be tucked in at all times while on school grounds □ **Scouting Uniforms**: Scouting uniforms may be worn on scout meeting days.
- **School sponsored club/team shirts** may be worn on gym days upon approval of the principal.
- **Coats, windbreakers, or non-uniform hoodies** are not to be worn inside the school building.

Repeated uniform infractions will result in that particular student being denied participation in the next dress down day and may also be reflected on the student's report card.

INAPPROPRIATE MATERIALS

Students are not permitted to possess the following items on school property or at school functions:

No real or toy knives or guns, no sharp objects, matches, lighters, laser pointers, palm pilots, Walkman, Game boys, pornographic materials, Discman, headsets, or offensive literature is allowed on school property. If permission has been given to use certain items during the after school programs, these items must remain sealed in backpacks during the entire school day and will be removed from a student's possession if they are not contained in the student backpack.

Students are required to check-in all cell phones in the morning to their homeroom teacher. (Please see Cell Phone Policy).

PLAYGROUND REGULATIONS

During outdoor recess periods students must obey the playground supervisors, play in assigned areas, refrain from physical contact beyond the rules of the game, use all equipment properly, and line up quietly and promptly when the bell has rung.

During indoor recess periods, students must stay in the assigned room, be respectful to supervisors, use moderate voices, refrain from running, and behave appropriately at all times.

LUNCHROOM REGULATIONS

Given the risk of potential harm, students' access and use of microwave ovens is prohibited. Student meals provided by parents/guardians must not be heated in microwave ovens by school personnel and/or school volunteers.

The lunchroom is considered a classroom to promote good eating habits and good manners. While in the lunchroom, students are expected to use the same manners required in the classroom. Courtesy toward other students and cooperation with the lunchroom supervisors are in order at all times. Parents are allowed to bring a lunch from carryout restaurants on their child's birthday and ONLY on this day. Parents wishing to take their child(ren) out to lunch during the school day must sign them out at the office when leaving and sign them in upon returning. Due to space constraints, parents may not eat in the lunchroom with their child(ren) during the school day.

VIII. HEALTH, SAFETY, & WELFARE

STUDENT HEALTH, SAFETY, & WELFARE

Parents/guardians have the primary responsibility for the health and well-being of their children. School health services supplement, rather than substitute, for parental care and concern for the health of the students.

PREVENTION OF SEXUAL MISCONDUCT AND/OR CHILD ABUSE

The Catholic Diocese of Arlington Policy on the Prevention of Sexual Misconduct and/or Child Abuse generally applies to all clergy, all employees and all volunteers.

It is the policy of the Diocese that sexual misconduct and/or child abuse while performing any work or activity under the auspices of the Diocese is contrary to Christian principles and outside the scope of any authority, duties, and/or employment of any clergy, employee, or volunteer.

School personnel who suspect the abuse or neglect of a student must report the matter directly to Child Protective Services and to the school principal (who in turn will call the Vicar General). The school principal should complete Attachment B found in Appendix G, which must be sent to the Vicar General. The school principal must inform the superintendent as well. At that point, confidentiality must be respected.

Virginia law imposes upon school personnel the legal responsibility of reporting to the local child protective services agency any incident of suspected child abuse or neglect.

School personnel who suspect the abuse or neglect of a student must report the matter directly to Child Protective Services and to the school principal who in turn will call the Moderator of the Curia. At that point, confidentiality must be respected.

In accordance with the *Code of Virginia*, (Section 63.2–118, “Any person required to make a report or conduct an investigation or family assessment, pursuant to this chapter may talk to any child suspected of being abused or neglected or to any of his siblings without consent of and outside the presence of his parent/guardian, legal custodian, or other person standing in *loco parentis* or school personnel.”

WELLNESS POLICY

The Diocese of Arlington Office of Catholic Schools Wellness Policy meets minimum federal standards and establishes goals for physical education, nutrition, and healthy environments in schools. All schools must develop, and continue to evaluate, local school wellness policies. The local policies create a framework for increased student activity, staff wellness, safe and healthy

environments, and the elimination of foods of minimal nutritional value during the school day. All schools have wellness committees to implement, sustain, and evaluate the local wellness program.

ACCIDENTS AND FIRST AID

The parents/guardians of an injured student will be notified of the accident/injury by the principal/administration or the principal/administration's designee as soon as reasonably possible, taking into consideration such factors as the apparent severity of the accident/injury and the priority of providing assistance to the student.

If an incident results in a medical condition or injury which can be reasonably known to the appropriate supervisory faculty/staff member and/or the principal, the school and/or its staff are authorized to render reasonable basic first aid if such direct medical assistance would, in the opinion of the school, serve to minimize the severity of the injured person's condition. As an example, staff should initially resort to using only ice, band aids, soap and water when treating cuts and/or scrapes to avoid any possible known or unknown allergic reactions to salves or creams. In addition, staff may secure a professional diagnosis and/or treatment if such action, in the opinion of the school, appears to be reasonably warranted. The school and school officials shall be expressly held harmless from any liability costs or expenses associated with the professional diagnosis and/or any treatment or first aid provided (including but not limited to the cost of transportation), such costs or expenses being the responsibility of the injured party or, if a student, the student's parents.

Pets are not allowed on school property unless given permission by the principal.

ILLNESS

Each school will provide a health office or comfortable space, apart from the student population, where children who become ill or injured can be cared for following *Virginia School Health Guidelines*.

Children with fevers, contagious, or infectious diseases will be sent home promptly and excluded from school while in that condition, per Virginia Department of Health regulations. Once the student is confirmed to be free of communicable illness by a healthcare provider or is fever free/symptom free for 24 hours without taking anti-fever medications, the student may return to school, afterschool, and extracurricular activities.

When a student is requesting a waiver from participating in Physical Education classes and/or recess, parents are required to submit a written statement from their child's physician which states any activity restrictions with regard to participation in Physical Education classes and/or recess. The statement is expected to include a specific time frame for the activity restrictions.

MEDICATION ADMINISTRATION OVERVIEW

All school clinic, administrators, and staff are required to administer medication within the framework of the procedures outlined in Diocesan policy and summarized here.

All prescription and over the counter (OTC) medications may be administered during the school day under the following conditions:

- a. When the need for administration of medicines during school hours has been confirmed by the school nurse/health assistant (or the school administration);
- b. After the first dose of any medication has been given at home;
- c. When the parent/guardian provides and transports the medication to and from school and the medication is given directly to the school nurse/health assistant or a senior member of the school administration;
- d. When there is a health care provider's written order signed by the parent/guardian requesting the school administer the medication or to permit the student to selfadminister the medication;
- e. When the medication is brought to the school in its original container stating the name of the student, the dosage and method of administration prescribed by a physician. It is the parent's or guardian's responsibility to notify the school of any changes to the original prescription. The new prescription must also be brought to the school in the original container as stated above;
- f. When the appropriate medication authorization form (*Appendix F-6*) has been completed, signed and accompanies the medication.
- g. For any medication, parents must document the number of tablets or dosages to be secured for administration by authorized school personnel. If tablets are to be divided, the parent or guardian is responsible for dividing the tablets in order to achieve their child's proper dosage.
- h. Herbal and homeopathic medications will not be given in Diocesan schools without written authorization by a LHCP that shall include desired and adverse effects. Protein supplements will not be administered unless directly requested by a physician with a health treatment plan.
- i. Under no circumstances are medications to be shared with other students.
- j. Picc Lines, Heparin/Saline Locks, and Central Venous Lines may be present in students with specialized health care needs. Dressing changes, heparin flushes, and other medication administration via these lines are to be done at home and should not be done at school.

When the medication is epinephrine, trained school employees are permitted to administer Epi-pen injections when:

- a. the parents advise the staff most directly involved with the student of the situations when an Epi-pen may need to be administered (e.g., symptoms indicating that a person

- is suffering from severe allergic reaction, basic procedures for administering the Epi-pen with a suitable demonstration);
- b. parents of students requiring such injections provide a doctor's letter attesting to the lifethreatening allergy;
 - c. parents agree to execute the release of liability/hold harmless agreement regarding the use of the Epi-pen (*Appendix F-6*).

All OTC and prescription medications are to be kept locked in the clinic/school office and be administered by the school nurse, clinic aide, principal or trained designee. No student is to carry/possess medications, without appropriate medical authorization. No medication will be administered unless the school has received a signed copy of the Medication Authorization Form (*Appendix F-6*). OTC medications do not require a health care provider's signature unless the medication is required for four (4) or more consecutive days.

It shall be the student's responsibility to come to the clinic/school office at the appropriate time for medication unless a health care provider or parent/guardian indicates in writing that the student cannot do this.

Students are NOT permitted to self-medicate. The school does not assume responsibility for medications taken independently by the student. Exceptions may be made on a case by case basis for students who demonstrate the capability to carry and self-administer emergency lifesaving medications (e.g. inhaler, Epi-pen).

Within one week after expiration of the effective date on the order, or on the last day of school, the parent/guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

SPECIALIZED STUDENT CARE NEEDS

The parent/guardian of any student on a continuing regimen for a non-episodic condition shall inform the school principal/administration and identify, in writing, the student's supervising health care provider. If necessary, and with parental written consent, there may be occasions when the school needs to communicate with the health care provider regarding possible effects on the pupil's healthcare management, special emergency procedures, or behavior at school.

TOILETING/INCONTINENCE

Although the vast majority of school staff would assist in an emergency situation, as no child should be left in wet or soiled clothing, it is important to note that there is no expectation that routine and predictable incidents are to be dealt with by school staff.

Parents/guardians will always be contacted in incidents of soiling. The exception to this policy is the student with a prescribed health-related treatment or procedure plan obtained in writing from a LHCP, with proper authorizations in writing by the parent or guardian.

For preschool students, it is recognized that continence training is an area of development which is reached at different ages for all children and that every child has individual needs which are respected. The preschool director will determine age-appropriate protocols for the student population.

USE OF CRUTCHES

An order from a Licensed Healthcare Provider (LHP) is required to use crutches at school. If a student arrives at school on crutches without a doctor's order, the parent will be called to take the student home.

USE OF MICROWAVE OVEN

Given the risk of potential harm, students' access and use of microwave ovens is prohibited for preschool through grade 5.

For middle school students, the school administration can determine if middle school students may use a microwave oven.

Blessed Sacrament School middle school students may not use a microwave oven.

LIFE THREATENING ALLERGY

Schools will utilize current resources and reputable materials such as; Food Allergy Research & Education (FARE) and the CDC's *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* to develop allergen management communications for student handbooks, classrooms, and parental publications.

All schools must provide an annual in-service educating school faculty and staff about the policy. Training will include minimizing the risk of exposure to life threatening allergens in the school setting as well as anaphylaxis recognition, medical management, and incident reporting.

Schools will utilize the policy to develop allergen management communications for student handbooks, classrooms, and parental publications. Schools will select and train staff to be utilized as anaphylaxis response teams responsible for managing an allergic crisis.

Parents/guardians of students with a life-threatening allergy must inform the principal and school health personnel of any allergies and provide schools with fully executed Diocesan documents. Parents/guardians are expected to supply schools with any emergency medications as prescribed

and may additionally provide the student with “safe” foods for classroom celebrations involving food. Schools will utilize Diocesan documents to formulate an emergency care plan for the student and will share this care plan with those involved with the student including, but not limited to, teacher(s), food service, bus drivers, and janitorial staff.

CONTROL OF COMMUNICABLE DISEASES

DISEASE

Parents/guardians must notify the school within 24 hours if their child or any member of the immediate household has developed a communicable disease. Parents must notify the school immediately if the disease is life threatening. Parents must pick up their sick or injured child in a timely manner when contacted. If the parent cannot be reached, emergency contacts will be called to pick up the child.

The protection and welfare of each individual student is of importance in the schools of the Diocese of Arlington. In an effort to enhance the protection of students:

- a. No daycare/preschool, elementary, middle, or secondary school student may attend class without documentary proof of adequate immunization in accordance with Virginia Department of Health’s school entry requirements (or modified schedule as approved by licensed health care provider) on the Virginia School Entrance Health Form MCH-213G (*Appendix F-2*).
 - i. Parents or guardians who object to the administration of immunizing agents for their child on the grounds that this conflicts with their religious tenets or practices must produce a notarized Certificate of Religious Exemption form (*Appendix F-18*), which will be retained in the student health record.
 - ii. Students who have traveled or resided in a foreign country for five months or more, where tuberculosis is common, are required to provide documentation, prior to school entry, of a negative tuberculosis skin test or chest x-ray result. All Diocesan schools are responsible for compliance with local health department regulations pertaining to tuberculosis screening and treatment.
- b. Students with fevers and/or contagious or infectious diseases will be sent home promptly and will be excluded from school while in that condition, according to the Virginia Department of Health regulations. Once the student is confirmed to be free of communicable illness by a health care provider or is fever free/symptom free for 24 hours without taking anti-fever medications, the student may return to school.

- c. School health personnel will follow the Virginia Department of Health Communicable Disease Chart, found in the *Virginia School Health Guidelines*, when referring suspected cases of communicable disease to the local health department for excluding or readmitting a student.

- d. The Diocese of Arlington has comprehensive guidelines for school/parish-based influenza vaccination clinics. The liability associated with the vaccination of children is great. The Diocese of Arlington does not promote school-based vaccination clinics for children during school hours, and in the absence of the parent, with the exception of a state or federal emergency. Any school wishing to offer an onsite school influenza vaccination program must comply with all aspects of the Memorandum of Agreement (*Appendix F-18*). Vendors wishing to serve as vaccinators must be fully vetted by the Office of Risk Management prior to the consummation of any contract for services.

LICE

All students determined to have an active case of lice will be excluded from school until they receive treatment. It is the responsibility of the parent/guardian to provide appropriate and adequate treatment for the student and home environment as recommended by their health care professional. Readmission to school is determined by the school nurse/administration based upon re-inspection and the effectiveness of treatment. Follow up treatment is expected and verified by the school nurse/administration. Classroom contacts may be inspected.

Blessed Sacrament School has a NO NIT policy. After proper scalp treatment and the removal of ALL nits, the student may return to school the following day but must report to the clinic with his/her parent and be checked before returning to the classroom. If the student is found to have nits, he/she will not be permitted to return.

INFECTIOUS DISEASE INFORMATION

Blessed Sacrament School will follow guidance from the Centers for Disease Control (CDC) and Alexandria Health Department (AHD) regarding infectious diseases, including but not limited to Covid.

BLOODBORNE DISEASE

The Christian community is called to respond to the sick in our midst with compassion and justice. The diocese recognizes its obligation to protect the rights of individual students infected with Hepatitis and Human Immunodeficiency Virus (HIV) and to provide a safe environment for students, staff members, and the public. Students who are infected with bloodborne Hepatitis, Human Immunodeficiency Virus (HIV), or HIV-related conditions must be provided the

opportunity to receive a Catholic school education in a regular classroom unless the student's health interferes significantly with school performance.

Since it is known that bloodborne Hepatitis and HIV are not transmitted through casual contact, any student who is infected will continue education in a regular classroom assignment unless his or her health status requires otherwise. It is the intent of the Diocese of Arlington Office of Catholic Schools to follow the recommendations of the U.S. Centers for Disease Control and Prevention (CDC) and the Virginia Department of Health which state that most bloodborne Hepatitis and HIV-infected children be allowed to attend school in an unrestricted setting, and that decisions regarding school attendance be based on the medical condition of each child and the expected type of interaction with others in that setting.

Persons involved in the implementation and monitoring of this policy shall maintain confidentiality of records in compliance with federal and state law and diocesan policy. All diocesan schools shall also maintain a program of information and training for school staff members to ensure a consistent and accurate understanding regarding prevention of exposure to bloodborne pathogens. This includes training related to the proper application of universal/standard precautions.

FIRE/EMERGENCY DRILLS

Fire, tornado, intruder, and shelter-in-place drills are conducted periodically to ensure safety for the students in case of fire or other emergencies. Each room clearly posts directions and exits. Students are expected to follow teacher directions for each drill.

Students who have elevator privileges are supervised in a “safe room” during a fire drill until first responders arrive to safely evacuate them from the building.

In the event of a bomb threat, the school community has made arrangements to evacuate to nearby Agudas Achim Congregation/Preschool at 2908 Valley Drive, Alexandria, VA (703) 9986460 until authorities verify the security of the building.

SEXUAL HARASSMENT AND/OR SEXUAL ABUSE – STUDENTS

Sexuality affects all aspects of the person, including in a general way the aptitude for forming bonds of communion with others. Until sexuality can be expressed through the acts which are proper and exclusive to spouses, chastity is the successful integration of sexuality within the person. Chastity is expressed notably in friendship with one's neighbor when the equal personal dignity of man and woman is recognized. Offenses against chastity, which include lust and the more serious acts of pornography and immoral sexual conduct, are violations of our Catholic faith and morals.*

The Catholic Schools of the Diocese of Arlington will respond appropriately to allegations of sexual harassment or sexual abuse in its schools. See Part 3, Section 2, Chapter 2, Article 6 of the Catechism of the Catholic Church (¶¶ 2331-2400)

No student is to sexually harass or sexually abuse another member of the school community. All reports of harassment or abuse will be thoroughly, and appropriately investigated and disciplinary action will be taken as appropriate, up to and including expulsion. Instances of sexual abuse will result in suspension at a minimum. If it appears that a violation of criminal law may have occurred, the matter will be reported to law enforcement authorities.

“Sexual harassment” is defined as any unwelcome sexual advances, unwelcome physical contact of a sexual nature, or unwelcome verbal or physical conduct of a sexual nature. "Unwelcome verbal or physical conduct of a sexual nature" includes, but is not limited to, the deliberate making of unsolicited gestures or comments, or the deliberate display of sexually graphic materials which are not necessary for school purposes, either in person or via any media source. "Sexual abuse" includes, but is not limited to, intentionally touching another person’s intimate parts or intentionally forcing another person to touch their own or any other person’s intimate parts. "Intimate parts" means the genitalia, anus, groin, breast, or buttocks of any person, and includes material covering such intimate parts.

Any student who believes that he or she has been sexually harassed or abused shall immediately report such information to the supervising teacher or coach, and to the school principal. A student who is uncomfortable for any reason with reporting such alleged harassment/abuse to the teacher, coach and/or school principal, or is not satisfied in doing so, may report the matter directly to the Superintendent of Schools. Any information reported shall, to the extent possible, be treated as confidential.

No student will be subject to any retaliation or disciplinary action on the part of the school for reports of sexual harassment/abuse made in good faith.

In adherence to the Charter for the Protection of Children and Young People, schools will offer each year a “safe environment program” endorsed by the Office of Catholic Schools.

In an effort to minimize/address sexual harassment/abuse, students in grades 6 to 12 must receive appropriate age level instruction pertaining to harassment by September 30th (Appendix AB). The Validation of Sexual Harassment Instruction must be completed and submitted to the Office of Catholic Schools by September 30th (Appendix H-1).

HAZING

Hazing is defined as the imposition of strenuous, often humiliating, tasks as part of a program of rigorous physical training and initiation.

Hazing is prohibited. School personnel will not tolerate any hazing on Diocesan school grounds, in virtual school, or at any school-sponsored activity (on or off school grounds). In addition, the Office of Catholic Schools expects students and parents who become aware of an act of hazing to report it to appropriate school personnel (e.g. principal, teacher, school counselor). The Office of Catholic Schools expects staff members who become aware of an incidence of hazing to report the hazing to school administration for further investigation.

In cases of reported hazing, the principal or designee shall interview all students involved (i.e. the aggressor(s) and the victim(s)) and investigate, as appropriate. This investigation may include interviews with students, parents, and school staff; review of school records; and identification of parent and family issues. Any student who retaliates against another for reporting hazing may be subject to appropriate consequences.

Consequences for students who engage in hazing shall depend on the results of the investigation and may include:

- a. Counseling
- b. A parent conference
- c. Detention
- d. Suspension and/or Expulsion Depending on the severity of the incident(s), the principal may also report incidents of hazing to law enforcement if appropriate.

BULLYING

Bullying is defined as any aggressive and unwanted behavior that is intended to harm, intimidate, or humiliate the victim; involves a real or perceived power imbalance between aggressor or aggressors and victim; and is repeated over time or causes severe emotional trauma. Bullying includes cyber bullying. Bullying does not include ordinary teasing, horseplay, argument, or peer conflict.

Examples include, but are not limited to:

- a. Physical intimidation or assault
- b. Extortion
- c. Oral or written threats, including text messaging
- d. Malicious teasing
- e. Putdowns
- f. Name calling
- g. Threatening looks

- h. Gestures or acts of aggression (Overt and Covert)
- i. Cruel rumors & false accusations
- j. Social Isolation
- k. Cyber bullying

School personnel will not tolerate any bullying on Diocesan school grounds or at any schoolsponsored activity (on or off school grounds). In addition, the Office of Catholic Schools expects students and parents who become aware of an act of bullying or cyberbullying to report it to appropriate school personnel (e.g. principal, teacher, school counselor). The Office of Catholic Schools expects staff members who become aware of an incident of bullying to take appropriate steps to intervene unless intervention would be a threat to staff members' safety. If a staff member believes that his/her intervention has not resolved the matter, or if the bullying persists, he/she shall report the bullying to the school principal for further investigation.

In cases of reported bullying, the principal or designee shall interview all students involved (i.e. the aggressor(s) and the victim(s)) and investigate, as appropriate. This investigation may include interviews with students, parents, and school staff; review of school records; and identification of parent and family issues. Any student who retaliates against another for reporting bullying may be subject to appropriate consequences.

Consequences for students who bully others shall depend on the results of the investigation and may include:

- a. Counseling
- b. Parent conference
- c. Detention
- d. Suspension and/or Expulsion

Depending on the severity of the incident(s), the principal may also report incidents of bullying to law enforcement, if appropriate.

RESPECT FOR LIFE

A fundamental tenet of our Catholic faith is that human life must be respected and protected absolutely from the moment of conception. In the event of a student pregnancy or participation in an abortion, the school may condition continued enrollment in the school upon the student's/family's compliance with the foregoing and other corollary tenets of the Catholic Church.

ASBESTOS MANDATORY YEARLY NOTIFICATION

ASBESTOS NOTIFICATION (SAMPLE LETTER)

In the past, asbestos was used extensively in building materials because of its insulating, sound absorbing, and fire retardant capabilities. Virtually any building constructed before the late 1970s contains some asbestos. Intact and undisturbed, asbestos materials generally do not pose a health risk. Asbestos materials, however, can become hazardous when, due to damage or deterioration over time, they release fibers.

In 1986, Congress passed the Asbestos Hazard Emergency Response Act (AHERA) which requires schools to be inspected to identify any asbestos containing building materials. Every _____ years, _____ School has conducted an inspection to determine whether the condition of the known or assumed asbestos containing building materials (ACBM) has changed and to make recommendations on managing or removing the ACBM. At the last inspection, all materials listed in the Management Plan as asbestos-containing (or assumed to be asbestos-containing) were inspected and found to be in good condition.

The law further requires an asbestos management plan to be in place. The _____ School Asbestos Management Plan has several on-going requirements.

It is the intention of _____ to comply with all federal and state regulations controlling asbestos and to take whatever steps are necessary to ensure students and employees a health and safe environment in which to learn and work. You are welcome to review a copy of the asbestos management plan at the school during regular business hours. _____, as Director of Operations, is our designated asbestos program coordinator, and all inquiries regarding the asbestos plan and asbestos-related issues should be directed to him/her at _____.

VIDEO SURVEILLANCE CAMERAS

School leadership at each individual school must install video surveillance cameras in order to maintain a safe and secure environment.

- a. At the discretion of the principal/head of school or his/her designees, video surveillance cameras may be placed in public locations deemed appropriate. Such locations may include, without limitation, school entrances/exits, lobby areas, hallways, classrooms,

cafeterias, athletic areas, gathering spaces, and outdoor grounds, as well as school buses.

- b. Restrooms, changing rooms, private offices, nurse's offices, and locker rooms are excluded from security camera use.
- c. It is recognized that it will not be possible to monitor all building areas, rooms, and grounds, or to monitor any location at all times.

Schools making use of video surveillance cameras will provide notice to staff, students, and parents/guardians, by means of inclusion of this policy in their respective handbooks, that video surveillance may occur on school property. In addition, school leadership may elect to install signs at building entrances or other locations deemed appropriate to inform visitors and invitees that video surveillance may occur.

To the extent video images may be deemed appropriate to create student records or personnel records, the school shall comply with any applicable state and federal laws related to record maintenance, retention, and disclosure.

Video images obtained by the school shall be viewed by authorized school and diocesan personnel as necessary. The school and the diocese may rely on the images obtained by the video surveillance cameras in connection with the enforcement of diocesan or school policies, regulations, codes of conduct, building rules, and other applicable laws or rules, including, but not limited to, use of such images in student and staff disciplinary proceedings and matters referred to local law enforcement agencies in accordance with applicable law. Video images may become part of a student's educational record or a staff member's personnel record in accordance with applicable law.

All video recordings shall be stored in a secure place. Recordings will be saved for no less than 30 days and may be retained longer if deemed appropriate. All video recordings are the sole property of the Catholic Diocese of Arlington. Release of such videos will be made only with the permission of the diocesan Superintendent of Schools or his/her designee.

IX. STUDENTS WITH DISABILITIES

The Office of Catholic Schools recognizes the beauty and potential inherent within each student. In an effort to foster continued growth, the school embraces the opportunity to provide assistance and services for students with disabilities according to the resources available within/to the school. Parents/guardians are considered an integral part of the process.

In order to accommodate a student who has been evaluated for special learning needs, parents are obligated to share educational/psychological testing results and any resulting plan with the school. The refusal to provide such information is grounds for terminating enrollment in the school. A student may be admitted on a probationary basis with dates and criteria of evaluation clearly established in writing.

If a student has a documented disability, a copy of the Individualized Education Plan (IEP), Individualized Services Plan (ISP), 504 plan, and/or Student Assistance Plan (SAP) should be maintained in the student's confidential file. Students who have a documented disability, but do not qualify for services through the local public school, may be eligible for interventions through a Student Assistance Plan written at the Catholic school.

When a student qualifies for special education services through the public school and will not receive services, an Individualized Catholic Education Plan can be written following the information in the Guidelines for Serving Students with Disabilities.

Failure of the parent to sign the Student Assistance Plan or Individualized Catholic Education Plan does not prevent the implementation of the plan.

Students with disabilities are expected to follow the school's policies and honor code.

X. EXTENDED DAY

EXTENDED DAY PROGRAM

The school offers an extended day program on days when the school is in session for students who are currently enrolled in the school's academic program. See Section IV, *General School Policies*, regarding fees to utilize this program. Parents/guardians must sign their child(ren) in/out when they are being placed in/released from the program at the beginning and end of the school day,

respectively. All provisions in this handbook (except Section II, *Academics*, but including the section on *Technology*), apply to the Extended Day Program.

CRISIS MANAGEMENT/EMERGENCY PREPAREDNESS PLAN

A Crisis Management/Emergency Preparedness Plan has been developed and approved. All employees have been trained accordingly.

OVER-THE-COUNTER SKIN PRODUCTS

All non-prescription drugs and over-the-counter skin products shall be used in accordance with the manufacturer's recommendations. Non-prescription drugs and over-the-counter skin products shall not be kept or used beyond the expiration date of the product.

For all over-the-counter skin products:

- a. written parent/guardian authorization noting any known adverse reactions shall be obtained;
- b. shall be in the original container labeled with the child's name;
- c. does not need to be kept locked, but shall be inaccessible to children under five years of age;
- d. any center-kept sunscreen shall be hypo-allergenic and have a minimum SPF of 15;
- e. children nine years of age and older may administer their own sunscreen, if supervised.

When insect repellent is used, a record shall be kept that includes the child's name, date of use, frequency of application, and any adverse reaction. Manufacturer's instructions for age, duration, and dosage shall be followed.

LICENSING INFORMATION

The Commonwealth of Virginia helps assure parents/guardians that child day programs that assume responsibility for the supervision, protection, and well-being of a child for any part of a 24-hour day are safe. Title 63.1, Chapter 10 of the Code of Virginia gives the Department of Social Services authority to license these programs. While there are some legislative exemptions to licensure, licensed programs include child day centers, family day homes, child day center systems,

and family day systems. The state may also voluntarily register family day homes, which are not required to be licensed.

Standards for licensed child day centers address certain health precautions, adequate play space, a ratio of children per staff member, equipment, program and record keeping. Criminal record checks and specific qualifications for staff and most volunteers working directly with children are also required. Standards require the facility to meet applicable fire, health, and building codes.

Compliance with standards is determined by announced and unannounced visits to the program by licensing staff within the Department of Social Services. In addition, parents or other individuals may register a complaint about a program, which will be investigated if it violates a standard.

Three types of licensing may be issued to programs. Conditional licenses may be issued to a new program to allow up to six months for the program to demonstrate compliance with the standards. A regular license is issued when the program substantially meets the standards for licensure. A provisional license, which cannot exceed six months, is issued when the program is temporarily unable to comply with the standards. Operating without a license when required constitutes a misdemeanor which, upon conviction, can be punishable by a fine of up to \$100 or imprisonment of up to 12 months or both for each day's violation.

If you would like additional information about the licensing of child day programs or would like to register a complaint, please contact the Regional Office of Social Services closest to you.

Fairfax Licensing Office
3701 Pender Drive, Suite 125
Fairfax, VA 22030
(703) 934-1505

Northern Virginia Regional
Office
320 Hospital Drive, Suite #23
Warrenton, VA 22186
(540) 347-6345

Verona Licensing Office
Post Office Box 350
Verona, Virginia 24482-0350
(540) 248-9345

Piedmont Regional Office
Commonwealth of Virginia Building
210 Church Street, S.W., Ste. 100
Roanoke, VA 24011-1779

Central Regional Offices
1604 Santa Rosa Road, Suite 130
Richmond, VA 23229-5008
(804) 662-9743

Eastern Regional Office
Pembroke Office Park
Pembroke Four Office Building, Suite 300
Virginia Beach, VA 23452-5496
(757) 491-3990

(540) 857-7920

Abingdon Licensing Office
190 Patton Street
Abingdon, VA 24210
(540) 676-549

INSURANCE

The extended day program is covered by public liability insurance through the Diocese of Arlington and the Catholic Mutual Relief Society of America. Student insurance must be provided by the family through their own policy or purchased through an independent school insurance provider.

TAX INFORMATION

Because the Internal Revenue Service requires identification of care givers in order to claim a credit for child and dependent care expenses, the program staff will complete and return to the parent/guardian any W-10 that is sent in, provided Part II is already completed by the parent.

PARENTAL/GUARDIAN INVOLVEMENT

In compliance with state regulations for state licensed programs, a custodial parent/guardian shall be admitted to any child day program. Such right of admission shall apply only while the child is in the child day program (63.2-1813 of Code of Virginia).

The Program operates from 7:00 to 8:35 a.m. and again from 11:45 a.m. to 6:00 p.m. on each day that the school is open. The Program does not operate during school vacations or holidays. If there is a one-hour delayed opening of the school, the Program will open at 8:00 a.m. If there is a two-hour delayed opening, our Program will open at 9:00 a.m. If there is an early dismissal due to inclement weather, the BSSDP will close.

When weather conditions become dangerous after the school closes, parents will be contacted and asked to pick up their children as soon as possible. If the school is closed because of snow or other inclement weather, the BSEDP will be closed.

Blessed Sacrament School follows the emergency closings and delayed openings of the Alexandria City Public Schools. If the principal feels that road conditions or the parking lot at Blessed Sacrament necessitate a different decision from that of the Alexandria schools, the staff will notify parents.

School Messenger Alerts will be issued as information becomes available.

Admission Policy

The BSEDP is open to the following children who are enrolled in Blessed Sacrament Grade School and Early Childhood Center during the time periods indicated:

Session A:

11:45 a.m. to 3:00 p.m.	Fuzzy Bears & Butterflies
1:30 p.m. to 3:00 p.m.	Shooting Stars & Rainbows

Session B:

3:00 p.m. to 6:00 p.m.	All ECC Classes
3:15 p.m. to 6:00 p.m.	Kindergarten and GS

Session ER (Early Release):

12:00 p.m. to 3:00 p.m.	All Grade School students on “Early Release” days (i.e., when the Grade School has “Half Days” - refer to School Calendar)
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Each child’s health records, immunization information and Emergency Care form must be on file in the school office prior to attendance in the Extended Day Program. No student may use the BSEDP unless registered for the Program with appropriate emergency and health information submitted to the school office. **All families are strongly encouraged to register their children.** The registration fee will not be charged until the first time the Extended Day Program is used.

Students can use the Program on a “Regular Basis” (i.e., from 3-5 days per week, every week of the month), or on a “Drop-in Basis” (i.e., day-to-day on an irregular basis).

To use the Program on a Drop-in Basis, it is preferred that the student's parent notify the Extended Day Director no later than **two days** prior to the desired attendance date, except in case of an emergency. Drop-in use will be charged through the FACTS system after the fact. Admittance will be granted if space is available. In case of emergency use, parents should contact the Director (703-998-4170 or aoroc@bssva.org or kchelak@bssva.org) and/or the school office by phone or email.

Enrollment in each session is limited by the size of available space and our ability to maintain the necessary adult-to-student ratios. Priority will be given to children whose custodial parents work outside the home, are actively studying towards employment outside the home, or are gainfully employed while working from their home, in that order. In addition, the following rules apply:

Priority in Session A will be given to students enrolled on a regular weekly basis (eg. 5 days per week); who have siblings in the Grade School; who are enrolled on a regular weekly basis; then to "Drop-in" users (one day at a time) on a first-to-sign-up basis.

Priority in Sessions B and ER will be given to students who use the Program on a regular weekly basis (eg. 5 days per week); then to "Drop-in" users (one day at a time) on a first-to-sign-up basis.

Supervision

The Blessed Sacrament School Extended Day Program is staffed by an Administrator/Principal (who is in charge of the total operation of the Program), a Director, child care supervisors, child care aides, and a bookkeeper.

The Administrator and other staff have at least the minimum educational background and/or related work experience required by the Virginia Department of Social Services.

Classes including preschoolers have a minimum caregiver/student ratio of 1/10. All other classes will have a minimum caregiver/student ratio of 1/18 for students 5-8 years old, and 1/20 for students 9 years old and up.

Registration

Yearly registration for the Program occurs at the time of school registration. The registration form **must include two local emergency contact persons** that are not the parents of the child. If space

is available, applications for registration will be accepted throughout the year. Every child who will use the Program, whether on a regular or drop-in basis must be registered.

Termination

A decision whether to terminate enrollment of a child will be made only for good cause after consultation with the child's parents or guardians and written approval of the Principal and the Director of the Program. Parents will be notified in writing in advance of any proposal to terminate the enrollment of any child.

When a parent wishes to terminate the enrollment of their child in the Program, they must give at **least one week's written notice to the Director**. Any payment of fees made for care beyond the termination date will be refunded to the parents when the Director is given one week's written notice.

Transportation

BSSDP does not supply transportation for students. When students are picked up, care should be taken to drive safely, park legally and be alert for pedestrian traffic. No cars are allowed to park in the fire lanes.

While students are at recess outdoors, barriers will be placed on the parking lot to clearly mark the limit of the parking area for pickups that occur at this time.

Activities

Each segment of the Program provides the children an opportunity to eat lunch or snack (depending on the time of day), to rest, play (outdoors when weather is permitting), study, and participate in loosely structured supervised activities such as arts and crafts, games, and sports appropriate to the children's ages

Time is allowed for homework after snack. This does not mean that all homework will be completed. Parents are asked to inform the BSSDP in writing their expectations concerning homework for their child. Please be sure to check your child's assignments. The Program is located in the main preschool room, the cafeteria (Quinn Hall), the gym, and outdoor play areas.

Check-In Procedures

For the After School sessions, preschoolers are escorted by the staff to their meeting place in the Big ECC Room. Grade School children are to report directly to Quinn Hall and/or alternate announced Program rooms upon dismissal from school. Attendance is taken immediately each day.

Upon arrival, the children are instructed as to the appropriate place to store their belongings (i.e., coat, backpack, change of clothes).

If a child arrives at the center with obvious signs or symptoms of a communicable disease, the child shall not be allowed to attend for that day.

Absences

If a child is expected to be absent, late, or leaving earlier than usual, the Director and school office must be notified in writing as soon as possible in either hard copy or email. Emergency or unexpected changes may also be notified by phone (703-998-4170, x-136) but should be followed-up in writing (preferably by email).

Change of Clothes

Parents of Kindergarten and Grade School students are encouraged to send play clothes with their children each day. Children are given an opportunity to change their clothes before play begins. It is strongly recommended that girls change into a pair of pants or wear shorts under the jumper or skirt, so that they may comfortably engage in physical play.

Rest Period Policy

Preschoolers are given a one-hour rest period on cots during the 11:45 a.m. to 3:00 p.m. segment. Sheets are provided for the cots. In addition, a small pillow, light blanket, or small object of security may be brought from home.

Kindergarten and Grade School students are not given a special rest period.

Children showing symptoms of fatigue or illness will be permitted to rest on a cot if needed in a quiet area separate from the rest of the students until picked up.

Dismissal and Pick-Up Procedures

The students wait under the supervision of an appointed staff person for their parents or other designated pick-up person. They may not wait outside unattended. All persons picking up a child must come to the center and sign out that child. On non-early release days, persons picking up before 3:00 p.m. should access the building at the front entrance on Braddock Road. ECC students picked up during Session A should come to the ECC Playground Door. After 4:00 p.m., and on early-release days, the building should be entered by way of the church side cafeteria/Quinn Hall door. At these times admittance is gained by knocking on the door. Only adults are permitted to open the door. Signs will be placed on the doors advising of alternate locations when the students are not in their assigned rooms.

If someone other than the parent or planned pick-up person is picking up the child from the Program, their name must be on the registration form under “EMERGENCY CONTACTS,” or on the school Emergency Care form, **and** a note must be sent by the parent to the Director stating that person’s name. This note should be received ideally no later than upon arrival of your child at the Program that day. Alternate pick-up information may also be emailed to the Director. Persons other than the regular pick-up people are to show identification to the staff before signing a child out of the Program. Any change in the regularly expected pick-up routine should be communicated in writing (including email), or by phone (703-998-4170, x-136) if unplanned. **If no advance notification of a change in pick-up has been received, the parents will be called for verification before the student is released.**

If a caregiver will be late picking up their student (after 6 PM), the caregiver must call or send an email to the Director **before** 6 PM.

In the event that a child has not been picked up at closing time, the staff of the BSSEDP will attempt to reach the parents or guardians, using all the available phone numbers. Attempts will also be made to reach all listed emergency contact people for that child. The radio will be monitored for news of adverse weather conditions or traffic problems that would cause a delay in arrival.

If, after employing these measures for 1 ½ hours beyond closing, no contact is made and the person picking up has not made known to the BSSEDP his/her impending arrival, the Director (or staff person in charge), after consulting with the Administrator/Principal, shall call the local office of Child Protection Services.

Communication Between Parent and Staff

On-going communication between parent/guardians and staff members is encouraged at all times. Visits during hours of operation are welcome. No advance notice is required.

If a caregiver will be late picking up their student (after 6 PM), the caregiver must call or send an email to the Director **before** 6 PM.

Parents or guardians may leave messages for the staff or your child until 4 PM at the school office (703-998-4170). When the school office is closed, you may contact the caregivers by email addressed to the Director or by calling the school telephone line. Informational notices are posted on the bulletin boards in the Program Rooms and updates are published on the school's web page as well as in the school's weekly newsletter. In an emergency, information will be dispensed via the school website and/or through the School Messenger system.

The BSEDP requests that at least once during the year parents confirm that all required information on their child is up to date, and that any changes in contact information be communicated immediately.

Child Abuse

The Blessed Sacrament School Extended Day Program follows the Diocesan guidelines concerning child abuse as found earlier in this handbook under the subsection entitled: **Prevention of Sexual Misconduct and/or Child Abuse.**

Emergency Procedures

Emergency evacuation procedures are posted in locations that are conspicuous to staff and children. Emergency procedures are practiced with drills at various intervals throughout the year.

Emergency telephone numbers are posted in a conspicuous place near each telephone.

The Program staff will notify a parent immediately in the event of a serious accident or injury, and will notify the parent of a minor accident or injury at the end of the day. Written documentation of the type of injury, date, steps taken and method of notification will be kept on file at the center for two years after the injury or accident.

There is at least one staff person on the premises during all hours of operation trained in rescue breathing, CPR & AED, and certified in standard first aid from a course approved by the Department of Social Services, as well as trained in daily health observation of children.

In case of illness or accident, appropriate first aid will be administered. If the illness or injury is serious, the child's parent or guardian, as designated on the student's "Registration Form", will be contacted and emergency care will be solicited immediately.

Medication Policy

The Extended Day staff with MAT (Medication Administration Training) may administer prescription and non-prescription medication to a child only when written authorization from the parent or child's physician is on file.

Authorization from the parent shall be for a limited time period (not to exceed 3 consecutive school days). Authorizations for a longer period of time must be signed by a physician, and will be retained during the effective period. All medication must be in the original container, labeled with the child's name, the name of the medication, the dosage amount and the method of administration. In addition, the first dose should have been administered at home. All medication will be kept in a locked area and returned to the parent as soon as it is no longer being administered. Forms authorizing the staff to administer medication are available in the office and on the school website.

The Extended Day staff will not administer sunscreen or insect repellent unless required by prescription. For students nine years of age and up, parents desiring their child to have sunscreen must supply a labeled container to be kept at Extended Day, which the student may apply on his/her own. Any insect repellent should be applied prior to sending the child to school.

Discipline Policy

The discipline policy of the Blessed Sacrament School Extended Day Program complements the School's established policy on discipline. Discipline will be positive, gentle, timely and appropriate to the infraction. There will be no physical punishment of any form administered to a child. Children will never be shaken. No staff member will force or withhold food, force or withhold naps, or punish toileting accidents. No staff member shall verbally abuse a child, including but not limited to, threats or belittling remarks about any child or the family.

Students are expected to abide by the same discipline policy in force in the school. Violence and/or verbally abusive behavior will not be tolerated. This includes but is not limited to fighting, punching, pushing, or any activity that causes or could cause injury, verbal teasing, bullying or threatening. If a student behaves violently or is verbally abusive, the parents will be notified to come and take the student home. The student will remain at home for that day and

will serve an out-of-school suspension the following school day.

Students who exhibit disrespectful behavior (i.e. answering back, rudeness) to Extended Day personnel and/or each other, deliberate disobedience, continual loud talking during homework time, throwing food, school or personal objects will be subject to the following disciplinary actions.

1. Students will be given a written notification of misbehavior to be signed by a parent or guardian and returned on the following school day.
2. **Three** such notifications will warrant a **mandatory conference** with the Director, parent or guardian, and student, which must take place within three school days of the third notification. If the conference has not taken place in this time period, the student may not use the Extended Day Program until a conference has taken place.
3. **Two more** notifications of misbehavior after this conference will result in an immediate **one-day suspension** from the Program and an **additional conference**.
4. Continued misbehavior and a **total of three suspensions** may result in the dismissal of the student from the Extended Day Program.

Food Policy

ECC students, Kindergarten and Grade School students are expected to bring a lunch and drink for consumption during 11:45 a.m.-3:00 p.m. segments. Milk can be ordered through the school office. A nutritious snack is provided during the after school segment. The snack menu is posted in each of the base rooms used by the Program.

In order to ensure the health and safety of all children in our care, your cooperation is requested with the following policies regarding food brought from home:

1. The food must not require refrigeration.
2. The food must be properly wrapped to prevent it from becoming dirty or otherwise inedible.
3. The food container must be sealed and clearly **dated** and **labeled** in a way that **identifies the owner and date of consumption**.
4. You must instruct your child **not** to share his/her food because of possible food allergies or special diets of other children.

5. The food must be nutritionally sound. We ask that you not send candy or other empty calorie foods. While cookies or other dessert-type foods may be sent, they should only be as a supplement to a nutritional component such as fruits, vegetables, muffins, cold dry cereal, or fruit juice (not sweetened, water-based beverages).

6. If your child has a **food allergy** or is on a special diet, the staff must be **informed in writing**, even if you provide a daily snack from home.

7. Because of the possibility of nut allergies, peanut butter and other nut containing products are not permitted.

8. All unused portions will be discarded or returned to parents (if the parents so wish) at the end of each day.

IF A CHILD FORGETS OR LOSES HIS/HER LUNCH OR BRINGS A LUNCH WHICH IS NOT NUTRITIONALLY SOUND, THE STAFF WILL FURNISH THE CHILD WITH A SUITABLE REPLACEMENT FROM THE STOCK OF FOOD KEPT FOR EMERGENCIES, AND THE PARENT WILL BE BILLED

APPENDICES

For School Forms visit our School [website](#)

Diocesan Forms:

- Permission for Emergency Care Form (Appendix F-1)
- Confidential Student Health History Update (Appendix F-1A)
- Virginia School Entrance Health Form (Appendix F-2)
- Virginia School Entrance Health Form Instructions (Appendix F-2A)
- Inhaled Medication or Nebulizer Treatment Authorization Form (Appendix F-3)
- Virginia Asthma Action Plan (Appendix F-3A)
- Nebulizer Treatment Log and Procedure (Appendix F-3B)
- Diocese Epinephrine Authorization Form (Appendix F-4)
- Severe Allergy/Anaphylaxis Action Plan & Treatment Authorization (Appendix F-4A)
- Diabetes Reference Emergency Plan: Hyperglycemia & Hypoglycemia (Appendix F-5)
- Diabetes Medical Management Plan (Appendix F-5A)
- Medication Authorization Form (Appendix F-6)
- Student Injury Accident Report (Appendix F-7)
- Wind Chill Factors/Heat Stress Index (Appendix F-15)
- Certificate of Religious Exemption (Appendix F-18)
- Seizure Action Plan (Appendix F-20)
- Photo, Press, Audio, and Electronic Media Release for Minors (Appendix N)
- Parent Permission for School Sponsored Trip Participation.English (Appendix R)
- Permiso De Los Padres Para Excursiones Patrocinados Por La Escuela.Spanish (Appendix R-A)
- Use of Personal Vehicle (Appendix R-1)
- Elementary/Middle School Handbook Agreement Form (Appendix AG-1)



Office of Catholic Schools
excellence by design

Permission for Emergency Care

Appendix F-1

To be completed and signed annually by a parent/guardian

Legal Name: Last _____ First _____ Middle _____

Nickname _____ Sex Male Female Date of Birth (mm/dd/yyyy) / /

Home Address _____
(Street) (City) (State) (Zip)

Home Phone - - Email for official school communication _____

Name(s) of any sibling(s) at school _____ Grade(s)/Room _____

Student lives with (*applicable custody paperwork must be attached*): _____

Mother/Female Guardian

Father/Male Guardian

Full Name _____

Maiden Name _____

Home Address _____

Home City/State/Zip _____

Home Phone _____

Home Email _____

Cell Phone _____

Work Phone _____

Work Email _____

Work Address _____

Occupation _____

Employer _____

Marital Status (Circle) Married Separated Divorced*

Widowed Single Remarried

Married Separated Divorced*

Widowed Single Remarried

***Appropriate custody paperwork MUST be attached.**

***Appropriate custody paperwork MUST be attached.**

Persons NOT authorized to pick up the student from school:

Name _____ Relationship _____

Emergency Contacts: In the event a parent/guardian cannot be reached, you must give the name, address and phone number of two persons who could collect the student from school in a timely manner.

1) _____
(Name) (Address, City, State, Zip) (Phone) (Relationship)

2) _____
(Name) (Address, City, State, Zip) (Phone) (Relationship)

Student's Doctor _____ Phone# _____

Outstanding Medical History _____
(e.g. diabetes, heart disease, contact lenses, hearing aid, etc.)

Allergies _____ Action to Take _____

Student's Medications _____ Date of Last Tetanus Shot _____

Insurance Company _____ Policy # _____

• I agree to notify the school within 24 hours if my child or any member of their immediate household has developed a communicable disease. I agree to notify the school immediately if the disease is life threatening. I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child. • I certify that the information provided in this document is true and accurate to the best of my knowledge.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

__/__/__
Date

Revised 2016

Appendix F-1A



**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
CONFIDENTIAL STUDENT HEALTH HISTORY UPDATE**

PARENT/GUARDIAN: Please complete this form at the beginning of each school year.

Name _____ F DOB: _____ School _____ Grade _____

M

Mother / _____ Guardian Work # _____ Home # _____ Cell # _____

Father / Guardian _____ Work # _____ Home # _____ Cell# _____

Physician _____ Phone# _____ School Year _____

Complete the following checklist by indicating any of the following student conditions, past or present.

	YES*	DATE
ADHD	<input type="checkbox"/>	
Allergies / Environmental	<input type="checkbox"/>	
Allergies / Food	<input type="checkbox"/>	
Allergies / Insect Stings or Bees	<input type="checkbox"/>	
Allergies / Latex	<input type="checkbox"/>	
Allergies / Medications	<input type="checkbox"/>	
Allergies / Other	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	
Asthma / Breathing Problem	<input type="checkbox"/>	
Behavioral Problem	<input type="checkbox"/>	

	YES*	DATE
Headaches / Migraines	<input type="checkbox"/>	
Hearing Problem	<input type="checkbox"/>	
Heart Defect or Disease	<input type="checkbox"/>	
Hepatitis or Liver Problem	<input type="checkbox"/>	
Hernia	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	
Immune System Disorder	<input type="checkbox"/>	
Infectious Disease, Current	<input type="checkbox"/>	
Infectious Disease, Inactive	<input type="checkbox"/>	
Lead Poisoning	<input type="checkbox"/>	

Bladder / Kidney Disorder			
Bleeding / Clotting Disorder			
Bone / Joint / Muscular Disorder			
Cancer			
Convulsions / Epilepsy / Seizure			
COVID-19			
Depression			
Dental Problem			
Developmental Problem			
Dizziness or Fainting			
Diabetes			
Dietary Restriction			
Digestive / Bowel Problem			
Eating Disorder			
Endocrine Disorder			
Head or Spinal Injury			

Menstrual Problem			
Mental Health Diagnosis			
Mobility Limitation			
Mononucleosis			
Orthodontic Treatment			
Physical Education Restriction			
Psychological / Emotional Problem			
Scoliosis			
Skin Condition			
Soiling / Incontinence			
Speech Disorder			
Surgery or Hospitalization			
Tuberculosis			
Vision or Eye Disorder			
Weight Concern (Under/Overweight)			
Other: (explain below)			

*Provide details for all items above marked **YES** :

Does the student's health condition require medically necessary medications or specialized health care treatments in school? YES NO

Explain

Does the student take any medications, homeopathic supplements, or nutritional & performance supplements

YES

NO Explain

Specifically ***during or after exercise***, has the student experienced any of the following? Check all that apply:

- Fainting / Passing-Out Heat Stroke Severe Lightheadedness / Dizziness Coughing / Wheezing Excessive Bruising
 Extreme Shortness of Breath Chest Pain Numbness / Tingling in _____ NONE APPLY

Was a Medical Evaluation done as a result of any of the above symptoms during exercise? YES NO Outcome: _____



YES **CONSENT FOR TREATMENT:** I give my permission for qualified school personnel to provide routine health care and first aid to my child as may be necessary during school and after school activities. I assume full responsibility for providing the school with all necessary student over-the-counter or prescription medications as well as necessary medical treatment supplies and authorizations.

YES **CONSENT TO SHARE INFORMATION:** The school nurse and/or health aide have my permission to share my child's confidential health information, on a need-to-know basis, with appropriate members of the educational staff, primary healthcare providers, and extended day, for use in meeting the educational and health needs of my student. This consent includes the sharing of personally identifiable health record information during immunization and communicable disease surveillance audits by the Virginia Department of Health and the Virginia Department of Social Services for licensed program compliance, if applicable.

Parent / Guardian Signature _____ Date _____

Revised 2021

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no earlier than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____
Last First Middle

Student's Date of Birth: ___/___/___ Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____

Student's Address _____ City _____ State _____ Zip Code _____

Name of Parent or Legal Guardian 1: _____ Phone: - -
_____ Work or Cell: _____ - _____ - _____ Phone: _____ - _____ - _____

Name of Parent or Legal Guardian 2: _____ Phone: _____ - _____ Work or Cell: _____ - _____ - _____
Emergency Contact: - _____ Work or Cell: _____ - _____ - _____

Hospital Preference: _____

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/ Employer Sponsored _____

Box 1. Pre-Existing Conditions

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex) Please list Life Threatening Allergies:			Diabetes: Type 1		
			Diabetes: Type 2		
			Insulin pump		
Allergies (seasonal)			Head injury, concussion		
Asthma or breathing conditions			Hearing conditions or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart conditions		
Behavioral/Psych/ Social conditions			Lead poisoning		
Developmental conditions			Muscle conditions		

Bladder conditions			Seizures		
Bleeding conditions			Sickle Cell Disease (not trait)		
Bowel conditions			Speech conditions		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental Health conditions			Vision conditions		

Describe any other important health-related information about your child (Feeding tube , Trach , Oxygen support, Hearing aids, Dental appliance, Wheelchair, Hospitalizations, etc.):

Box 2. Medications

List all prescription, emergency, over-the-counter, and herbal medications your child takes regularly (Home/ School):

Medication Name	Dosage	Time Administered (Home/School)	Notes
1.			
2.			
3.			
4.			

Additional Medications (Name, Dose, Time Administered, Notes)

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

I _____ (do) (do not) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: ____ / ____ / ____
 Signature of Interpreter: _____ Date ____ / ____ / ____

**1 COMMONWEALTH OF VIRGINIA
 SCHOOL ENTRANCE HEALTH FORM
 Part II - Certification of Immunization**

Section I

See Section II for conditional enrollment and exemptions.

Check if the student's Immunization Records are attached using a separate form signed by HCP	<input type="checkbox"/>
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A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box. Please contact your local health department for assistance with foreign vaccine records.

Student Name:		Date of Birth : / /			Sex:
Race (Optional):		Ethnicity: Hispanic Non-Hispanic			
IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
Diphtheria, Tetanus, Pertussis Vaccine (DTP, DTaP)	1	2	3	4	5
Diphtheria, Tetanus (DT) or Tdap or Td Vaccine (given after 7 years of age)	1	2	3	4	5
Tdap Vaccine booster	1				
Poliomyelitis Vaccine (IPV, OPV)	1	2	3	4	5
Haemophilus influenzae Type b Vaccine (Hib conjugate) only for children <60 months of age	1	2	3	4	
Rotavirus Vaccine (RV) only for children < 8 months of age	1	2	3		
Pneumococcal Vaccine (PCV conjugate) only for children <60 months of age	1	2	3	4	
Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Measles, Mumps, Rubella Vaccine (MMR vaccine)	1	2			
Measles Vaccine (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
Rubella Vaccine	1	2	Serological Confirmation of Rubella Immunity:		
Mumps Vaccine	1	2	Serological Confirmation of Mumps Immunity:		
Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3	4	
Hepatitis A Vaccine	1	2			
Meningococcal ACWY Vaccine	1	2			
Meningococcal B Vaccine	1	2	3		
Human Papillomavirus Vaccine (HPV)	1	2	3		
Influenza (Yearly)	1	2	3	4	5
Other	1	2	3	4	5
Other	1	2	3	4	5
Certification of Immunization					
I certify that this child is ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's <i>Regulations for the Immunization of School Children</i> (Reference Section III).					

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ___/___/___

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Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.
This section must be attached to Part I Health Information (to be filled out and signed by parent).

Student's Name: _____ Date of Birth: |___|_|_|
Parent or Legal Guardian Name: _____
Parent or Legal Guardian Name: _____
Phone Number: _____

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap :[___]; DT/Td:[___]; OPV/IPV:[___]; Hib:[___]; PCV:[___]; RV:[___]; Measles :[___];
Mumps:[___]; Rubella :[___]; VAR:[___]; Men ACWY:[___]; Men B:[___]; Hep A:[___]; HBV:[___]
This contraindication is permanent: [] , or temporary [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |___|_|_|.
Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** ___/___/___

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious beliefs or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. See *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____
Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** | | |

Section III Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. Code of Virginia § 32.1-46(a)).
(Requirements are subject to change.)

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Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.
Student's Name: _____ Date of Birth: ____/____/____ Sex: M F

Health Assessment	Date of Assessment: ____/____/____ Weight: _____ lbs. Height: _____ ft. _____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided		Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment															
				1	2	3				1	2	3				1	2	3
	HEENT						Neurological						Skin					
	Lungs						Abdomen						Genital					
	Heart						Extremities						Urinary					
Tuberculosis Screening Check the box that applies: <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified Test for TB Infection: TST IGRA Date: _____ TST Reading _____ mm TST/IGRA Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal																		
EPSTD Screens <u>Required</u> for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																		

Developmental Screen	<i>Assessed for:</i>	<i>Assessment Method:</i>	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				
Hearing Screen	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box. <input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Referred				
		1000	2000	4000	<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen
	R				<input type="checkbox"/> Permanent Hearing Loss Previously identified: <input type="checkbox"/> Left <input type="checkbox"/> Right
	L				<input type="checkbox"/> Hearing aid or another assistive device

- | | |
|---|--|
| <input type="checkbox"/> With Corrective Lenses (Check if yes)

Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not tested

Distance Both R L Test used:
20/ 20/ 20/ | <input type="checkbox"/> Problems Identified: Referred for Treatment

<input type="checkbox"/> No Problem: Referred for prevention
<input type="checkbox"/> No Referral: Already receiving dental care

<input type="checkbox"/> Unable to perform |
|---|--|

Vision Screen					Dental Screen

Pass Referred to eye doctor Unable to test-needs rescreen

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): <hr/>
	Allergy: <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ <i>Type of allergic reaction:</i> <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction <i>Response required:</i> <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other:: _____ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc) _____
	Restricted Activity Specify: _____
	Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____
	Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.
	Special Diet Specify: _____
	Special Needs Specify: _____
	Other Comments: _____

Health Care Professional’s Certification (Write legibly or stamp) By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).

Name: _____ Signature: _____

MCH213G reviewed 10/2020 Practice/Clinic Name: _____

Address: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Email: _____

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MCH 213G School Health Entrance Form Instructions

Part I-Health Information Form

Part I is to be completed by the parent or guardian and reviewed for accuracy by the health care provider conducting the comprehensive physical examination.

- Signature of the legal guardian or parent – may or may not provide written authorization for the child’s health care provider and the designated provider of health care in the school setting to discuss the child’s health concerns and/or exchange information pertaining to this form.
- Signature of the Interpreter-needed only if the form was completed with the assistance of an interpreter.

Part II-Certification of Immunization

Instructions for completing *Part II, Sections I and/or II*, are located under each section respectively. Race and Ethnicity are optional questions to answer.

- For current immunization requirements, consult the Division of Immunization web site at

<http://www.vdh.virginia.gov/epidemiology/immunization>.

Part III-Comprehensive Physical Examination Report

Complete the child’s name, date of birth, and check the appropriate box indicating child’s sex.

The Code of Virginia requires documentation of a comprehensive physical examination upon entry to public kindergarten or elementary school. The physical examination must be completed by a qualified licensed physician, nurse practitioner, or physician assistant, and must be completed within 12 months prior to the date such child first enters public kindergarten or elementary school. The physical examination is required to protect the public from communicable disease, and to identify physical, socialemotional, or developmental needs the child has so that the school can:

- Prepare to assist with meeting their needs
- Initiate necessary interventions to maximize the child’s school readiness.
- Public school divisions may require additional components.

The school entrance health form is also widely used by providers of child care, Head Start, Virginia Preschool Initiative (VPI), and the Infant and Toddler Connection (Part C Early Intervention) services.

The content of the comprehensive physical examination is based on *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition (revised 2008)*. Wherever possible, documentation meets expectations for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements.

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Health Assessment

Complete the Health Assessment section as appropriate. Check the boxes for “age/gender appropriate history completed” and “anticipatory guidance provided” to indicate that you have completed these tasks.

TB Screening

- All children should be screened for risk factors for tuberculosis (TB) prior to school entry. Some school systems have specific requirements for screening certain populations, and providers should be knowledgeable of the requirements for their localities.
- All children should be screened for symptoms of active TB disease. Older children can present with classic TB symptoms to include productive cough, fever, night sweats, weight loss, poor appetite and fatigue. Younger children may present with non-specific symptoms such as failure to gain weight, poor appetite and fatigue instead of the classic TB symptoms. All children with symptoms should receive further evaluation with a chest x-ray, and/or other examinations as appropriate to rule out active disease.
- Children should then be screened for potential risks for acquiring TB infection. Those with a risk factor should receive a test for TB infection, either a tuberculin skin test or an interferon gamma release assay (IGRA). Children testing positive for TB infection should have a chest x-ray and any additional follow-up needed, based on the results of the x-ray and clinical evaluation. Risks for acquiring TB infection include: close contact with a household member or other individual with active TB disease, birth or residence in a TB endemic country, and travel to or visitors from TB endemic countries. Please refer to the [High-Burden-TB-Countries List](#) and [Resistant TB High Burden](#). Persons from these countries should be screened for TB and TB infection. Persons from countries not found on this list should only be tested if symptomatic or if they have risk factors.
- A sample TB risk assessment form and instructions is available at:

[TB Risk Assessment Form](#) and [TB Risk Assessment Form Instructions](#)

- If a child has no risk factor for acquiring TB infection, and no symptoms compatible with active TB disease, check the appropriate box, “no risk for TB infection identified” or “no symptoms compatible with active TB disease”. All others will require further evaluation prior to school entry.
- Information on diagnosing active TB disease and TB infection in children and adolescents is located in the American Academy of Pediatrics *Redbook: 2012 Report of the Committee on Infectious Diseases*.
- For additional questions regarding Tuberculosis screening, contact the Virginia Department of Health TB Control and Prevention Program by telephone at 804.864.7906.

Note: *Some localities may require TB tests on all children for school or other program entry.*

Physical Examination

Check the appropriate box for each body system examined using the following guide:

1= Within normal limits

2= Abnormal finding

3= Referred for evaluation or treatment (Indicates that the provider has made a direct referral to another provider, or advised the parent/guardian to follow up with another provider)

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Early Periodic Screening, Diagnosis, & Treatment (EPSDT) Screens Required for Head Start

EPSDT screening and diagnostic tests are required for students entering Head Start programs. For other children, lead or anemia screen test results may be noted in this section as information for the personnel reviewing the form.

- EPSDT screening includes: ○ Blood lead (test at age 1 and 2, or age 3 if not previously done) ○ Anemia (hemoglobin or hematocrit annually at ages 2 - 5)

Document the specific results and the date of each in the spaces provided

Developmental Screen

Screening for age appropriate development is a critical component of well child care and is integral to identifying children who may need assistance in the school or other structured environment. The established standard of well child care recognizes the use of a standardized tool for assessing development. Examples of tools that have been validated and found to be efficient for use in provider offices include: Parent’s Evaluation of Developmental Skills (PEDS) and Ages and Stages Questionnaires (ASQ). *Bright Futures* milestones are also used in such screening.

Assessment Method: Indicate the tool or method used to evaluate the child. Note the results:

- Check in the column if findings are within the normal range
- Specify any/all concerns identified in the appropriate row/column
- Check if you referred the child for further evaluation (either made a direct referral to another provider, or advised the parent to follow up)

Hearing Screen

Check the box for the screening method used and indicate the results for each method.

Pure tone audiometer should be screened at 20 dB HL in each ear.

Check the boxes as applicable:

- Referred to audiologist/ENT (if child does not pass at the 20 dB level)
- Permanent hearing loss previously identified: ___Left ___Right
- Hearing aid or other assistive device (such as cochlear implant)
- If you are unable to complete a hearing screen, check the box “unable to test – needs rescreen” and this will alert school personnel to conduct a hearing screen.

Vision Screen

Check the box indicated if the test was performed with the child wearing corrective lenses.

Indicate the results of a stereopsis screen, if conducted (up to age 9); check the appropriate box if not.

Indicate the results of the distance acuity screen and note the test used; examples include Snellen letters, Snellen numbers, tumbling E chart, Picture tests, Allen figures. Distance testing at 10 feet is recommended.

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Check the boxes as applicable:

- Pass
- Referred to eye doctor (results greater than 20/40 with either eye if child is 3 – 5 years old, or 20/30 if 6 years or older, or if there is a two-line difference between the eyes even in the passing range)
- If you are unable to complete a vision screen, check the box “unable to test – needs rescreen” and this will alert school personnel to conduct a vision screen.

Dental Screen

Dental caries (tooth decay) is the most common chronic disease in children. At the time of school entry, all children should be receiving routine preventive care in a dental office (dental home). “The American Academy of Pediatric Dentistry (AAPD) supports the concept of a dental home for all infants, children, adolescents, and persons with special health care needs. The dental home is inclusive of all aspects of oral health that result from the interaction of the patient, parents, dentists, dental professionals, and non-dental professionals. Children who have a dental home are more likely to receive appropriate preventive and routine oral health care. Referral by the primary care physician or health provider has been recommended, based on risk assessment, as early as six months of age, six months after the first tooth erupts, and no later than 12 months of age. The AAPD encourages parents and other health care providers to help every child establish a dental home by 12 months of age” (American Academy of Pediatric Dentistry, 2012).

Perform a visual examination of the teeth and mouth, lifting the lip to observe the condition of the gums.

Based on your exam findings, check the appropriate box:

- **Problem Identified:** Referred for treatment (there are signs of caries, periodontal disease, soft tissue pathology, or a significant abnormal orthodontic condition requiring additional evaluation or corrective intervention in a dental office), www.vdh.virginia.gov/ofhs/childandfamily/dental/
- **No Problem:** Referred for prevention (there is no evidence of pathology and the mouth appears normal, but the child is not currently receiving routine preventive dental care) to include dental sealants and fluoride varnish applications
- **No Referral:** Already receiving care in a dental home (the mouth appears normal, and the child receives regular dental care, including preventive dental services; sealants and fluoride varnish applications, as reported by the parent). *Note:* the child may have had a single or recent dental visit for an acute problem such as a broken tooth. This alone does not constitute a dental home.

Use the *Recommendations to (Pre) School, Child Care, or Early Intervention Personnel* section to summarize any diagnoses, abnormal findings, or concerns from the physical examination that are of significance.

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel

This box communicates specific information about the child to the school or other program he/she will be entering. It is your opportunity to inform the school/program about this child's health status, special needs or considerations, and communicate any concerns that may help the school/program prepare for the child. ***This box must be completed in order for the form to be accepted by (pre)school personnel.***

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Summary of Findings:

- Check the box for **Well Child** – if no conditions are identified of concern to school program activities” if the findings from your examination and screening are all within normal range, or not significant to the child’s school entry, e.g., an acute upper respiratory infection.
- Check the box for **Conditions identified** – if conditions are identified and are important to schooling or physical activity” if there were any diagnoses or substantive abnormal findings on your examination or screening that should be flagged for school personnel, e.g., asthma, eczema, heart murmur. Use the space provided to summarize such findings from your exam or screenings.
- **Allergy:** Check the type of allergy, specify the allergen, the type of reaction, and the response required.
- **Individualized Health Care Plan (IHP) Needed:** Note if an individualized care plan (IHP) is needed for any identified health condition such as asthma, diabetes, seizure disorder, severe allergy, etc. The parent will need to collaborate with the child’s health care provider and provide required physician orders for school personnel. The care plan will be initiated by the school nurse and does not need to accompany this form at the time of enrollment.
- **Restricted Activity:** Indicate any restrictions to physical activity, required assistive devices, or any limitations the child has which needs to be communicated to school personnel.
- **Developmental Evaluation:** Note if the child already has a current individualized education plan (IEP), or specify any further evaluation needs.

- **Medication:** Note if the child routinely takes medication, and further document if medication must be administered while student is at school. If this is the case, parents will need to provide the school with physician orders, parental authorization, and medication/supplies to administer medication. The parent should check with the school for the appropriate form and documentation needed. Parental authorization does not need to accompany this form at the time of enrollment.
- **Special Diet:** Document special dietary needs that have medical implications, e.g., metabolic restrictions, tube feedings. The parent will need to communicate any special dietary requests to school nutrition services and/or the school nurse. Parents will need to provide physician orders, parental authorization, and supplies to school personnel.
- **Special Needs:** Summarize any special health care needs (not otherwise addressed here) of which school personnel should be aware, i.e., oxygen, treatments, etc.
- **Other Comments:** Document any other findings or recommendations that will help school or other program personnel prepare for the child, or assist the child's family.

Health Care Professional's Certification:

Provide the requested information about the provider who completed the exam and practice location contact information. ***The signature line must be completed.*** An electronic signature as well as a signature stamp is acceptable.

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References-

- American Academy of Pediatrics. [Summaries of Infectious Diseases]. In: Pickering LK, Baker CJ, Kimberlin, DW, Long SS, eds. *Red Book: 2012 Report of the Committee on Infectious Diseases*. Elk Grove Village, IL: American Academy of Pediatrics; 2012:736-759
- American Academy of Pediatric Dentistry [AAPD]. (2012). *Policy on the dental home*. Retrieved March 28, 2014, from http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf
- Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.

Reference website resources-

Healthy Futures Virginia (Bright Futures)-www.healthyfuturesva.com Virginia Child Day Center Regulations- http://www.dss.virginia.gov/facility/child_care/licensed/child_day_centers/ Virginia Department of Education School Health Specialist http://www.doe.virginia.gov/support/health_medical/index.shtml

<http://www.vdh.virginia.gov/epidemiology/Immunization/requirements.htm>-VDH immunization schedule/requirements

Virginia Department of Health Division of Child and Family Health-

<http://www.vdh.virginia.gov/ofhs/childandfamily/>

Virginia Head Start Association- <http://www.headstartva.org/index.php>- Virginia Department of Health School Age Health

Specialist<http://www.vdh.virginia.gov/ofhs/childandfamily/childhealth/schoolhealth/>

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
INHALED MEDICATION or NEBULIZER TREATMENT AUTHORIZATION

Release and indemnification agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I TO BE COMPLETED BY PARENT			
I hereby request designated school personnel to administer an inhaler as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use an inhaler, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required			
Inhaler/Respiratory Treatment <input type="checkbox"/> Renewal <input type="checkbox"/> New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)			
First dose was given: Date _____ Time _____			
Student Name (Last, First, Middle)			Date of Birth
Allergies	School		School Year
_____ Parent or Guardian Signature		_____ Daytime Telephone	_____ Date
PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER (LAY LANGUAGE, NO ABBREVIATIONS)			
DIAGNOSIS:		LIST TRIGGERS:	
SIGNS / SYMPTOMS		MEDICATION AND ROUTE:	
DOSAGE TO BE GIVEN AT SCHOOL		INTERVAL FOR REPEATING DOSAGE:	
TIME TO BE GIVEN:		COMMON SIDE EFFECTS:	
EFFECTIVE DATE: Start: End:		If the student is taking more than one medication at school, list sequence in which inhalers and/or respiratory treatments are to be taken:	
Check <input checked="" type="checkbox"/> the appropriate boxes:			
<input type="checkbox"/> I believe that this student has received information on how and when to use an inhaler and that he or she demonstrates its proper use.			
<input type="checkbox"/> The student is to carry an inhaler during school and school sanctioned events with principal/school nurse approval. (An additional inhaler, to be used as backup, WILL BE kept in the clinic or other approved school location.)			
<input type="checkbox"/> It is not necessary for the student to carry his/her inhaler during school, the inhaler will be kept in the clinic or other approved school location.			
<input type="checkbox"/> Asthma Action Plan is attached (if appropriate).			
_____ Licensed Health Care Provider (Print)	_____ Licensed Health Care Provider (Signature)	_____ Telephone or Fax	_____ Date



_____ Parent or Guardian	_____ Parent or Guardian Signature	_____ Telephone	_____ Date
_____ student carries inhaler)		_____ Date	Student Signature (Required if

PART III TO BE COMPLETED BY REGISTERED NURSE, LICENSED NURSE or HEALTH AID

Check as appropriate:

- Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the LHCP stationery or a prescription pad.)
- Inhaler/Respiratory Treatment Medication is appropriately labeled.

_____ Date by which any unused inhaler/respiratory treatment medications and/or supplies is to be collected by the parent (within one week after expiration of the physician order or on the last day of school).

- I have reviewed the proper use of the inhaler with the student and student can self-carry in school indicated by this form and/or the Asthma Action Plan (if appropriate) that is signed by LHCP. Appendix F-21A to be completed in addition to this statement.

Signature

Date

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. **In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.**
2. **Schools do NOT provide medications for student use.**
3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
4. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
5. **All medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days **also** require a licensed healthcare provider's (LHCP) written order. **No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.****
6. **The parent or guardian must transport medications to and from school.**
7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - a. Student name
 - b. Date of Birth
 - c. Diagnosis
 - d. Signs or symptoms
 - e. Name of medication to be given in school
 - f. Exact dosage to be taken in school
 - g. Route of medication
 - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
 - i. Sequence in which two or more medications are to be administered
 - j. Common side effects
 - k. Duration of medication order or effective start and end dates
 - l. LHCP's name, signature and telephone number
 - m. Date of order
10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
 - a. Name of student
 - b. Exact dosage to be taken in school
 - c. Frequency or time interval dosage is to be administered
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.

13. **Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen)
14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

Virginia Asthma Action Plan


School Division:


Name			Date of Birth
Health Care Provider	Provider's Phone #	Fax #	Last flu shot
Parent/Guardian	Parent/Guardian Phone		Parent/Guardian Email:
Additional Emergency Contact	Contact Phone	Contact Email	


Asthma Triggers (Things that make your asthma worse)				
<input type="checkbox"/> Colds	<input type="checkbox"/> Dust	<input type="checkbox"/> Animals: _____	<input type="checkbox"/> Strong odors	Season
<input type="checkbox"/> Smoke (tobacco, incense)	<input type="checkbox"/> Acid reflux	<input type="checkbox"/> Pests (rodents, cockroaches)	<input type="checkbox"/> Mold/moisture	<input type="checkbox"/> Fall <input type="checkbox"/> Spring
<input type="checkbox"/> Pollen	<input type="checkbox"/> Exercise	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Stress/Emotions	<input type="checkbox"/> Winter <input type="checkbox"/> Summer

▼ **Medical provider complete from here down** ▼

Asthma Severity: <input type="checkbox"/> Intermittent or <input type="checkbox"/> Persistent : <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
--

Green Zone: Go!	Take these CONTROL (PREVENTION) Medicines EVERY Day
<p>You have ALL of these:</p> <ul style="list-style-type: none"> • Breathing is easy • No cough or wheeze • Can work and play • Can sleep all night <div style="text-align: center;"></div> <p>Peak flow: _____ to _____ (More than 80% of Personal Best)</p> <p>Personal best peak flow: _____</p>	<p>Always rinse your mouth after using your inhaler and remember to use a spacer with your MDI.</p> <p><input type="checkbox"/> No control medicines required.</p> <p><input type="checkbox"/> Aerospan _____ <input type="checkbox"/> Advair _____ <input type="checkbox"/> Alvesco _____ <input type="checkbox"/> Asmanex _____ <input type="checkbox"/> Budesonide _____</p> <p><input type="checkbox"/> Dulera _____ <input type="checkbox"/> Flovent _____ <input type="checkbox"/> Pulmicort _____ <input type="checkbox"/> QVAR _____ <input type="checkbox"/> Symbicort _____</p> <p><input type="checkbox"/> Other: _____</p> <p>_____ puff (s) MDI _____ times a day Or _____ nebulizer treatment(s) _____ times a day</p> <p><input type="checkbox"/> (Montelukast) Singulair, take _____ by mouth once daily at bedtime</p> <p>For asthma with exercise, ADD: <input type="checkbox"/> Albuterol <input type="checkbox"/> Xopenex <input type="checkbox"/> Ipratropium, MDI, 2 puffs with spacer 15 minutes before exercise (i.e., PE class, recess, sports)</p>

Yellow Zone: Caution!	Continue CONTROL Medicines and ADD RESCUE Medicines
<p>You have ANY of these:</p> <ul style="list-style-type: none"> • Cough or mild wheeze • First sign of cold • Tight chest • Problems sleeping, working, or playing <div style="text-align: center;"></div> <p>Peak flow: _____ to _____ (60% - 80% of Personal Best)</p>	<p><input type="checkbox"/> Albuterol <input type="checkbox"/> Levalbuterol (Xopenex) <input type="checkbox"/> Ipratropium (Atrovent), MDI, _____ puffs with spacer every _____ hours as needed</p> <p><input type="checkbox"/> Albuterol 2.5 mg/3ml <input type="checkbox"/> Levalbuterol (Xopenex) _____ <input type="checkbox"/> Ipratropium (Atrovent) 2.5mg/3ml one nebulizer treatment every _____ hours as needed</p> <p><input type="checkbox"/> Other: _____</p> <p>Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week, or if your rescue medicine doesn't work.</p>

Red Zone: DANGER!	Continue CONTROL & RESCUE Medicines and GET HELP!
<p>You have ANY of these:</p> <ul style="list-style-type: none"> • Can't talk, eat, or walk well • Medicine is not helping • Breathing hard and fast • Blue lips and fingernails • Tired or lethargic • Ribs show <div style="text-align: center;"></div> <p>Peak flow: < _____ (Less than 60% of Personal Best)</p>	<p><input type="checkbox"/> Albuterol <input type="checkbox"/> Levalbuterol (Xopenex) <input type="checkbox"/> Ipratropium (Atrovent), MDI, _____ puffs with spacer every 15 minutes, for THREE treatments.</p> <p><input type="checkbox"/> Albuterol 2.5 mg/3ml <input type="checkbox"/> Levalbuterol (Xopenex) _____ <input type="checkbox"/> Ipratropium (Atrovent) 2.5mg/3ml one nebulizer treatment every 15 minutes, for THREE treatments</p> <p><input type="checkbox"/> Other: _____</p> <p style="text-align: center; color: red;">Call your doctor while administering the treatments. IF YOU CANNOT CONTACT YOUR DOCTOR: Call 911 or go directly to the Emergency Department NOW!</p>

REQUIRED SIGNATURES:

I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/ monitoring devices. I approve this Asthma Management Plan for my child.

PARENT/GUARDIAN _____ Date _____

SCHOOL NURSE/DESIGNEE _____ Date _____

OTHER _____ Date _____

CC: Principal Cafeteria Mgr Bus Driver/Transportation School Staff
 Coach/PE Office Staff Parent/guardian

SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER	
<p>Check One:</p> <p><input type="checkbox"/> Student, in my opinion, <u>can carry and self-administer inhaler at school.</u></p> <p><input type="checkbox"/> Student needs supervision or assistance to use inhaler, and <u>should not carry the inhaler in school.</u></p>	
MD/NP/PA SIGNATURE: _____	DATE _____
<p>Effective Dates ▶ _____ to ▶ _____</p>	

Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 04/2015

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Based on NAEPP Guidelines 2007 and modified with permission from the D.C. Asthma Action Plan via District of Columbia, Department of Health, D.C. Control Asthma Now, and District of Columbia Asthma Partnership



OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
NEBULIZER TREATMENT LOG

Child's Name: _____ Classroom: _____

Medication & Dosage: 1. _____ Time(s) to be given: _____
 2. _____ Start date: _____ End date: _____

_____ Special Instructions: _____ ***Daily reminder:*** Ask the
 parent/guardian the time of the last treatment.

Nebulizer treatments should not be given more often than every 4-6 hours. Be sure to follow written medical instructions.

Date	Time of last neb Given at home	Time	Breath, rate per minute: before	Breath, rate per minute: after	Observations: <i>(Cough, skin color, secretions, discomfort, activity levels, etc.)</i>	Staff Initials

Comments:

Staff signature and initials: _____

Normal breathing rate at rest:

Infant < one year 20-40 breaths/minute Toddler: 18-30 breaths/minute School age child: 16-25 breaths/minute

Appendix F-3B, Policy 628



NEBULIZER TREATMENT PROCEDURE

Equipment includes:

- Nebulizer machine, nebulizer “cup” with mouth piece or mask
- Medication and normal saline (or pre-measured medicine)
- Nebulizer machine
- Connection tubing **Procedure:**

1. Wash your hands.
2. Observe, count, and document the child’s breathing rate.
3. Assemble the equipment near the child and a power source.
4. Measure and pour the medicine into the nebulizer cup. *Note: medications may come in a “unit dose” (saline and medication are premixed)*
5. Have the child sit in an upright comfortable position.
6. Attach the nebulizer tubing to the air compressor and turn it on.
7. Place the mouthpiece into his mouth. The child needs to breathe in and out through his mouth. A mask may be used for infants and young children.
8. Observe the child for any reactions such as wheezing. If the child coughs during the treatment, remove the mouthpiece or mask, and allow the child to finish coughing.
9. When the treatment is finished, turn off the machine.
10. Observe, count, and document the child’s breathing rate.
11. Report to the parent/guardian if the child’s breathing rate is above their normal rate.
12. Ask child to wash their hands and drink water to rinse out their mouth.
13. Wash your hands.
14. **DOCUMENT:** *Date, time, number of breaths per minute before and after the treatment, any observations (i.e. cough, secretions, skin color, activity, etc.). Initial and sign the log. Note: Some children cough up mucous after breathing treatments. Observe the color and thickness. Normal secretions are usually white/clear and thin. Thick and sticky mucous that is yellow or green color may indicate infection. Report this to the parent.*
15. **CLEANING:** rinse the “cup,” mouthpiece/mask under hot running water. Allow the pieces to air-dry on a clean paper towel or cloth. When dry, store in a clean plastic bag that can be closed. A more complete cleaning is needed if more than 3-4 treatments are given per day.

Send the nebulizer machine/equipment home with parent for regular maintenance.

Normal breathing rate at rest:

Infant < one year 20-40 breaths/minute

Toddler: 18-30 breaths/minute

School age child: 16-25 breaths/minute


OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON EPINEPHRINE
AUTHORIZATION
FOR USE WITH ANTIHISTAMINE AUTHORIZATION AND ALLERGY ACTION PLAN

Release and indemnification agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I TO BE COMPLETED BY PARENT OR GUARDIAN			
I hereby request designated school personnel to administer an epinephrine injection as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for administering this injection, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I am aware that the injection may be administered by a specifically trained non-health professional. I have read the procedures outlined on the back of this form and assume responsibility as required.			
I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.			
Student Name (Last, First, Middle)			Date of Birth
Allergies	School	School Year	
No LPN or clinic room aide shall administer inhaler or treatment, unless the principal has reviewed all the required clearances			
Parent or Guardian Signature		Daytime Telephone	Date
PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER WITH NO ABBREVIATIONS.			
Emergency epinephrine injections may be administered by trained non-health professionals. These persons are prepared by licensed health care personnel to administer the injection. For this reason, only pre-measured doses of epinephrine (auto injector) may be given.			
After report of student exposure to _____, via (route of exposure) <input type="checkbox"/> Ingestion <input type="checkbox"/> Skin contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Insect bite or sting the following action will be taken; (specific allergens)			
<input type="checkbox"/> The following injectable epinephrine dosage will be given <u>immediately</u> , as prescribed below.			
<input type="checkbox"/> The following injectable epinephrine dosage will be given as noted below and as detailed on the attached Allergy Action Plan (F-4A), in conjunction with the Antihistamine Authorization Form (F-4B)			
Check <input checked="" type="checkbox"/> appropriate boxes:			
<input type="checkbox"/> EpiPen 0.3 <input type="checkbox"/> Teva Generic EpiPen 0.3 <input type="checkbox"/> Impax 0.3 <input type="checkbox"/> Auvi-Q 0.3			
<input type="checkbox"/> Give the pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution (0.3cc) by auto injection intramuscularly in anterolateral thigh.			
<input type="checkbox"/> Repeat the dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)			
<input type="checkbox"/> EpiPen Jr. 0.15 <input type="checkbox"/> Teva Generic EpiPen 0.15 <input type="checkbox"/> Impax 0.15 <input type="checkbox"/> Auvi-Q 0.15			
<input type="checkbox"/> Give the pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution (0.3 cc) by auto injection, intramuscularly in anterolateral thigh.			
<input type="checkbox"/> Repeat the dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)			
COMMON SIDE EFFECTS			
EFFECTIVE DATE: Start: _____ End: _____		If the student is taking more than one medication at school, list sequence in which medications are to be taken	



Check appropriate box:

- I believe that this student has received adequate information on how and when to use an epinephrine auto injector, and has demonstrated its proper use.
- a. The student is to carry an auto injector during school hours with principal approval. The student can use the auto injector properly in an emergency.
- b. One additional dose, to be used as backup, should be kept in clinic or other school location.
- The auto injector will be kept in the school clinic or other school approved location _____.

Licensed Health Care Provider (Print or Type)

Licensed Health Care Provider (Signature)

Telephone or Fax

Date

Parent or Guardian (Print or Type)

Parent or Guardian Signature

Telephone

Date

Student Signature (Required if student carries Auto injector)

Date

PART III TO BE COMPLETED BY PRINCIPAL, REGISTERED NURSE, LICENSED NURSE OR HEALTH AID

Check as appropriate:

- Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the LHCP stationery or a prescription pad.)
- Auto injector is appropriately labeled. _____ Date by which any unused Auto injectors are to be collected by the parent (within one week after expiration of the physician order or on the last day of school).
- I have reviewed the proper use of an Auto Injector with the student and student can self-carry in school indicated by this form and/or Appendix F-4A that is signed by LHCP. Appendix F-21B to be completed in addition to this statement.

Signature

Date

Revised 2019

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

- In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.**
- Schools do NOT provide medications for student use.**
- Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
- Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
- All medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days also require a licensed healthcare provider's (LHCP) written order. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.**

Revised 2022



6. **The parent or guardian must transport medications to and from school.**
7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (e.g. inhaler, autoinjector). If the student self carries, it is advised that a backup medication be kept in the clinic.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - a. Student name
 - b. Date of Birth
 - c. Diagnosis
 - d. Signs or symptoms
 - e. Name of medication to be given in school
 - f. Exact dosage to be taken in school
 - g. Route of medication
 - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
 - i. Sequence in which two or more medications are to be administered
 - j. Common side effects
 - k. Duration of medication order or effective start and end dates
 - l. LHCP's name, signature and telephone number
 - m. Date of order
10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
 - a. Name of student
 - b. Exact dosage to be taken in school
 - c. Frequency or time interval dosage is to be administered
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
13. **Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, auto injector)
14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION



PART I - TO BE COMPLETED BY PARENT

Student: _____ D.O.B: _____ Teacher/Grade: _____
 Allergy to: _____ Weight: _____ lbs.
 Asthma: **Yes (Higher risk for severe reaction)** No

Note: Antihistamines and Inhalers are not to be depended upon to treat a severe reaction. USE EPINEPHRINE

PART II - TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

Extremely reactive to the following allergens: _____

Therefore:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.†

† If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

1. INJECT EPINEPHRINE IMMEDIATELY

FOR **ANY** OF THE FOLLOWING: **SEVERE SYMPTOMS**

LUNG	Short of Breath, wheeze, repetitive cough
	HEART Pale, blue, faint, weak pulse, dizzy, confused
	THROAT Tight, hoarse, trouble breathing or swallowing
	MOUTH Significant swelling (tongue or lips)
	SKIN Many hives over body, widespread redness
	SKIN Hives, itchy rashes, swelling
	GUT Repetitive vomiting, severe diarrhea
	OTHER Feeling something bad is about to happen, anxiety, confusion
OR A COMBINATION of symptoms from different body areas.	

2. Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
 - Antihistamine
 - Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie down on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER at least 4 hours because symptoms may return.

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

MILD SYMPTOMS

	NOSE Itchy or runny nose, sneezing
	MOUTH Itchy mouth
	SKIN A few hives around mouth/face mild itch
	GUT Mild nausea/discomfort

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW BELOW DIRECTIONS

1. **GIVE ANTIHISTAMINE** if ordered.
2. Stay with student, alert emergency contact.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES:

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4A Policy
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Epinephrine Brand or Generic: _____ Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____ Antihistamine Dose: _____

(Antihistamines should NOT be used as a first line of treatment during an anaphylaxis episode. It will treat itching ONLY-it will not halt vascular collapse or swelling!)

Other (e.g., Inhaler-bronchodilator if wheezing): _____

It is my professional opinion that this student SHOULD/SHOULD NOT carry his/her epinephrine auto-injector.

_____/_____
Licensed Health Care Provider Authorization (Print / Signature) Telephone Date

PART III - PARENT SIGNATURE REQUIRED

Student _____ Date of Birth _____ Teacher/Grade _____

Administration of an oral antihistamine should be considered only if the student's airway is clear and there is minimal risk of choking.

MONITORING

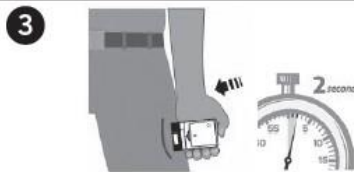
Stay with student, Call 911 and then emergency contact. Tell 911 epinephrine was given, request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given about 5 minutes or more after the last dose.

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

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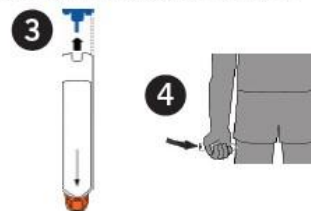
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



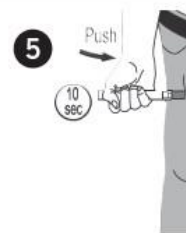
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this action plan and treatment authorization. A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS:

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

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Name/Relationship: _____

Phone: _____

Name/Relationship: _____

Phone: _____

Name/Relationship: _____

Phone: _____

I hereby authorize for school personnel to take whatever action in their judgment may be necessary in providing emergency medical treatment consistent with this plan, including the administration of medication to my child. I understand the Virginia School Health Guidelines, Code of Virginia, 8.01-225 protects school staff members from liability arising from actions consistent with this plan.

Parent / Guardian Authorization Signature

Telephone

Date

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. **In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.**
2. **Schools do NOT provide medications for student use.** (However, High Schools may have a limited stock of Over the Counter (OTC) medications in their clinic. A parent/guardian may sign the OTC High School Medication Authorization Form and these medications can be given to your student should the need arise.)
3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
4. Medication forms are required for each Prescription and OTC medication administered in school.
5. **All medication taken in school must have a parent/guardian signed authorization.** Prescription medications, herbals and OTC medications taken for 4 or more consecutive days **also** require a licensed healthcare provider's (LHCP) written order. **No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.**
6. **The parent or guardian must transport medications to and from school.**
7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - a. Student name
 - b. Date of Birth
 - c. Diagnosis
 - d. Signs or symptoms
 - e. Name of medication to be given in school
 - f. Exact dosage to be taken in school
 - g. Route of medication
 - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
 - i. Sequence in which two or more medications are to be administered
 - j. Common side effects
 - k. Duration of medication order or effective start and end dates
 - l. LHCP's name, signature and telephone number
 - m. Date of order
10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
 - a. Name of student
 - b. Exact dosage to be taken in school
 - c. Frequency or time interval dosage is to be administered
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4A Policy
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13. **Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen).
14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

QUICK REFERENCE EMERGENCY PLAN

Part A of Diabetes Medical Management Plan

HYPOGLYCEMIA

(Low Blood Sugar)

See reverse for
Part B and
signatures

Student Name

School

Teacher/grade

Mother/Guardian

Father/Guardian

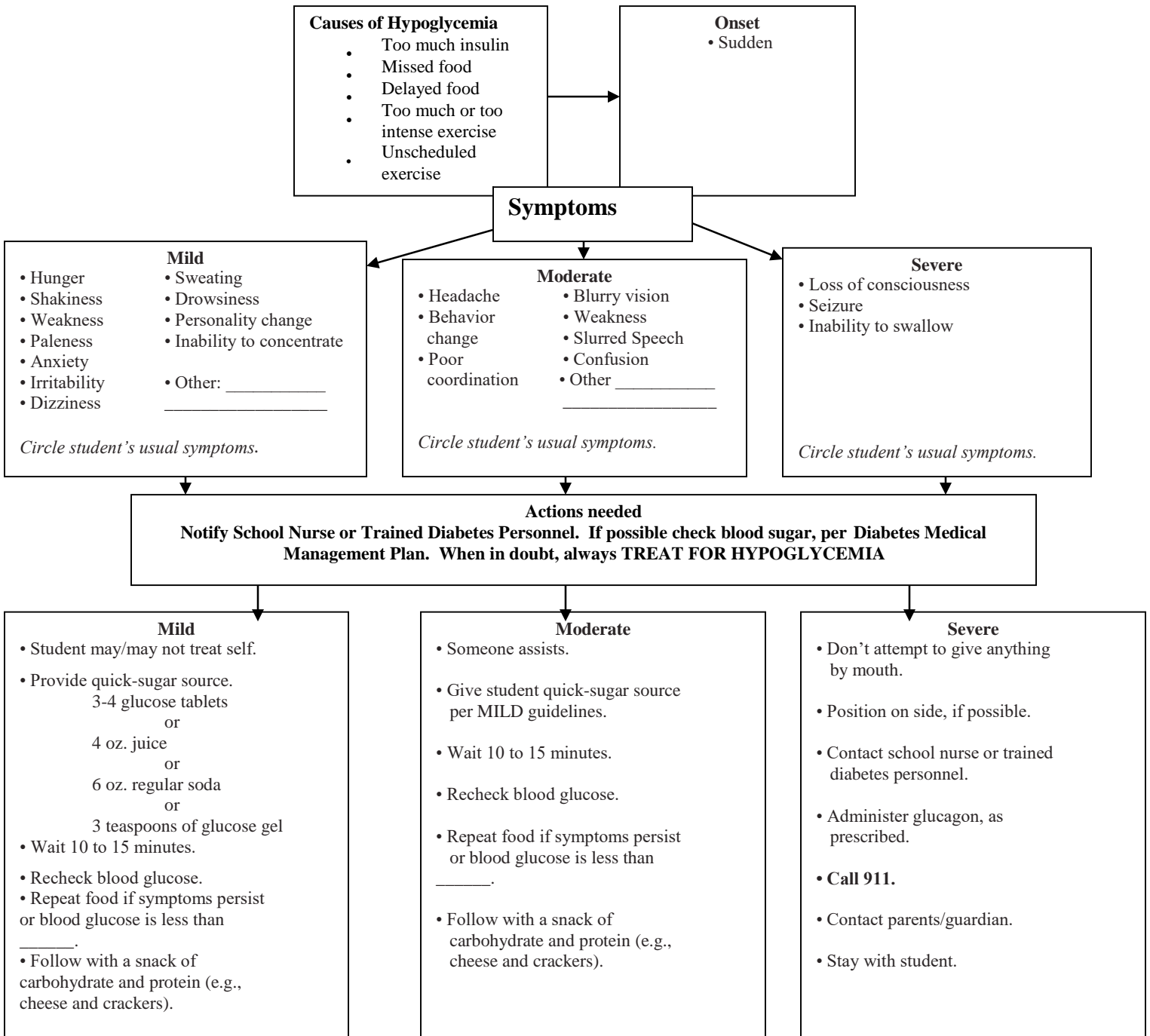
Home phone Work phone Cell

Home phone Work phone Cell

Trained Diabetes Personnel

Contact Number(s)

NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE.

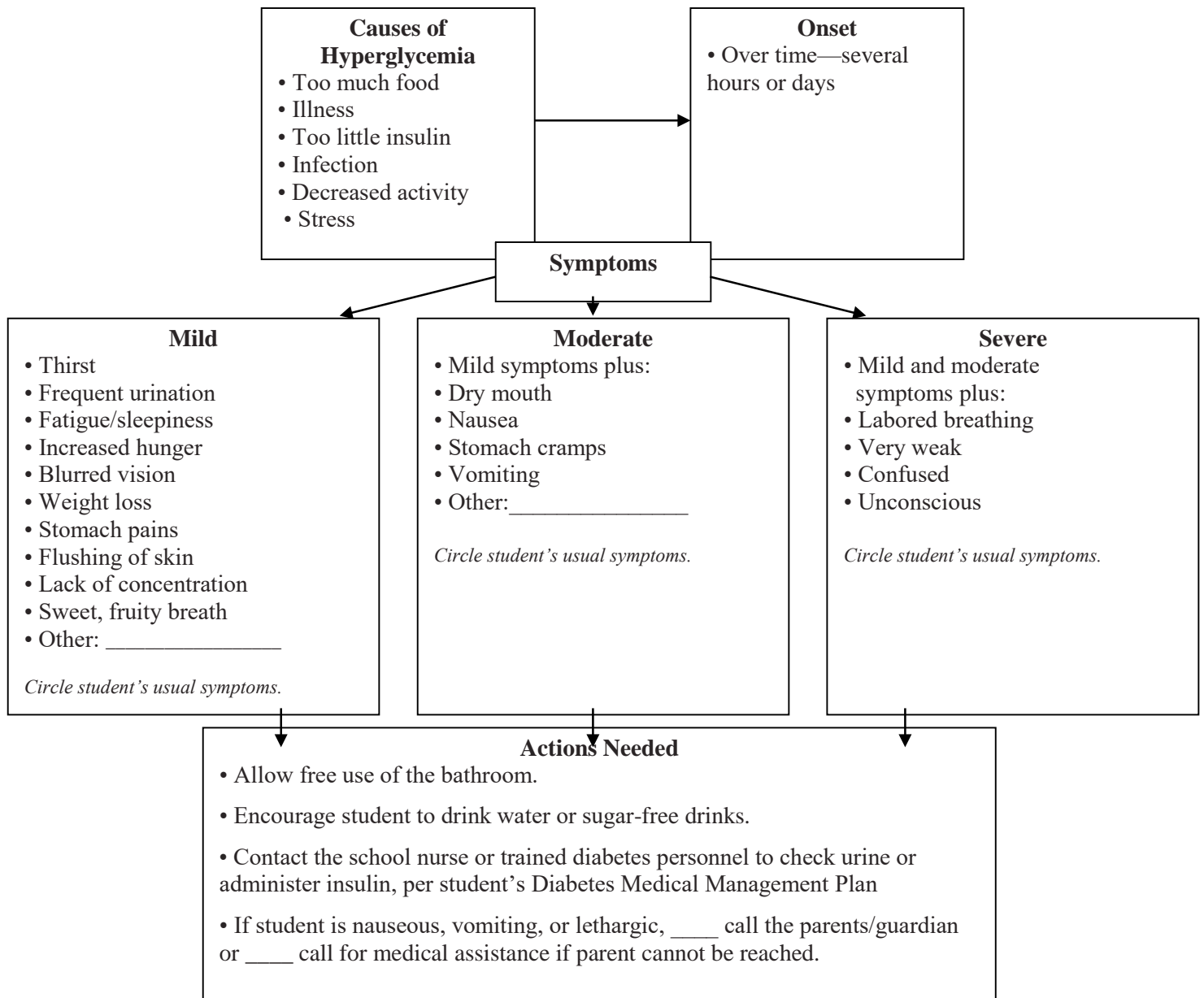


OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part B of Diabetes Medical Management Plan
HYPERGLYCEMIA
(High Blood Sugar)

Student Name _____

School _____

Teacher/grade _____



This quick reference emergency plan reflects orders stated in the Diabetes Medical Management plan and is authorized by;

Parent Signature _____

Telephone _____

Date _____

School Nurse/Principal/School Health Aide Signature _____

Name: _____ DOB: _____ Date: _____ School Year: _____ - _____

Virginia Diabetes Medical Management Plan (DMMP)

Adapted from the National Diabetes Education Program DMMP

This plan should be completed by the student's personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

Student information

Student's name:	Date of birth:
Date of diabetes diagnosis:	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other:
School name:	School phone number:
Grade:	Homeroom teacher:
School nurse:	Phone:

Contact information

Parent/guardian 1
Address:
Telephone: : Home: _____ Work: _____ Cell: _____
Email address:

Parent/guardian 2
Address:
Telephone: : Home: _____ Work: _____ Cell: _____
Email address:

Student's physician / health care provider
Address:
Telephone: _____ Emergency Number: _____
Email address:

Other Emergency Contact	Relationship to Student:
Telephone: : Home: _____ Work: _____ Cell: _____	
Email address:	

Name: _____ DOB: _____ Date: _____ School Year: _____ - _____

Suggested Supplies to Bring to School

<ul style="list-style-type: none"> • Glucose meter, testing strips, lancets, and batteries for the meter • Insulin(s), syringes, and/or insulin pen(s) and supplies • Insulin pump and supplies in case of failure: Reservoirs, sets, prep wipes, pump batteries / charging 	<ul style="list-style-type: none"> • Treatment for low blood sugar (see page 4) • Protein containing snacks: such as granola bars • Emergency Medication Supplies • Antiseptic wipes or wet wipes • Water • Urine and/or blood ketone test strips and meter • Other medication
--	--

Student's Self-care Skills Blood

Glucose:

- Independently checks own blood glucose
 - May check blood glucose with supervision
 - Requires school nurse or trained diabetes personnel to check blood glucose
 - Uses a smartphone or other monitoring technology to track blood glucose values
- #### Insulin Administration:
- Independently calculates / gives own injections
 - May calculate / give own injections with direct supervision to confirm glucose and insulin dose
 - Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision
 - Requires school nurse or trained diabetes personnel to calculate dose and give the injection
- #### Nutrition:
- Independently counts carbohydrates
 - May count carbohydrates with supervision
 - Requires school nurse/trained diabetes personnel to count carbohydrates
 - Parents'/Guardians' discretion for **special event/party food**
 - Student discretion for **special event/party food**

Parents / Guardians Authorization to Adjust Insulin Dose

Parents/guardians are authorized to increase or decrease correction dose scale within the following range: +/- _____ units of insulin.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parents/guardians are authorized to increase or decrease insulin-to carbohydrate ratio from: ____ unit(s) for every ____ grams of carbohydrate to ____ unit(s) for every ____ grams of carbohydrate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range: +/- _____ units of insulin.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Checking Blood Glucose

Target Blood Glucose: Before Meal _____ - _____ mg / dL Other _____ - _____ mg/dL

<input type="checkbox"/> Before breakfast	<input type="checkbox"/> Before lunch	<input type="checkbox"/> Before PE	<input type="checkbox"/> As needed for signs/symptoms of illness
---	---------------------------------------	------------------------------------	--

Name: _____ DOB: _____ Date: _____ School Year: _____ - _____

<input type="checkbox"/> Before Dismissal	<input type="checkbox"/> Other times requested by parent/guardian: _____	<input type="checkbox"/> After PE	<input type="checkbox"/> As needed for signs/symptoms of high/low blood glucose
---	---	-----------------------------------	---

Continuous Glucose Monitoring (CGM)

Yes No Brand/model: _____

Alarms set for: Severe Low: _____ Low: _____ High: _____

Predictive alarm: Rapid Fall: _____ Rapid Rise: _____

Student/School Personnel may use CGM for insulin calculation if glucose reading between _____ - _____ mg/dL Yes No

Student/School Personnel may use CGM for hypoglycemia and hyperglycemia management Yes No (Refer to Hypoglycemia and Hyperglycemia section of this document once confirmed)

Additional information for student with CGM

- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with any medical adhesive or tape the parent / guardian has provided.
- If the CGM becomes dislodged, remove, and return everything to the parents/guardian. Do not throw anything away. Check glucose by finger stick until CGM is replaced / reinserted by parent/guardian or student.
- Refer to the manufacturer's instructions on how to use the student's device.
- Refer to VDC's CGM Position Statement (<https://viriniadiabetes.org/diabetes-in-schools/>)

Student's Self-care CGM Skills	Independent?	
The student is able to troubleshoot alarms and alerts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student is able to adjust alarms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student is able to calibrate the CGM.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student is able to respond when the CGM indicates a rapid trending rise or fall in the blood glucose level.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School nurse or trained personnel notified if CGM alarms	<input type="checkbox"/> High	<input type="checkbox"/> Low
Other instructions for the school health team:		

Physical activity and sports

A quick-acting source of glucose must be available at the site of physical education activities and sports. Examples include glucose tabs, juice, glucose gel, gummies, skittles, starbursts, cake icing.

Student should eat:

Carbohydrate Amount	Before	Every 30 minutes	Every 60 minutes	After activity	Per Parent
15 grams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 grams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ DOB: _____ Date: _____ School Year: _____ - _____

If most recent blood glucose is less than _____mg/dL, student can participate in physical activity when blood glucose is corrected and above _____mg/dL.

Avoid physical activity when blood glucose is greater than _____mg/dL AND / OR if urine ketones are moderate to large / blood ketones are > 1.0 mmol/L

For insulin pump users: see “**Additional Information for Student with Insulin Pump**”, page 7”.

Hypoglycemia (Low Blood Glucose)

Hypoglycemia: Any blood glucose below _____ mg / dL checked by blood glucose meter or CGM.

Student’s usual symptoms of hypoglycemia (circled):

Hunger	Sweating	Shakiness	Paleness	Dizziness
Confusion	Loss of coordination	Fatigue	Irritable/Anger	Crying
Headache	Inability to concentrate	Hypoglycemia Unawareness	Passing-out	Seizure

Mild to Moderate Hypoglycemia:

Student is exhibiting symptoms of hypoglycemia AND / OR blood glucose level is less than _____ mg/dL

1. Give a fast-acting glucose product equal to _____ **grams fast-acting carbohydrate** such as: glucose tablets, juice, glucose gel, gummies, skittles, starbursts, cake icing
2. Recheck blood glucose in 15 minutes
3. If blood glucose level is less than _____, repeat treatment with _____ grams of fast-acting carbohydrates.
4. Consider providing a carbohydrate/protein snack once glucose returns to normal range, as per parent/guardian.
5. **Additional Treatment:**

Severe Hypoglycemia:

Student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement)

1. Position the student on his or her side to prevent choking
2. Administer emergency medication.

Injectable Route (Glucagon, Glucagen, Gvoke)	OR	Nasal route (Baqsimi)
Dose: <input type="checkbox"/> 1 mg <input type="checkbox"/> 0.5 mg		Dose: <input type="checkbox"/> 3 mg (Baqsimi brand)
Route: <input type="checkbox"/> Subcutaneous (SC) <input type="checkbox"/> Intramuscular (IM)		Route: <input type="checkbox"/> Intranasal (IN Baqsimi brand)

Name: _____ DOB: _____ Date: _____ School Year: _____ - _____

Site: <input type="checkbox"/> Buttocks <input type="checkbox"/> Arm <input type="checkbox"/> Thigh <input type="checkbox"/> Lower Abdomen	Site: <input type="checkbox"/> Nose (Baqsimi brand only)
---	--

3. Call 911 (Emergency Medical Services)

- AND the student’s parents / guardians.
- AND the health care provider.

4. If on INSULIN PUMP, Stop insulin pump by any of the following methods:

- Place pump in “suspend” or “stop mode” (See manufacturer’s instructions)
- Disconnect pump at site

ALWAYS send pump with EMS to hospital

Hyperglycemia (High Blood Glucose)

Hyperglycemia: Any blood glucose above _____ mg/dL checked by blood glucose meter or CGM.

Student’s usual symptoms of hyperglycemia (circled):

Extreme thirst	Frequent urination	Blurry Vision	Hunger	Headache
Nausea	Hyperactivity	Irritable	Dizziness	Stomach ache

Insulin Correction Dose

For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose, give correction dose of insulin (see correction dose orders, refer to page 6).

Recheck blood glucose in _____ hours

Notify parents/guardians if blood glucose is over _____ mg/dL.

For insulin pump users: see “**Additional Information for Student with Insulin Pump**”, refer to page 7”.

Ketones

Check Urine for ketones OR Blood for ketones:

If blood glucose is above _____ mg/ dL, two times in a row, at least one hour apart AND / OR when student complains of nausea, vomiting or abdominal pain, Give _____ ounces of water and allow unrestricted access to the bathroom

If urine ketones are negative to small OR blood ketones < 0.6 - 1.0 mmol/L:

1. If insulin has not been administered within _____ hours, provide correction insulin according to student’s correction factor and target pre-meal blood glucose (refer to page 6)
2. Return student to his / her classroom
3. Recheck blood glucose and ketones in _____ hours after administering insulin

Name: _____ DOB: _____ Date: _____ School Year: _____ - _____

If urine ketones are moderate to large OR blood ketones > 1.0 mmol/L:

1. Do NOT allow student to participate in exercise
2. Call parent / guardian, If unable to reach parent / guardian, call health care provider
3. If insulin has not been administered within ____ hours, provide correction insulin according to student's correction factor and target blood glucose. (refer to page 6)
4. **IF ON INSULIN PUMP:** See "Additional Information for Student with Insulin Pump", refer to page 7

HYPERGLYCEMIA EMERGENCY

Presence of ketones associated with the following symptoms Call 911

Chest pain	Nausea and vomiting	Severe abdominal pain
Heavy breathing or shortness of breath	Increasing sleepiness or lethargy	Depressed level of consciousness

Insulin therapy Insulin pen or Syringe Insulin pump (refer to page 7)

Adjustable Bolus Insulin Therapy Fixed Insulin Therapy Long-Acting Insulin Therapy

Adjustable Bolus Insulin Therapy:

Apidra (glulisine), Novolog (aspart), Humalog (lispro), Fiasp (aspart), Admelog (lispro). Brands are interchangeable.

When to give insulin:	INSULIN to CARBOHYDRATE +	INSULIN to CARBOHYDRATE	Correction only
	Correction	Only	
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Snack AM</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Snack PM</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSULIN to CARBOHYDRATE Dose Calculation

Total Grams of Carbohydrate to Be Eaten

_____ X "A" Units of Insulin = _____ Units of Insulin

"B" Insulin-to-Carbohydrate Ratio

	"A" Units of Insulin	"B" Insulin-to-Carbohydrate Ratio
<input type="checkbox"/> <i>Breakfast</i>	_____ unit of insulin	Per _____ gm of carbohydrate
<input type="checkbox"/> <i>Lunch</i>	_____ unit of insulin	Per _____ gm of carbohydrate

Name: _____ DOB: _____ Date: _____ School Year: _____ - _____

<input type="checkbox"/> Snack AM	_____ unit of insulin	Per _____ gm of carbohydrate
<input type="checkbox"/> Snack PM	_____ unit of insulin	Per _____ gm of carbohydrate

<input type="checkbox"/> CORRECTION Dose Calculation (For Elevated blood sugar and \geq 3 hours since last insulin dose)		
_____		Current Blood Glucose – “C” Target Blood Glucose
= _____ Units		X “E” Units of insulin
“D” Correction Factor		of Insulin
“C” Target Blood Glucose	“D” Correction Factor	“E” Units of insulin
_____	_____	<input type="checkbox"/> 0.5 unit
		<input type="checkbox"/> 1.0 unit

OR

<input type="checkbox"/> CORRECTION Dose Scale ((For Elevated blood sugar and \geq 3 hours since last insulin dose. Use instead of calculation above to determine insulin correction dose)	
Blood Glucose	Insulin Dose
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units

<input type="checkbox"/> Fixed Insulin Therapy	
Name of insulin: _____	
<input type="checkbox"/> _____ Units of insulin given pre-breakfast daily	<input type="checkbox"/> _____ Units of insulin given pre-lunch daily
<input type="checkbox"/> _____ Units of insulin given pre-snack daily	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Long-Acting Insulin Therapy
Name of Insulin (Circle): Lantus Basaglar Levemir Tresiba (u100/u200) Toujeo (u300)
<input type="checkbox"/> To be given during school hours: <input type="checkbox"/> Pre-breakfast dose: _____ units
<input type="checkbox"/> Pre-lunch dose: _____ units
<input type="checkbox"/> Pre-dinner dose: _____ units

<input type="checkbox"/> Other Diabetes Medications:
<input type="checkbox"/> Name: _____ Dose: _____ Route: _____ Times given: _____
<input type="checkbox"/> Name: _____ Dose: _____ Route: _____ Times given: _____ <input type="checkbox"/> Name: _____
Dose: _____ Route: _____ Times given: _____

Disaster Plan/Extended Day Field Trips - To prepare for an unplanned disaster or emergency (72 hours):

- Obtain emergency supply kit from parents/guardians.
- Continue to follow orders contained in this DMMP.
- Additional insulin orders as follows (e.g., dinner and nighttime doses):

Name: _____ DOB: _____ Date: _____ School Year: _____ - _____

Additional Information for Students with Insulin Pumps

Brand / model of pump: _____

- Refer to attached pump settings provided by parent/guardian or healthcare provider
- Other pump instructions: *Medtronic 530G, 630G, 670G, or TSlim X2 with Basal IQ may be enabled with the hypoglycemia automatic insulin suspend (stopped for up to 2 hours)*
- Medtronic 670G and TSlim X2 Control IQ pump utilizes advanced hybrid closed loop technology to adjust insulin delivery to help prevent highs and lows, while still allowing the user to manually bolus for meals.

Hyperglycemia Management:

- If Blood glucose greater than _____ mg/dL that has not decreased within _____ hours after correction and / or if student has moderate to large ketones. Notify parents/ guardians
- For infusion site failure: Insert new infusion set and/or replace reservoir, or give insulin by syringe or pen using insulin dosing prescribed on page 6
- For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen using insulin dosing prescribed on page 6

Adjustments for Physical Activity Using Insulin Pump

May disconnect from pump for sports activities: <input type="checkbox"/> Yes, for _____ hours	<input type="checkbox"/> No
Set temporary basal rate: <input type="checkbox"/> Yes, _____% temporary basal for _____ hours	<input type="checkbox"/> No
Suspend pump use: <input type="checkbox"/> Yes, for _____ hours	<input type="checkbox"/> No
Temp Target (specific to Medtronic): 150 mg/dL <input type="checkbox"/> Yes, for _____ hours	<input type="checkbox"/> No
Exercise Activity use (specific to TSlim X2 with Control IQ): <input type="checkbox"/> Yes	<input type="checkbox"/> No

Student's Self-care Pump Skills	Independent?	
Administers carbohydrate and correction bolus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets temporary basal rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changes batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disconnects and reconnects pump to infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares reservoir, pod, and/or tubing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inserts infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots alarms and malfunctions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Authorization to Treat and Administer Medication in the School Setting as Required by Virginia Law

This Diabetes Medical Management Plan has been approved by the undersigned Health Care Provider.

It further authorizes schools to treat and administer medication as indicated by this plan and required by Virginia Law.

Providers:

My signature below provides authorization for the Virginia Diabetes Medical Management Plan contained herein. I understand that all treatments and procedures may be performed by the student, the school nurse, unlicensed trained designated school personnel, as allowed by school policy, state law or emergency services as outlined in this plan. I give permission to the school nurse and designated school personnel who have been trained to perform and carry out the diabetes care tasks for the student as outlined in the student's Diabetes Medical Management Plan as ordered by the prescribing health care provider (Code of Virginia § 22.1-274).

Name: _____ DOB: _____ Date: _____ School Year: _____ - _____

Parents:

I also consent to the release of information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my student and who may need to know this information to maintain my student’s health and safety. I also give permission to the school nurse or another qualified health care professional to contact my student’s diabetes health care providers.

I give permission to the student to carry with him/her and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and to self-check his/her own blood glucose levels on a school bus, on school property, and at a school-sponsored activity (Code of Virginia §22.1-274.01:1).

SELF-CARRY

Parent authorization for student to self-administer insulin YES NO *Parent*

authorization for student to self-monitor blood glucose YES NO

Prescriber authorization for student to self-administer insulin YES NO

Prescriber authorization for student to self-monitor blood glucose YES NO

***For self-carry: Provider and Parent must both agree to the statements above per** (Code of Virginia §22.1-274.01:1)

Parent / Guardian Name / Signature:	Date:
School representative Name / Signature:	Date:
Student’s Physician / Health Care Provider Name / Signature:	Date:

References:

- https://www.virginiadiabetes.org/content.aspx?page_id=22&club_id=947464&module_id=327026
- <http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/medforms/GuidanceDocumentMDiabetesMedicalManagePlanHCPOF.pdf>
- <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/legal-protections/state-laws-and-policies.html>
- <http://www.diabetes.org/dmmp>
- A 504 Plan is separate from a DMMP form. See <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/legal-protections/section-504.html> or <http://www.diabetes.org/living-withdiabetes/parents-and-kids/diabetes-care-at-school/written-care-plans/section-504-plan.html>
- VDC’s CGM Position Statement (<https://virginiadiabetes.org/diabetes-in-schools/>)

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
MEDICATION AUTHORIZATION
NOT FOR EPINEPHERINE OR INHALER AUTHORIZATION
 Release and indemnification agreement

Office of Catholic Schools
excellence by design



PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby request designated school personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use medication, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required

Medication Renewal New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First dose was given: Date _____ Time _____

Student Name (Last, First, Middle)

Date of Birth

Allergies

School

School Year

No LPN or clinic room aide shall administer medication or treatment, unless the principal has reviewed all the required clearances.

Parent or Guardian Signature

Daytime Telephone

Date

PART II TO BE COMPLETED BY PARENT OR GUARDIAN FOR OCCASIONAL OVER THE COUNTER (OTC) MEDICATION. LICENSED HEALTH CARE PROVIDER (LHCP) MUST COMPLETE AND SIGN FOR ALL OTHER MEDICATIONS AND OTC'S ADMINISTERED FOR 4 OR MORE DAYS.

The school discourages the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific situations with appropriate forms that comply with LHCP orders and are signed by parent or guardian. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.

DIAGNOSIS:

SIGNS / SYMPTOMS:

MEDICATION:

ROUTE:

DOSAGE TO BE GIVEN AT SCHOOL:

TIMES OR INTERVAL TO BE GIVEN:

EFFECTIVE DATE:

Start: _____ End: _____

If the student is taking more than one medication at school, list sequence in which medications are to be taken

COMMON SIDE EFFECTS:

Licensed Health Care Provider (Print or Type)

Licensed Health Care Provider (Signature)

Telephone and Fax

Date

Parent or Guardian Name (Print or Type)

Parent or Guardian (Signature)

Telephone

Date

PART III TO BE COMPLETED BY PRINCIPAL, REGISTERED NURSE, LICENSED NURSE OR HEALTH AID

Check ✓ as appropriate:

Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the LHCP stationery or a prescription pad.)

Medication is appropriately labeled.

_____ Date by which any unused medication is to be collected by the parent (Within one week after expiration of the physician order or on the last day of school).

Signature

Date

Revised 2016

Appendix F-6, Policy 628

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. **In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.**
2. **Schools do NOT provide medications for student use.**
3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
4. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
5. **All medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days **also** require a licensed healthcare provider's (LHCP) written order. **No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.****
6. **The parent or guardian must transport medications to and from school.**
7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - a. Student name
 - b. Date of Birth
 - c. Diagnosis
 - d. Signs or symptoms
 - e. Name of medication to be given in school
 - f. Exact dosage to be taken in school
 - g. Route of medication
 - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
 - i. Sequence in which two or more medications are to be administered
 - j. Common side effects
 - k. Duration of medication order or effective start and end dates
 - l. LHCP's name, signature and telephone number
 - m. Date of order

10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
 - a. Name of student
 - b. Exact dosage to be taken in school
 - c. Frequency or time interval dosage is to be administered
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
13. **Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen)
14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

<https://www.arlingtondiocese.org/risk-management/physical-injury/>



Wind Chill Factors/Heat Stress Index

**Part I WIND
CHILL FACTORS**

WIND CHILL DETERMINATION CHART

Temperature	Winds calm	5 mph	10 mph	15 mph	20 mph	25 mph	30 mph	35 mph
50°								
40°				32	30	29	28	28
30°	30	25	21	19	17	16	15	14
20°	20	13	9	6	4	3	1	0
10°	10	1	-4	-7	-9	-11	-12	-14
0°	0	-11	-16	-19	-22	-24	-26	-27

National Weather Service

How cold is too cold to allow outdoor play?

Factors such as; temperature, wind chill, frozen ground, and sunshine all need to be taken into account when considering outdoor activities.

- f* Wind chills of 15° to 30° are **cold**; no students should be permitted outside in these conditions without appropriate clothing (coats, hats, mittens).
- f* Wind chills of 0° to 15° are **very cold**, older students may play outside for short periods of time **only with appropriate clothing**.
- f* Wind chills between -20° and 0° are **bitter cold** with a significant risk of frostbite; students **should not go outside** for play.

f Wind chills less than -20° are **extreme** and frostbite is likely. Students **should not be outside for play or dismissal**.

Consult your local weather to determine actual wind speeds and temperatures in your school area. www.wrc.weatherplus.com is an excellent site that can be tailored to your location.

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Part II
OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
HEAT STRESS INDEX

RELATIVE HUMIDITY (%)													
T	40	45	50	55	60	65	70	75	80	85	90	95	100
110	136												
108	130	137											
106	124	130	137										
104	119	124	131	137									
102	114	119	124	130	137								
100	109	114	119	124	130	137							
98	105	109	113	117	123	128	134						
96	101	104	108	112	116	121	126	132					
94	97	100	103	106	110	114	119	124	129	135			
92	94	96	99	101	105	108	112	116	121	126	131		
90	91	93	95	97	100	103	106	109	113	117	122	127	132
88	88	89	91	93	95	98	100	103	106	110	113	117	121
86	85	87	88	89	91	93	95	97	100	102	105	108	112
84	83	84	85	86	88	89	90	92	94	96	98	100	103
82	81	82	83	84	84	85	86	88	89	90	91	93	95
80	80	81	81	82	82	82	83	83	84	85	86	86	87

Schools without air conditioning may dismiss early when the heat index exceeds 100.

How hot is too hot to allow outdoor activities?

f Heat index of **130 or higher** is **extremely dangerous**. Heat stroke is highly likely with continued exposure.

- f Heat index of **105-129** is *dangerous*. Heat stroke, heat cramps or heat exhaustion is likely; heat stroke is possible with prolonged exposure and/ or physical activity.
- f Heat index of **90 – 104** *requires extreme caution*. Heat stroke, heat cramps and heat exhaustion are possible with prolonged exposure and/ or physical activity.
- f Heat index of **80 – 89** *requires caution*. Fatigue is possible with prolonged exposure and or physical activity.

Heat Cramps - may occur after prolonged exposure to heat. They are the painful intermittent spasms of the abdomen and other voluntary muscles.

Heat Exhaustion - may result from physical exertion in hot environments. Symptoms may include profuse sweating, weakness, pale skin, rapid pulse, dizziness, nausea, headache, vomiting, and unconsciousness. The skin is cool and clammy with sweat. Body temperature may be normal or subnormal.

Heat Stroke - is a serious medical condition that urgently requires medical attention. Sweating is diminished or absent, which makes the skin hot and dry. Body temperature is very high (106 degrees F. and rising), and if uncontrolled, may lead to delirium, convulsions, coma, and even death.

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Appendix F-18, Policy 624

COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION



Name of Student _____ Date of Birth _____

Student I.D. Number _____

The administration of immunizing agents conflicts with the above-named student's/my religious tenets or practices. I understand that, in the occurrence of an outbreak, potential epidemic or epidemic of a vaccinepreventable disease in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

Signature of parent/guardian/student

Date

AFFIRMATION

State/Commonwealth of _____ }
County/City of _____ }to-wit:

This ____ day of _____, 20____, personally appeared before me, a Notary
Public in and for the County/City and State aforesaid, _____,

who did swear or affirm that there are no falsifications or willful misrepresentations in
the above statements.

_____ Notary
Public

SEAL

My commission expires: _____

Registration number: _____

Form CRE-1

SEIZURE ACTION PLAN (SAP)



Name: _____ Birth Date: _____

Address: _____ Phone: _____

Emergency Contact/Relationship _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

How to respond to a seizure (check all that apply)

- First aid – **Stay. Safe. Side.**
- Give rescue therapy according to SAP
- Notify emergency contact
- Notify emergency contact at _____
- Call 911 for transport to _____
- Other _____

First aid for any seizure

- STAY** calm, keep calm, **begin timing seizure** Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- STAY** until recovered from seizure
- Swipe magnet for VNS
- Write down what happens _____
- Other _____

When to call 911

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

When to call your provider first

- Change in seizure type, number or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- First time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked

When rescue therapy may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, # or length) _____ Name of Med/Rx _____ How much to give (dose) _____ How to give _____

If seizure (cluster, # or length) _____ Name of Med/Rx _____ How much to give (dose) _____ How to give _____

If seizure (cluster, # or length) _____ Name of Med/Rx _____ How much to give (dose) _____ How to give _____

Seizure Action Plan *continued*

Care after seizure

What type of help is needed? (describe) _____

When is person able to resume usual activity? _____ **Special**

instructions

First Responders: _____

Emergency Department: _____

Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

Other information

Triggers: _____

Important Medical History

_____ Allergies

Epilepsy Surgery (type, date, side effects) _____ Device: VNS

RNS DBS Date Implanted _____ Diet Therapy Ketogenic

Low Glycemic Modified Atkins Other (describe) _____ Special Instructions:

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

My signature ----- Date -----

----- Provider signature -----

----- Date -----

Epilepsy.com

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Appendix N



Policy 802

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

Student Name: _____

The Diocese of Arlington and any of its schools and/or the Arlington Catholic Herald may produce or participate in video tape, audio recording, website or still photographic productions that may involve the use of students' names, likenesses, or voices. Such productions may be used for educational and/or official school marketing purposes and may be copied or copyrighted with the school retaining any and all rights to such productions.

Keep in mind that this also includes photographs, video, or audio, such as those taken on field trips and during typical school activities, and that, if you provide your permission, these may be used for school/diocese marketing materials as well as end of the year video montages and other school-based production. Some of these productions are illustrated in the attachment. (see attachment)

You have the right to prohibit the use of your child's name, while still giving permission for the use of their picture and/ or voice in these productions. Please read the options below carefully as you consider your decision and sign and return this form to the school office. This agreement is binding for the period in which the student is enrolled. No adaptations, changes or alterations may be made for the current academic year.

Image and Audio: I **DO** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.

Signature of parent/guardian _____ Date _____

Identity: I **DO** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use MY Child's Name identifying them in photographs, videos and/or audio recordings for educational, news stories, illustration and/or marketing purposes.

Signature of parent/guardian _____ Date _____

OR

I **DO NOT** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child’s photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes **EXCEPT for the school yearbook.**

Signature of parent/guardian _____ Date ____

I **DO NOT** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child’s photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.



Date ____

Revised 2022

PARENT PERMISSION FOR
SCHOOL-SPONSORED TRIP PARTICIPATION
 Appendix R – Policy 609A and 609B

Dear Parent or Legal Guardian of _____ grade student:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from

_____ School. A brief description of the activity follows:

Curriculum Goal: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____ Student Cost: _____

If you would like your child to participate in this event, please complete and sign the statement of consent below and return the form to school. As parent or legal guardian, you remain fully accountable for any legal responsibility which may result

from any personal actions taken by the named student. Please be advised that parents retain the right to opt-out of any field trip planned for their children. It should also be understood, in light of world conditions, in particular threats of terrorism to Americans, it may be necessary to cancel any school-sponsored trip due to world and national developments. If restrictions are imposed, the school/Diocese will not be responsible for the loss of any monies advanced for the planned trip.

STATEMENT OF CONSENT

I hereby request that my child, _____, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. If I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child. I understand it may be necessary to cancel any school-sponsored trip due to world and national developments and the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

Parent's Name (Please Print)

Home Phone #

Work Phone #

Parent's Signature

Cell Phone #

I accept responsibility for my behavior: _____ Signature of Student (Grade 3-12) Emergency Contact
(Print): _____ Emergency Phone:

MEDICAL INFORMATION

Student's Current Medical Conditions: _____

Allergies (Including to medications): _____

Does your child require medications, that are regularly administered or kept for emergency use, at school, to be taken on this trip? Yes No

Please indicate the regular medication or emergency medication, from school, to be taken on the trip:

Do you request the designated supervisor of activity to administer the above medication on this field trip? Yes No

Chaperones will take a copy of this form on the school-sponsored trip.

Revised 2022

Office of Catholic Schools
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PERMISO DE LOS PADRES PARA EXCURSIONES
PATROCINADOS POR LA ESCUELA

Appendix R-A- Policy 609A and 609B

Estimado Padre o tutor legal:

Su hijo/hija es elegible para participar en una actividad patrocinada por la escuela que requiere transporte a un lugar fuera del edificio de la escuela. Esta actividad se llevará a cabo bajo la dirección y supervisión de empleados de

La meta curricular _____
El destino _____
Supervisor de la actividad _____
Fecha y hora de salida _____
Hora de regreso _____
Método de transporte _____ Costo _____

Si desea que su hijo participe en este evento, complete y firme la declaración y devuélvalo a la escuela. Como padre o tutor legal, usted sigue siendo totalmente responsable de cualquier responsabilidad legal que pueda resultar de cualquier acción personal realizada por el estudiante mencionado. Tenga en cuenta que los padres conservan el derecho de optar por no participar en cualquier excursión planeada para sus hijos. También debe entenderse que las eventualidades ajenas mayores, en particular las amenazas de terrorismo a los estadounidenses, puede ser necesario la cancelación de cualquier viaje patrocinado por la escuela. Si se imponen restricciones, la escuela/Diócesis no será responsable por la pérdida de dinero de dicha excursión.

DECLARACIÓN DE CONSENTIMIENTO

Mi hijo tiene permiso para participar en el evento descrito anteriormente. Entiendo que este evento ocurre afuera de la escuela y que mi hijo estará bajo la supervisión del empleado escolar designado en las fechas indicadas. Además, doy mi consentimiento a las condiciones establecidas anteriormente sobre la participación de mi hijo/hija en este evento, incluido el método de transporte. Si no me pueden contactar en caso de una emergencia, la escuela tiene mi permiso para llevar a mi hijo(a) a la sala de emergencias del hospital más cercano y esta autorizo a recibir asistencia médica que se considere necesario para el bienestar de mi hijo(a). Entiendo que excursiones escolares pueden ser canceladas por eventualidades ajenas al control de la escuela/Diócesis no será responsable de la pérdida de dinero adelantado para dichas excursiones.

Nombre de padre(s) (manuscrita) número de teléfono celular número de teléfono de trabajo

Nombre de padre(s) (firmada) número de teléfono en casa

Acepto responsabilidad por mis acciones _____
Firma del estudiante (grado 3-12)

En caso de emergencia puedes contactar _____
(manuscrita) número de teléfono celular

INFORMAC IÓN MÉDICO
Condiciones medicas del estudiante _____ L
Alergias _____ alergias a medicina _____
Su hijo/hija necesita medicina que recibe regularmente o guardara en la escuela para usar en una emergencia, que tomará durante de esta excursión? Si _____ No _____
Que son las medicinas que toma su hijo/hija regularmente o en caso de emergencia durante la excusion?

Das permiso al supervisor designado en este excusion a administrar las medicinas a su hijo/hija? Si _____ No _____



USE OF PERSONAL VEHICLE

Individuals who operate a personal vehicle for transporting passengers to or from a parish or school must:

- 1) Possess a valid US driver's license
- 2) Must be in compliance with all driving and motor vehicle laws
- 3) Maintain current automobile insurance as required by the Commonwealth of Virginia

I understand and acknowledge that my personal automobile insurance is the primary coverage for both liability and physical damage to my vehicle. In the event of an automobile accident, I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of the accident, including the cost of any medical care or lost-time wages or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my driving in the course of using my personal vehicle.

Name of Driver (please print)

_____ Address City State ZIP

Home Phone

Work Phone

Cell Phone

Insurance Carrier

Policy Number

Signature of Driver

Date

ELEMENTARY/MIDDLE SCHOOL HANDBOOK AGREEMENT FORM

PARENT/GUARDIAN

I have received a current copy of the Parent/Student Handbook. In doing so, I have explained the content of this document to my child(ren). I acknowledge and agree to the policies obtained therein, and will require my child(ren) to comply with the policies which apply to students.

I also realize during my child's enrollment at the school I will be informed from time to time, formally or informally, of various changes in school and/or Diocesan policies. I understand the school and/or Diocese reserves the right to change policies at any time with or without advance notice. I further understand it is required for me to sign this form in order to continue my child's enrollment at the school.

(Parent's Signature)

(Printed Name)

(Date)

FOR MIDDLE SCHOOL STUDENTS ONLY

I have read the Parent/Student Handbook and agree to observe all school regulations.

(Student's Signature)

(Second Student's Signature)

(Printed Name)

(Printed Name)

(Date)

(Date)