

# BLESSED SACRAMENT GRADE SCHOOL

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## Elementary School Parent/Student Handbook 2025-2026



*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.<sup>1</sup> 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.

<sup>1</sup> 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/guardians. 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-3*). An acknowledgment form will be provided to students upon receipt of the handbook. The form must be signed and returned by Friday of the first full week of school. Failure to have a signed form on file will not prevent the school from enforcing its policies and/or prevent a student from enrolling or continuing to be enrolled at the school.

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

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 handbook. 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.

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***

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.

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 Catholic supports this premise. The Catholic school exists to assist parents in the Christian formation 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.

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.

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.

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.

## ***SEXUAL IDENTITY POLICY***

The Diocese of Arlington is committed to providing a safe environment that allows students to develop and prosper academically, physically and spiritually, consistent with Catholic teachings and principles affirming that the body reveals each person as male or female and that the harmonious integration of a person's sexual identity with his or her sex is an expression of the inner unity and reality of the human person made body and soul by God and in the image and likeness of God. In fulfillment of these religious truths, our Catholic educational environment shall reflect a relation to persons (including name and pronoun usage, uniforms, access to facilities and overnight accommodations, and eligibility for single-sex curricular and extracurricular activities) that is respectful of and consistent with each person's God-given sexual identity.

Recognizing that each person is created in the image and likeness of God ensures that dignity is safeguarded, and safe environments are fostered. When parents send their children to Catholic schools and when persons choose careers in Catholic education, they should expect an

environment consistent with the truth that God-created sexual identity speaks to His vision for each person's relationship to Him, oneself and others. Behavior and expressions of a person's sexual identity within the school environment that are inconsistent with these principles and/or which cause disruption or confusion regarding Catholic teachings on human sexuality are prohibited. The full cooperation with this policy of school officials, faculty, parents and students is required and a condition precedent to the continued enrollment of each student and the continued employment of each employee, and the enforcement of this policy by the school is deemed a spiritual mandate.

## ***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 school's educational program. 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 extracurricular sacramental preparation programs but not from the catechesis held during the school day.
- d. All 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.

## **II. ACADEMICS**

### ***CURRICULUM***

Curriculum encompasses the sequentially ordered learning experiences which the school provides for its students. 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 Standardized test.
- 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 Standardized test.
- 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 Standardized test.
- b. Class grade in Algebra I: 93 or above.
- c. Scoring 77 or above 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 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 Standardized test.
- 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 Standardized test.
- 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. 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*). The form is then forwarded to the high school. The decision of the high school will be final.

## ***VIRTUAL INSTRUCTION***

If the need arises for the school to move to virtual instruction:

- 1. Maintain effective communication between teachers, students and families about the virtual learning plan.
- 2. Teachers must include a balance of synchronous and other offline opportunities for learning and feedback.
- 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.

## ***ACCOMMODATIONS FOR INDIVIDUAL DIFFERENCES***

The school 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.

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

## ***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.

Circle of Grace is presented to all grade levels, in accordance with diocesan policy. 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.

## ***RESPONSIBLE USE POLICY FOR TECHNOLOGY AND ARTIFICIAL INTELLIGENCE (AI)***

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 Diocese of Arlington Office of Catholic Schools.

Using school facilities for internet access and email 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 student 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 email 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 e-mail is not guaranteed to be private. Operators of the network/system have access to all e-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 of artificial intelligence (AI) shall generally abide by:
  - i. Teachers and administrators are responsible for supervising students using AI technologies to ensure compliance with this Responsible Use Policy (RUP).
  - ii. Users are accountable for their actions when using AI technologies. Any misuse or violation of this RUP may result in disciplinary action.
  - iii. Students must use AI technologies in a respectful and responsible manner,

treating others with courtesy and consideration in both virtual and physical interactions.

- iv. Students are expected to create and consume content that is appropriate for an educational setting. Content that is offensive, discriminatory, or violates school policies is strictly prohibited.
- v. Users should create and access AI content appropriate for an educational environment. Permission and supervision by a teacher or school administrator are mandatory for students to use AI tools at school. Please note that many AI programs require users to be at least 13 years of age for use. Schools should be thorough in their research of the AI programs' Privacy Policy.
- g. 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.
- h. 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 internet sources.
- i. 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 school 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 the individual, the 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 or copy other protected media.

- viii. Use technology for any illegal activity.
- ix. Use of the internet for commercial gains or profits is not allowed from an educational site.
- x. Breach confidentiality obligations of school or school employees.
- xi. Harm the good will and reputation of the school or school employees.
- xii. 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.

Users must immediately report damage of school equipment to the appropriate school officials. The school has the right to monitor student use of school computers, computer-accessed content, AI, 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.

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:

- a. Loss of use of the school network, computers, and software including Internet access.
- b. Disciplinary action including, but not limited to, dismissal and/or legal action by the school, civil authorities, or other involved parties.

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, videos, 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 identify 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. Teachers are encouraged to review the format, and style of the High School Placement Test as well as test taking strategies with their students. Extensive class time to prep students for this test is not encouraged.

## ***HOMEWORK***

Homework reinforces skill acquisition, retention of content knowledge, and formation of good study habits. 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 the Office of Catholic Schools' guidelines for homework. Homework does not have to be assigned every day, but should generally fall within these ranges:

|             |                             |
|-------------|-----------------------------|
| Grades 1-3: | 10 to 30 minutes daily      |
| Grades 4-6: | 30 to 60 minutes daily      |
| Grades 7-8: | 60 minutes to 2 hours daily |

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.

### **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-term 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.

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 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.

## SCHEDULING AND OTHER CONFERENCE INFORMATION

Mandatory parent-teacher conferences are scheduled for each family in November. These 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 can be required at parent-teacher conferences for middle school at the discretion of the school administration.

If a student fails a trimester grade, a mandatory parent-teacher conference will be held to discuss ways to assist the student's growth in the next trimester.

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 his/her own learning. Teachers are advised to return telephone and email communication to parents within two business days

## ***GRADING/REPORT CARDS***

Evaluation of the student is based on teacher judgment and observation of the student's daily work, class participation, effort, and performance on teacher-prepared assessments to include but not limited to tests, projects, portfolios, and other tools of assessment.

The purpose of report cards is to present to parents/guardians information about how their student is performing in his/her academic studies, and to alert them to any problems.

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 workload 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

### **KINDERGARTEN**

Teachers will send student work home 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 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 unless previously discussed with the principal. 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 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 unless previously discussed with the principal.

## **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 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 unless previously discussed with the principal.

## ***PROMOTION/RETENTION/PLACEMENT POLICY***

A major goal of the school is to help 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 a remediation 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 distributed three times per year via paper/backpacks at the mid-trimester point in grades 3-8.

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 to apply 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 5<sup>th</sup> birthday on or before September 30<sup>th</sup> 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:
  - 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.
  - ii. Physical examination covering all required aspects as mandated on the MCH 213G within 12 months prior to the first day of school and entering a new 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 if 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 satisfying tuition requirements at any former diocesan school if previously enrolled in a diocesan school

#### **REQUIREMENTS FOR ADMISSION TO GRADES 6 – 8**

- 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. Physical examination covering all required aspects as mandated on the MCH 213G within 12 months prior to the first day of school. Equivalent school entrance physical forms from another state may be acceptable. A Virginia High School League (VHSL) sports physical is also acceptable in lieu of a MCH 213G and is also required if a student will be participating in athletics.
- e. o acceptable in lieu of a MCH 213G and is also required if a student will be participating in athletics.
- f. Records from previous school, including standardized test scores
- g. Proof of custody where applicable
- h. Completed Diocesan Elementary or High School Application Form (*Appendix J*)
- i. A non-refundable application fee

- j. 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:
  - 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.
  - ii. Physical examination covering all required aspects as mandated on the MCH 213G within 12 months prior to the first day of school and entering a new school for the first time. Equivalent school entrance physical forms from another state may be acceptable.
- k. 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 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:
    - 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 the first day of school and entering a new 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.)

- 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.
  - 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, who is identified as such on the I-20 application and recorded in SEVIS;
    - i. Guardian Permission and Agreement Form must be completed and signed by parent and guardian. (*Appendix AJ-2*).
    - ii. 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.
  - 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.
  - f. Shows adequate English proficiency for the grade level to which they are applying. The level of English proficiency should allow students to pass all classes/subjects, including world language class. Schools cannot substitute normal curriculum classes with English support classes and must report an official grade for all subjects.
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. Reports for elementary school international students will be accessed through the Student Information System district database. Specifically, the school shall:
  - a. 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;
  - b. 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;
  - c. 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;
  - d. 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 Visa Types (*Appendix A.J*);
  - 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.
  - c. Students with a J visa for short-term exchange students will not be accepted into diocesan schools.
- 6. 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 no fewer than 180 days per academic year or the length of time as required by the Virginia Catholic Education Association.

Once a child is enrolled in the school, it is the duty of the teachers and administrators to insist on regular attendance in order that the student can progress successfully through the curriculum. 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).

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.

If efforts to work with a family to improve a student's attendance are unsuccessful, a school should not keep an absentee student enrolled. Relatedly, schools should not continue to collect tuition from a family whose student is not regularly attending school.

### **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 or e-mailed 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.

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. Student records 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.

## ***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.***

## ***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 is not participating in a milk program this school year.

## **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, during school hours, of the educational records (cumulative and confidential) of their child. 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' access is 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 MCH-213 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**

Permanent record card (to include transcripts, attendance record, and standardized test results) is to be retained indefinitely.

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 Support 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**

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

## **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**

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 store the cell phone in a safe location and 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 or connecting to the internet.

## **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 non-weather-related emergencies. In the event these inclement weather/emergency days are not used, schools may dismiss for the 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 1,038 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, public health, or community concern, the school may transition into virtual instruction for the required duration. These will be count as instructional days.

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 noon dismissal day, the grade school may open two hours late and remain in session until 3:15 p.m., or it may close for the day. If Alexandria City Schools are not in session or 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.

## **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.

## **MEDIA CENTER**

All materials chosen for the media center must be appropriate for students, not only in age level and reading ability, but also for their capacity to foster our students' moral development. All materials shall conform with diocesan policies and guidelines regarding Catholic education.

Parents, guardians or teachers who object to print or multi-media 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 media center 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 in order to achieve educational objectives. Financial considerations may bear on the feasibility and frequency of field trips.

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 21 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 be understood, in rare instances, world conditions and specifically threats of terrorism against Americans may necessitate the cancellation of school-sponsored trips.

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.

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 and 8, 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” 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 8<sup>th</sup> 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 support the principal to advance the school's mission.

Every school should have an effective Parent-Teacher Organization. It can help mobilize the parent community regarding legislative proposals impacting Catholic education. The work of PTOs and like organizations shall be guided by the PTO Handbook and the direction of the pastor and principal.

All parent organization activities and all materials prepared by parents for release to the Parish or school community must be submitted to the principal or designee 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.

PTOs shall have by-laws which establish, among other things, term limits for officers as well as the organization of committees. Persons nominated to serve as a PTO board member must receive the approval of the pastor and principal.

## ***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.

|                    |
|--------------------|
| <b>V. FINANCES</b> |
|--------------------|

## ***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. Student is 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 if the school shifts to a virtual 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:            | 1 <sup>st</sup> child | 2 <sup>nd</sup> child | 3 <sup>rd</sup> child |
|---------------------|-----------------------|-----------------------|-----------------------|
| K-8 (in parish)     | \$9,899               | \$8,740               | \$7,284               |
| K-8 (out of parish) | 12,242                | 10,809                | 9,008                 |
| K-8 (non-Catholic)  | 13,018                | 11,495                | 9,580                 |

Application Fee: \$45 per student SY 2025-2026 (new students only due with application)  
\$50 per student applying for SY 2026-2027 (due with application)

Registration Fee (non-refundable): \$185 for SY 2025-2026 per student, \$190 for SY 2026-2027  
**PLUS ONE MONTH'S TUITION FOR NEW STUDENTS ONLY (NON-REFUNDABLE)**

Workbook Fee (due July 1) K-8: \$150 per student

Technology Fee (due July 1) K-8: \$175 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 \$45.00 per new student or \$35.00 per returning student must be paid when the application for enrollment is submitted. (Maximum of \$100.00 per year per family.)

### **BEFORE SCHOOL CARE**

#### **Before School Care** (7:00 a.m. - Start of School)

##### **First Child**

5 day - \$217.00/month

3 day - \$133.00/month

*(Fuzzy Bears 3 Only)*

##### **Sibling**

\$ 101.00/month

\$ 61.00/month

#### **GS/ECC Sibling Before School Care** (8:00 a.m. – Start of School)

5 day - \$139.00/month

3 day - \$ 80.00/month *(Fuzzy Bears 3 Only)*

### **AFTER SCHOOL CARE**

#### **Sunshines/Fuzzy Bears** (11:45 a.m. - 3:00 p.m.)

##### **First Child**

5 day-\$566/month

3 day-\$340/month

*(Fuzzy Bears 3 Only)*

##### **Sibling**

\$334/month

\$202/month

#### **Rainbows/Shooting Stars** (1:30 - 3:00 p.m.)

##### **First Child**

5 day - \$311/month

##### **Sibling**

\$185/month

#### **Extended Day Care – ECC Only** (3:00 - 6:00 p.m.)

##### **First Child**

5 day - \$529/month

3 day - \$317/month

##### **Sibling**

\$296/month

\$175/month

**Extended Day Care – K-8** (End of School - 6:00 p.m.)

**First Child**

5 day - \$547/month

**Sibling**

\$308/month

**EARLY RELEASE RATES**

**Rainbows/Shooting Stars (11:45 – 1:30 p.m.)**

**First Child**

\$53/month

**Sibling**

\$39/month

**K-8 Half Days ONLY** (12:00 - 3:00 p.m.)

**First Child**

\$53/month

**Sibling**

\$39/month

**K-8 Wednesday Release ONLY** (2:10 - 3:00 p.m.)

**First Child**

\$50/month

**Sibling**

\$25/month

**DROP IN RATES**

*Drop-in rate is charged per hour; any part of an hour is charged an hour.*

**Drop-in Rates**

**First Child**

\$18/hour

**Sibling**

\$13/hour

**EXTENDED DAY ADMISSION POLICY**

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. ECC Extended Day is counted as 4 hours, and K-8 Extended Day as 3 hours.

### **RETURNED CHECK FEE**

A fee of \$18.00 per returned check will be added to the total bill.

### **ECC EXTENDED DAY, 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.

### **K-8 EXTENDED DAY, 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 EXTRACURRICULAR 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 extracurricular 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 extracurricular 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. Male wrestlers may not compete with female wrestlers from other schools at any time.

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.

## ***TRANSPORTATION OF ATHLETES***

Students participating in a school-sponsored sport who wish to travel to and from practice and games in a privately owned vehicle must have a written permission from their parent/guardian.

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 Responsible Use Policy for Technology and Artificial Intelligence.
- k. will demonstrate good sportsmanship when engaged in all school-sponsored co- and extracurricular 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.

All of the conduct expectations include student use of the internet.

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 1,000 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 1,000 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 a violation of the law has occurred, the proper law enforcement agency will be contacted.

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 or on school property (e.g., lockers). 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 nunchucks 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:

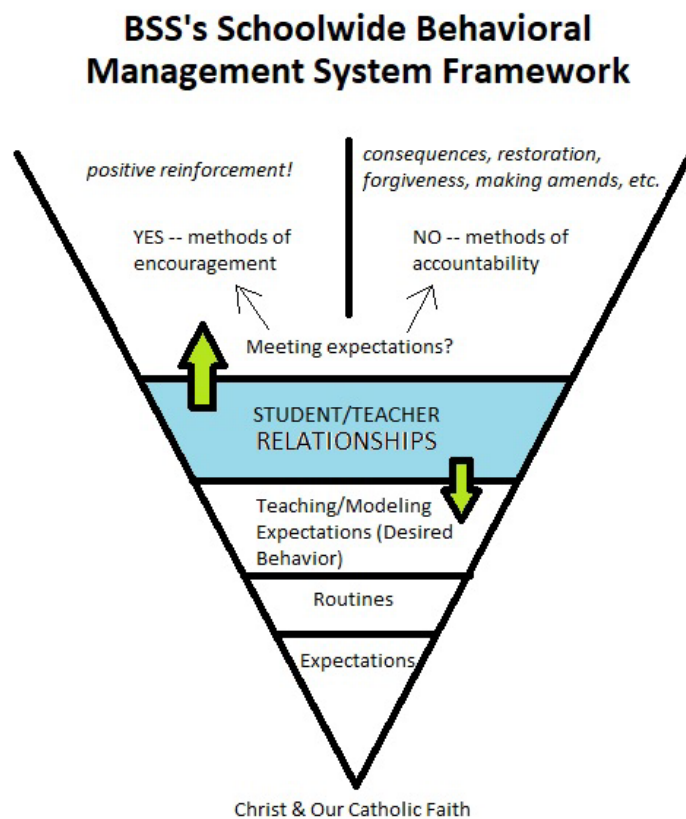
- a. Counseling and/or conference with the student and family
- b. Assignment of special tasks
- c. Denial of privileges
- d. Detention
- e. Probation
- f. Suspension
- g. Expulsion

### **SPECIFIC DISCIPLINARY POLICIES**

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

Blessed Sacrament School's discipline policy (or school-wide behavioral management system) is rooted in Christ and our Catholic faith. Christ's love flows into the world through the relationships we build with others, including the teacher-student relationship. Therefore, it is right and just that our school-wide behavioral management system is rooted in Christ and our Catholic faith. The school hopes that this system will be a framework through which we bring Christ's love into the classroom and our school.

A graphic of the framework is below:



Teachers will explicitly teach/model specific grade-level appropriate expectations and routines (as well as methods of encouragement and accountability) with students during the first week of school. Parents will be informed of the expectations, routines, and methods of encouragement and accountability at Back to School Night.

In general, students are expected to follow conduct rules and try their best to follow routines established by teacher to help students meet teacher expectations for behavior. Positive reinforcement will be given when students meet these expectations, and action will be taken when the expectations are not met. Action will also 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.

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.

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 will have a Responsibility Record to help them take responsibility for their actions. Actions that violate the expectations of the teachers will be categorized in two ways: “mistakes” and “demerits.” “Mistakes” are actions where students honestly forgot to do something or had difficulty with executive functioning tasks. “Demerits” are conduct related violations of student expectations.

When students receive a “mistake” or a “demerit,” they are required to record it on their Responsibility Record. Students should record the date, identify if the action is a mistake or demerit, describe the behavior, write a strategy for improvement, and show it to parents for a signature. The teacher giving the mistake or demerit will check for the parent signature the next day. Students with five demerits will serve a lunch detention with the principal. If a second detention is earned, it will be served after school with the principal. Students with five mistakes will meet with their homeroom teacher to discuss strategies for improvement, and the teacher will share those strategies with the student’s parents. If improvement isn’t made, a meeting with the student’s parents will be called.

Automatic lunch or after school 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 head of school or principal and the Office of Catholic Schools must first be consulted before law enforcement authorities are allowed to speak to any student about 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 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 and dress code 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.
- 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 in grades preschool through grade 5. Student meals provided by parents/guardians must not be heated in microwave ovens by school personnel and/or school volunteers.

The school administration can determine if middle school students may use a microwave oven.

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.

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 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.

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.

#### **AIR QUALITY AND PREVENTION OF HEAT/COLD RELATED ILLNESS**

When students and activities require time outside, schools will monitor weather related to the "feels like" temperature. To prevent heat and/or cold related illness, outside activities may be restricted based upon a heat index or wind chill factor, which registers in the caution level. Schools will consult local weather reports and Appendix F-15 for guidance in outdoor activities. Schools that do not have air-conditioned classrooms are permitted to provide early dismissals in accordance with Appendix F-15.

#### **GENERAL ILLNESS PROCEDURES**

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*.

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 a child is determined to need to go home, a parent or guardian must pick up their child from school within a reasonable amount of time to control the spread of illness. If parent or guardian is not available, the emergency contact will be called. 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. This policy also applies to resuming after-school 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 licensed health care provider's written order signed by the parent/guardian requesting the school administer the medication or to permit the student to self-administer 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 licensed health-care provider. 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 by the parent/guardian 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. Students should not attend school while taking prescribed Schedule II narcotics (e.g. Percocet, oxycodone, hydromorphone) for any legitimate reason. If a student needs a Schedule II narcotic analgesic, they shall remain home until they are able to control pain with OTC medications.
- j. Benzodiazepines (e.g. klonopin, Ativan, diazepam) prescribed as needed (prn), should not be administered in any school setting. This does not apply to students diagnosed with a seizure disorder.

Under no circumstances are medications to be shared with other students.

If a student with a known condition warrants oxygen treatment at school, the treating LHCP and registered nurse shall develop a written plan of treatment including all equipment and supplies.

The Diocese of Arlington does not permit the use, possession, or transfer of marijuana including Cannabidiol (CBD), Tetrahydrocannabinol (THC-A) and Cannabis Oil, for any purpose. Students who qualify under local law to use marijuana for medical purposes may not possess, store, use or share marijuana on school property or school-sponsored events.

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, not at school.

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

- a. the parents advise the staff most directly involved with the student of the situations when an EpiPen may need to be administered (e.g., symptoms indicating that a person is suffering from severe allergic reaction, basic procedures for administering the EpiPen with a suitable demonstration);
- b. parents of students requiring such injections provide a licensed health-care provider letter attesting to the life-threatening allergy;
- c. parents agree to execute the release of liability/hold harmless agreement regarding the use of the EpiPen.

All diocesan schools will maintain non-student-specific school stock epinephrine. This school stock epinephrine can be used in an allergy-naïve student when anaphylaxis is suspected. Employees at the school will be informed of the location where the medication will be stored, and they will be appropriately educated on its use.

All diocesan schools will maintain naloxone, an opioid antagonist, to be available for use if opioid overdose is suspected in any individual on school campus. Any student receiving naloxone will be transported via EMS to the local emergency room and cleared to return to school. All staff will be trained in how to recognize opioid overdose and administer naloxone.

A student is 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, EpiPen).

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.

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.

### **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.

### **TELEHEALTH**

Medical appointments made via telehealth cannot be facilitated in the school building. If a student has been scheduled for a telehealth visit for medical reasons, the parent/guardian will need to check his/her student out of the school building and complete the appointment in the privacy of their vehicle or at home.

If a school is able to adequately support virtual regularly scheduled therapy sessions in the building (e.g., occupational or speech therapy) for students with a documented diagnosis, they can do so on a case-by-case basis after evaluating the specific circumstances.

## **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 student'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 is required to use crutches at school. If a student arrives at school on crutches without a licensed health-care provider order, the parent will be called to take the student home.

## ***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 great 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. A certificate of immunization is not required for any student for whom the school has written certification from a licensed doctor of medicine or osteopathy, licensed nurse practitioner, or the local health department, that one of more of the required immunizations may be detrimental to the student's health. The certification must indicate the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization. The Virginia School Entrance Health Form (MCH-213G) provides a space for such a certification to be made
  - ii. On a basic level, for the good of society, the Catholic church generally encourages the use of immunizations. The Church teaches that questions of immunization are "left to a matter of conscience" and parents have the right to decide about the health of their children in this matter. 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. Schools may request a statement from their parish priest or affiliate, describing such objection to specific immunizing agents. If an outbreak of a vaccine-preventable illness occurs, the student who is not immunized against that disease, will be excluded from school for an undetermined period of time, as per the instructions of the State Health Commissioner and the public health department.
- b. Students who have traveled or resided in a foreign country for three 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.
  - c. 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. (See General Illness Procedures.)
  - d. 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.
  - e. 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 immunization

program must comply with all aspects of the Memorandum of Agreement Vendors wishing to serve as vaccinators must be fully vetted by the Office of Risk Management prior to the signing of any contract for services.

## **LICE**

All students identified as having 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.

After proper scalp treatment and the removal of 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.

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-19.

## ***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.

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) 998-6460 until authorities verify the security of the building.

## ***HARASSMENT***

Harassment can take place in person or in writing and can be physical, verbal, or electronic. Regardless of its form, the Diocese of Arlington prohibits it.

This policy applies to the school site itself, to all school-sponsored and affiliated activities and events, whether in school or out of school, including but not limited to special events, field/service trips, retreats and/or other overnight trips, sporting events and practices, to all forms of transportation used by school personnel and students to come and go to the school and school-affiliated activities, and to all forms/use of technology.

Furthermore, since student behavior, whether inside or outside of school, reflects on our schools and can have a significant impact on life at school, there are times when it is appropriate and important for school administration to respond to incidents that occur outside of school and beyond school hours. Therefore, the schools reserve the right to discipline those in the community who engage in harassment of other school community members at any location and at any time if such harassment takes the form of obscene, libelous, slanderous language or incites violence, invades the rights of others, or contributes to a substantial disruption of the school community. Therefore, if such harassment originates outside of school and it comes to the attention of school staff, appropriate action will be taken to maintain a safe and respectful work and academic environment. As the primary educators of their children, parents have the responsibility to handle harassment issues not involving the school and that are occurring outside of school.

Bullying, harassment, intimidation, or retaliation against anyone who has reported these behaviors is prohibited. Students engaging in these behaviors are subject to disciplinary and/or legal action. Students, parents, employees, and service providers are responsible for reporting incidents of bullying, harassment, intimidation, or retaliation on campus. School principals will

ensure that all illegal behaviors are reported to the appropriate local authorities and the Superintendent of Catholic Schools immediately.

## ***SEXUAL HARASSMENT AND/OR SEXUAL ABUSE – STUDENTS***

No student is to sexually harass or sexually abuse another person. 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, that has been investigated and confirmed, 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. During the investigation of an alleged crime, a \ student alleged to have perpetrated or participated in it may need to be asked to leave campus.

Any student who believes that he or she has been sexually harassed or abused needs to immediately report such information to a trusted member of the school staff. If a student makes a report, the staff member will report the information to the principal. A student who is uncomfortable for any reason with reporting such alleged harassment/abuse to a trusted member of the school staff, 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.

Children under 17 years of age cannot legally consent under Virginia State Law to having sex or sexual contact with an adult. **Any sexual contact between a student under 17 and an adult is a crime. It must be reported to the police.**

In addition, any sexual or romantic conduct between a school employee or an employee of a contracted service provider and a present student of any age, even if 17 years of age or older, and even if consented to or welcomed by the student, is strictly prohibited by this policy while the student is attending a diocesan school and for one year post-date of graduation, and will result in dismissal of the adult involved. As such, this policy prohibits sexting between students and employees or employees of contracted service providers and the showing of pornography to any student by any such adult. Such activity will result in the dismissal of the adult involved and the reporting of such conduct to the appropriate authorities.

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 30 of every school year (*Appendix AB*). The Validation of Sexual Harassment Instruction must be completed and submitted annually to the Office of Catholic Schools by September (*Appendix H-1*).

## ***BULLYING***

Bullying is defined as any aggressive and unwanted behavior that is intended to harm, intimidate, or humiliate the person being bullied; involves a real or perceived power imbalance between aggressor or aggressors and person being bullied; and is repeated over time or causes severe emotional trauma. Bullying includes cyberbullying. Bullying does not include inappropriate developmental 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. Cyberbullying

Bullying is prohibited. School personnel will not tolerate any bullying on diocesan school grounds 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 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 or cyberbullying 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 alleged aggressor(s) and the alleged target(s)) and investigate, as appropriate. This investigation may include interviews with students, parents/guardians, and school staff; review of school records; and identification of parent and family issues. Any student who retaliates against another for reporting bullying will 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.

## ***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 alleged aggressor(s) and the alleged target(s)) and investigate, as appropriate. This investigation may include interviews with students, parents/guardians, and school staff; review of school records; and identification of parent and family issues. Any student who retaliates against another for reporting hazing will 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.

## ***RACISM***

Racism is defined as prejudice, discrimination, or antagonism by an individual, community, or institution against a person or people on the basis of their membership in a particular racial or ethnic group, typically one that is a minority or marginalized.

Examples include but are not limited to:

- a. Discrimination
- b. Victimization
- 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 and false accusations
- j. Social isolation
- k. Cyber-racism (racism that takes place using digital devices)

Racism is prohibited. School personnel will not tolerate any racism on Diocesan school grounds 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 racism 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 any racism incident to take appropriate steps to intervene unless intervention would be a threat to staff members' safety. Every instance of suspected racism should be brought immediately to the attention of school leadership.

In cases of reported racism, the principal or designee shall interview all students involved (i.e., the alleged aggressor(s) and the alleged target(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 racist behavior will be subject to appropriate consequences.

Consequences for students engaged in racist behavior 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 racism to law enforcement.

## ***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**

In 1986, Congress passed the Asbestos Hazard Emergency Response Act (AHERA) which requires schools to be inspected to identify any asbestos-containing building materials.

The law further requires an asbestos management plan to be in place. You are welcome to review a copy of the asbestos management plan at the school during regular business hours.

## ***VIDEO SURVEILLANCE CAMERAS***

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

- a. 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.

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 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 in accordance with applicable law.

All video recordings shall be stored in a secure place. Recordings will be saved for no less than 60 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.

## **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. All products to be used must have a Medication Administration Form (*Appendix F-6*) completed by parent/guardian.

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. The Code of Virginia, Section 63.2-1716, allows child day centers operated by religious institutions the opportunity to file for an exemption from licensure by meeting documentation and other requirements specified within the religious exemption law.

## ***RELIGIOUS EXEMPTION***

In compliance with the Code of Virginia, Section 63.2-1716, ALL Diocese of Arlington Preschools and are religiously exempt from licensure and are classified as a "religiously exempt child day center."

If you would like additional information about the licensing of child day programs or would like to register a complaint, please call the Office of Child Care Licensing toll-free at 833-778-0204.

## ***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).

|                            |
|----------------------------|
| <h2><b>APPENDICES</b></h2> |
|----------------------------|

### School Forms

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*)
- Confidential Student Health History Update (Spanish) (*Appendix F-1B*)
- Confidential Student Health History Update (Vietnamese) (*Appendix F-1C*)
- Virginia School Entrance Health Form (*Appendix F-2*)
- Asthma Action Plan with Indemnification (*Appendix F-3*)
- Anaphylaxis Action Plan with Indemnification (*Appendix F-4*)
- Diabetes Quick Reference and Indemnification (*Appendix F-5*)
- Virginia Diabetes Medical Management Plan (*Appendix F-5A*)
- Diocese Medication Authorization Form (*Appendix F-6*)
- Wind Chill Factors/Heat Stress Index (*Appendix F-15*)
- Certificate of Religious Exemption (*Appendix F-18*)
- Seizure Action Plan (*Appendix F-20*)
- Code of Conduct for Personnel and Volunteers in the Diocese of Arlington.English (*Appendix G-1*)
- Codigo de Conducta para el Personal y Voluntarios en la Diócesis de Arlington.Spanish (*Appendix G-2*)
- 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 DIOCESE OF ARLINGTON  
CONFIDENTIAL STUDENT HEALTH HISTORY UPDATE

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

Name \_\_\_\_\_ ☐ M ☐ F DOB: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 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"/> |      |
| Anxiety                           | <input type="checkbox"/> |      |
| Asthma / Breathing Problem        | <input type="checkbox"/> |      |
| Autism                            | <input type="checkbox"/> |      |
| Behavior Concerns                 | <input type="checkbox"/> |      |
| Bladder / Kidney Disorder         | <input type="checkbox"/> |      |
| Bleeding / Clotting Disorder      | <input type="checkbox"/> |      |
| Bone / Joint / Muscular Disorder  | <input type="checkbox"/> |      |
| Cancer                            | <input type="checkbox"/> |      |
| Convulsions / Epilepsy / Seizure  | <input type="checkbox"/> |      |
| COVID-19                          | <input type="checkbox"/> |      |
| Depression                        | <input type="checkbox"/> |      |
| Dental Problem                    | <input type="checkbox"/> |      |
| Developmental Problem             | <input type="checkbox"/> |      |
| Dizziness or Fainting             | <input type="checkbox"/> |      |
| Diabetes                          | <input type="checkbox"/> |      |
| Dietary Restriction               | <input type="checkbox"/> |      |
| Digestive / Bowel Problem         | <input type="checkbox"/> |      |
| Eating Disorder                   | <input type="checkbox"/> |      |
| Endocrine Disorder                | <input type="checkbox"/> |      |
| Head or Spinal Injury             | <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"/> |      |
| Menstrual Problem                 | <input type="checkbox"/> |      |
| Mental Health Diagnosis           | <input type="checkbox"/> |      |
| Mobility Limitation               | <input type="checkbox"/> |      |
| Mononucleosis                     | <input type="checkbox"/> |      |
| Orthodontic Treatment             | <input type="checkbox"/> |      |
| Physical Education Restriction    | <input type="checkbox"/> |      |
| Psychological / Emotional Problem | <input type="checkbox"/> |      |
| Scoliosis                         | <input type="checkbox"/> |      |
| Skin Condition                    | <input type="checkbox"/> |      |
| Soiling / Incontinence            | <input type="checkbox"/> |      |
| Speech Disorder                   | <input type="checkbox"/> |      |
| Surgery or Hospitalization        | <input type="checkbox"/> |      |
| Tuberculosis                      | <input type="checkbox"/> |      |
| Vision or Eye Disorder            | <input type="checkbox"/> |      |
| Weight Concern (Under/Overweight) | <input type="checkbox"/> |      |
| Other: (explain below)            | <input type="checkbox"/> |      |

\*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: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian name), give permission for identified 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, if needed during the school day. The school nurse and /or health aid have my permission to share my child's confidential health information, on a need-to-know basis, with appropriate members of the educational staff (e.g. teachers, counselors, athletic trainers, extended day staff), and healthcare team, for use in meeting the educational and health needs of my student. By signing this document, I agree, acknowledge, and intend that my consent is valid on the date signed through the identified school year.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFICINA DE ESCUELAS CATÓLICAS DIÓCESIS DE ARLINGTON**  
**ACTUALIZACIÓN DEL HISTORIAL CONFIDENCIAL DE SALUD DEL ESTUDIANTE**

**PADRE/TUTOR:** Complete este formulario al comienzo de cada año escolar.

Nombre \_\_\_\_\_ ☐ M ☐ F Fecha de nacimiento : \_\_\_\_\_ Escuela \_\_\_\_\_ Grado \_\_\_\_\_  
 Madre / Tutora \_\_\_\_\_ # del trabajo \_\_\_\_\_ # de casa \_\_\_\_\_ # celular \_\_\_\_\_  
 Padre / Tutor \_\_\_\_\_ # del trabajo \_\_\_\_\_ # de casa \_\_\_\_\_ # celular \_\_\_\_\_  
 Médico \_\_\_\_\_ # de teléfono \_\_\_\_\_ Año escolar \_\_\_\_\_

**Complete la siguiente lista de verificación indicando cualquiera de las siguientes condiciones del estudiante, pasadas o presentes.**

|                                                            | SÍ*                      | FECHA |
|------------------------------------------------------------|--------------------------|-------|
| TDAH (Trastorno de déficit de atención con hiperactividad) | <input type="checkbox"/> |       |
| Alergias / Ambiental                                       | <input type="checkbox"/> |       |
| Alergias / Alimentos                                       | <input type="checkbox"/> |       |
| Alergias / Picaduras de Insectos o Abejas                  | <input type="checkbox"/> |       |
| Alergias / Látex                                           | <input type="checkbox"/> |       |
| Alergias / Medicamentos                                    | <input type="checkbox"/> |       |
| Ansiedad                                                   | <input type="checkbox"/> |       |
| Asma / Problema respiratorio                               | <input type="checkbox"/> |       |
| Autismo                                                    | <input type="checkbox"/> |       |
| Preocupaciones de comportamiento                           | <input type="checkbox"/> |       |
| Trastorno de vejiga / riñón                                | <input type="checkbox"/> |       |
| Trastorno de sangrado / coagulación                        | <input type="checkbox"/> |       |
| Trastorno óseo / articular / muscular                      | <input type="checkbox"/> |       |
| Cáncer                                                     | <input type="checkbox"/> |       |
| Convulsiones / Epilepsia / ataques                         | <input type="checkbox"/> |       |
| COVID-19                                                   | <input type="checkbox"/> |       |
| Depresión                                                  | <input type="checkbox"/> |       |
| Problema dental                                            | <input type="checkbox"/> |       |
| Problema de desarrollo                                     | <input type="checkbox"/> |       |
| Mareos o desmayos                                          | <input type="checkbox"/> |       |
| Diabetes                                                   | <input type="checkbox"/> |       |
| Restricción dietética                                      | <input type="checkbox"/> |       |
| Problema digestivo / intestino                             | <input type="checkbox"/> |       |
| Desorden alimenticio                                       | <input type="checkbox"/> |       |
| Desorden endocrino                                         | <input type="checkbox"/> |       |
| Lesión en la cabeza o la columna                           | <input type="checkbox"/> |       |

|                                             | SÍ*                      | FECHA |
|---------------------------------------------|--------------------------|-------|
| Dolores de cabeza / migrañas                | <input type="checkbox"/> |       |
| Problema de audición                        | <input type="checkbox"/> |       |
| Defecto o enfermedad cardíaca               | <input type="checkbox"/> |       |
| Hepatitis o problema hepático               | <input type="checkbox"/> |       |
| Hernia                                      | <input type="checkbox"/> |       |
| Hipertensión                                | <input type="checkbox"/> |       |
| Trastorno del sistema inmunológico          | <input type="checkbox"/> |       |
| Enfermedad infecciosa, actual               | <input type="checkbox"/> |       |
| Enfermedad infecciosa, inactiva             | <input type="checkbox"/> |       |
| Envenenamiento por plomo                    | <input type="checkbox"/> |       |
| Problema menstrual                          | <input type="checkbox"/> |       |
| Diagnóstico de salud mental                 | <input type="checkbox"/> |       |
| Limitación de movilidad                     | <input type="checkbox"/> |       |
| Mononucleosis                               | <input type="checkbox"/> |       |
| Tratamiento de ortodoncia                   | <input type="checkbox"/> |       |
| Restricción de educación física             | <input type="checkbox"/> |       |
| Problema psicológico / emocional            | <input type="checkbox"/> |       |
| Escoliosis                                  | <input type="checkbox"/> |       |
| Condición de piel                           | <input type="checkbox"/> |       |
| Derrame fecal / Incontinencia               | <input type="checkbox"/> |       |
| Desorden del habla                          | <input type="checkbox"/> |       |
| Cirugía u Hospitalización                   | <input type="checkbox"/> |       |
| Tuberculosis                                | <input type="checkbox"/> |       |
| Trastorno de la visión o de los ojos        | <input type="checkbox"/> |       |
| Preocupación por el peso (bajo / sobrepeso) | <input type="checkbox"/> |       |
| Otro: (explique a continuación)             | <input type="checkbox"/> |       |

\*Proporcione detalles de todos los elementos marcados arriba **SÍ** : \_\_\_\_\_

¿La condición de salud del estudiante requiere medicamentos médicamente necesarios o tratamientos de atención médica especializados en la escuela? ☐ SÍ ☐ NO

Explique \_\_\_\_\_

¿El estudiante toma algún medicamento, suplemento homeopático o suplemento nutricional y de rendimiento?

☐ SÍ

☐ NO Explique \_\_\_\_\_

Específicamente **durante o después del ejercicio**, ¿El estudiante ha experimentado alguno de los siguientes? Marque todo los que corresponda:

☐ Desmayo / Pérdida del conocimiento

☐ Apoplejía por calor

☐ Aturdimiento *severo* / Mareos

☐ Tos / Sibilancias

☐ Moretones excesivos

☐ Falta de aliento *extremo*

☐ Dolor en el pecho

☐ Entumecimiento / Hormigueo en \_\_\_\_\_

☐ NINGUNA APLICACIÓN

¿Se realizó una Evaluación Médica como resultado de alguno de los síntomas anteriores durante el ejercicio? ☐ SÍ ☐ NO Resultado: \_\_\_\_\_

Yo, \_\_\_\_\_ (nombre del padre/tutor), doy permiso para que el personal escolar identificado proporcione atención médica de rutina y primeros auxilios a mi hijo según sea necesario durante las actividades escolares y extra escolares. Asumo toda la responsabilidad de proporcionar a la escuela todos los medicamentos recetados o de venta libre necesarios para el estudiante, así como los suministros y autorizaciones de tratamiento médico necesarios, si es necesario durante la jornada escolar. La enfermera de la escuela y/o asistente de salud tienen mi permiso para compartir la información confidencial de salud de mi hijo, según sea necesario, con los miembros adecuados del personal educativo (por ejemplo, maestros, consejeros, entrenadores deportivos, personal de jornada extendida), y equipo de atención médica, para su uso en la satisfacción de las necesidades educativas y de salud de mi estudiante.

Al firmar este documento, acepto, reconozco y pretendo que mi consentimiento sea válido en la fecha de la firma hasta el año escolar identificado.

Firma del padre/tutor \_\_\_\_\_ Fecha \_\_\_\_\_

## VĂN PHÒNG CÁC TRƯỜNG CÔNG GIÁO, GIÁO PHẬN ARLINGTON CẬP NHẬT LỊCH SỬ SỨC KHỎE CỦA HỌC SINH BẢO MẬT

**PHỤ HUYNH/NGƯỜI GIÁM HỘ:** Vui lòng hoàn thành mẫu đơn này vào đầu mỗi năm học.

Tên \_\_\_\_\_ ☐ Nam ☐ Nữ Ngày sinh: \_\_\_\_\_ Trường \_\_\_\_\_ Lớp \_\_\_\_\_  
 Mẹ / Người giám hộ \_\_\_\_\_ SĐT Nơi làm việc \_\_\_\_\_ SĐT Nhà riêng \_\_\_\_\_ SĐT Di động \_\_\_\_\_  
 Cha / Người giám hộ \_\_\_\_\_ SĐT Nơi làm việc \_\_\_\_\_ SĐT Nhà riêng \_\_\_\_\_ SĐT Di động \_\_\_\_\_  
 Bác sĩ \_\_\_\_\_ SĐT \_\_\_\_\_ Năm học \_\_\_\_\_

**Hoàn thành danh sách kiểm tra sau đây bằng cách chỉ ra bất kỳ tình trạng nào dưới đây của học sinh, trong quá khứ hoặc hiện tại.**

|                                 | CÓ*                      | NGÀY |
|---------------------------------|--------------------------|------|
| Rối loạn tăng động giảm chú ý   | <input type="checkbox"/> |      |
| Dị ứng / Môi trường             | <input type="checkbox"/> |      |
| Dị ứng / Thực phẩm              | <input type="checkbox"/> |      |
| Dị ứng / Côn trùng đốt hoặc Ong | <input type="checkbox"/> |      |
| Dị ứng / Cao su                 | <input type="checkbox"/> |      |
| Dị ứng / Thuốc                  | <input type="checkbox"/> |      |
| Lo âu                           | <input type="checkbox"/> |      |
| Hen suyễn / Vấn đề về hô hấp    | <input type="checkbox"/> |      |
| Tự kỷ                           | <input type="checkbox"/> |      |
| Mối quan ngại về hành vi        | <input type="checkbox"/> |      |
| Rối loạn bàng quang / thận      | <input type="checkbox"/> |      |
| Chảy máu / Rối loạn đông máu    | <input type="checkbox"/> |      |
| Rối loạn xương / khớp / cơ      | <input type="checkbox"/> |      |
| Ung thư                         | <input type="checkbox"/> |      |
| Cơ giết / Động kinh / Lên cơn   | <input type="checkbox"/> |      |
| COVID-19                        | <input type="checkbox"/> |      |
| Trầm cảm                        | <input type="checkbox"/> |      |
| Vấn đề nha khoa                 | <input type="checkbox"/> |      |
| Vấn đề về phát triển            | <input type="checkbox"/> |      |
| Chóng mặt hoặc ngất xỉu         | <input type="checkbox"/> |      |
| Tiểu đường                      | <input type="checkbox"/> |      |
| Hạn chế trong chế độ ăn uống    | <input type="checkbox"/> |      |
| Vấn đề về ruột / tiêu hóa       | <input type="checkbox"/> |      |
| Rối loạn ăn uống                | <input type="checkbox"/> |      |
| Rối loạn nội tiết               | <input type="checkbox"/> |      |
| Chấn thương đầu hoặc cột sống   | <input type="checkbox"/> |      |

|                                               | CÓ*                      | NGÀY |
|-----------------------------------------------|--------------------------|------|
| Nhức đầu / Đau nửa đầu                        | <input type="checkbox"/> |      |
| Vấn đề về thính giác:                         | <input type="checkbox"/> |      |
| Khiếm khuyết hoặc bệnh về tim                 | <input type="checkbox"/> |      |
| Viêm gan hoặc Vấn đề về gan                   | <input type="checkbox"/> |      |
| Thoát vị                                      | <input type="checkbox"/> |      |
| Tăng huyết áp                                 | <input type="checkbox"/> |      |
| Rối loạn hệ thống miễn dịch                   | <input type="checkbox"/> |      |
| Bệnh truyền nhiễm, Hiện tại                   | <input type="checkbox"/> |      |
| Bệnh truyền nhiễm, không hiện hoạt            | <input type="checkbox"/> |      |
| Ngộ độc chì                                   | <input type="checkbox"/> |      |
| Vấn đề về kinh nguyệt                         | <input type="checkbox"/> |      |
| Chẩn đoán sức khỏe tâm thần                   | <input type="checkbox"/> |      |
| Hạn chế di chuyển                             | <input type="checkbox"/> |      |
| Tăng bạch cầu đơn nhân nhiễm khuẩn            | <input type="checkbox"/> |      |
| Điều trị chỉnh nha                            | <input type="checkbox"/> |      |
| Hạn chế giáo dục thể chất                     | <input type="checkbox"/> |      |
| Vấn đề tâm lý / cảm xúc                       | <input type="checkbox"/> |      |
| Vẹo cột sống                                  | <input type="checkbox"/> |      |
| Bệnh về da                                    | <input type="checkbox"/> |      |
| Sốt / Tiêu không tự chủ                       | <input type="checkbox"/> |      |
| Rối loạn ngôn ngữ                             | <input type="checkbox"/> |      |
| Phẫu thuật hoặc Nhập viện                     | <input type="checkbox"/> |      |
| Bệnh lao                                      | <input type="checkbox"/> |      |
| Rối loạn thị giác hoặc mắt                    | <input type="checkbox"/> |      |
| Mối quan tâm về cân nặng (Thiếu cân/Thừa cân) | <input type="checkbox"/> |      |
| Khác: (giải thích bên dưới)                   | <input type="checkbox"/> |      |

\*Cung cấp thông tin chi tiết cho tất cả các mục được đánh dấu ở trên **CÓ** : \_\_\_\_\_

Tình trạng sức khỏe của học sinh có cần dùng thuốc cần thiết về mặt y tế hoặc phương pháp điều trị chăm sóc sức khỏe chuyên biệt ở trường không? ☐ CÓ ☐ KHÔNG

Giải thích \_\_\_\_\_

Học sinh có dùng bất kỳ loại thuốc, chất bổ sung vi lượng đồng căn hoặc chất bổ sung dinh dưỡng & hiệu suất nào không?

☐ CÓ ☐ KHÔNG Giải thích \_\_\_\_\_

Cụ thể trong hoặc sau khi tập thể dục, học sinh có trải qua bất kỳ tình trạng nào sau đây không? Đánh dấu tất cả các mục phù hợp:

☐ Ngất / Bất tỉnh ☐ Đột quỵ ☐ Chóng mặt / Hoa mắt nghiêm trọng ☐ Ho / Khò khè ☐ Bầm tím quá mức  
☐ Khó thở cực độ ☐ Đau ngực ☐ Tê / Ngứa ran \_\_\_\_\_ ☐ KHÔNG CÓ TÌNH TRẠNG NÀO

Đánh giá Y tế có được thực hiện cho học sinh do bất kỳ triệu chứng nào nêu trên trong quá trình tập luyện không? ☐ CÓ ☐ KHÔNG Kết quả: \_\_\_\_\_

Tôi, \_\_\_\_\_ (tên phụ huynh/người giám hộ), cho phép nhân viên nhà trường được xác định cung cấp dịch vụ chăm sóc sức khỏe định kỳ và sơ cứu cho con tôi khi cần thiết trong các hoạt động ở trường và sau giờ học. Tôi chịu hoàn toàn trách nhiệm cung cấp cho nhà trường tất cả các loại thuốc không kê đơn hoặc thuốc theo toa cần thiết cho học sinh cũng như các nguồn vật tư và giấy phép điều trị y tế cần thiết, nếu cần trong ngày học. Y tá của trường và/hoặc nhân viên hỗ trợ y tế được tôi cho phép chia sẻ thông tin sức khỏe bí mật của con tôi, trên cơ sở cần biết, với các thành viên thích hợp của đội ngũ nhân viên giáo dục (ví dụ: giáo viên, cố vấn, huấn luyện viên thể thao, nhân viên làm thêm ngày), và đội ngũ chăm sóc sức khỏe, để sử dụng nhằm đáp ứng nhu cầu giáo dục và sức khỏe của con tôi.

Bằng việc ký vào tài liệu này, tôi đồng ý, thừa nhận và có ý định rằng sự đồng ý của tôi có hiệu lực vào ngày được ký trong suốt năm học được xác định.

Chữ ký của Phụ huynh / Người giám hộ \_\_\_\_\_ Ngày \_\_\_\_\_

**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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Parent or Legal Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 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)        |     |          | Diabetes: Type 1                |     |          |
| Please list <b>Life Threatening Allergies:</b> |     |          | 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Check if the student's  
Immunization  
Records are attached  
using a separate form  
signed by HCP

☐

***Section I***

**See Section II for conditional enrollment and exemptions.**

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.

|                                                                                                                                                                                                                                                                                                       |                                                                        |                                                       |                                                                              |             |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|-------------|---|
| <b>Student Name:</b>                                                                                                                                                                                                                                                                                  |                                                                        | <b>Date of Birth :</b> /      /                       |                                                                              | <b>Sex:</b> |   |
| <b>Race (Optional):</b>                                                                                                                                                                                                                                                                               |                                                                        | <b>Ethnicity:</b> <b>Hispanic</b> <b>Non-Hispanic</b> |                                                                              |             |   |
| <b>IMMUNIZATION</b>                                                                                                                                                                                                                                                                                   | <b>RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN</b> |                                                       |                                                                              |             |   |
| 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)<br><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 |
| <b>Certification of Immunization</b>                                                                                                                                                                                                                                                                  |                                                                        |                                                       |                                                                              |             |   |
| I certify that this child is <b>ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED</b> 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). |                                                                        |                                                       |                                                                              |             |   |
| <b>Signature of Medical Provider or Health Department Official:</b> _____ <b>Date (Mo., Day, Yr.):</b> ____/____/____                                                                                                                                                                                 |                                                                        |                                                       |                                                                              |             |   |

**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 tenets 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. Ref. *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.)

**Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT**

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done 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](http://www.vahealth.org/schoolhealth).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ M ☐ F

|                                                                                                                                                                                                           |                                                                     |                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| <b>Health Assessment</b>                                                                                                                                                                                  | <b>Date of Assessment:</b> ____/____/____                           | <b>Physical Examination</b><br>1 = Within normal    2 = Abnormal finding    3 = Referred for evaluation or treatment |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                           | Weight: _____ lbs. Height: _____ ft. _____ in.                      |                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                           | Body Mass Index (BMI): _____ BP _____                               |                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                           | <input type="checkbox"/> Age / gender appropriate history completed |                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                           | <input type="checkbox"/> Anticipatory guidance provided             |                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |
| <b>Tuberculosis Screening</b>                                                                                                                                                                             |                                                                     |                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |
| 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                                                       |                                                                     |                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |
| <b>EPSDT Screens <u>Required</u> for Head Start – include specific results and date:</b>                                                                                                                  |                                                                     |                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |
| Blood Lead: _____ Hct/Hgb _____                                                                                                                                                                           |                                                                     |                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |

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

|                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |      |     |   |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|---|------------------------------------------------------------------------|--|--|--|----------|------|---|---|--|-----|-----|-----|--|--|--|--|---------------------------------------------------------|
| <b>Vision Screen</b>                                                                                                                 | <input type="checkbox"/> With Corrective Lenses (Check if yes)                                                                                                                                                                                                                                  |      |     |   |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |
|                                                                                                                                      | <table border="1"><tr><td colspan="4">Stereopsis <input type="checkbox"/> Pass    <input type="checkbox"/> Fail</td></tr><tr><td>Distance</td><td>Both</td><td>R</td><td>L</td></tr><tr><td></td><td>20/</td><td>20/</td><td>20/</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> |      |     |   | Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail |  |  |  | Distance | Both | R | L |  | 20/ | 20/ | 20/ |  |  |  |  | <input type="checkbox"/> Not tested<br>Test used: _____ |
|                                                                                                                                      | Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail                                                                                                                                                                                                                          |      |     |   |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |
|                                                                                                                                      | Distance                                                                                                                                                                                                                                                                                        | Both | R   | L |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |
|                                                                                                                                      | 20/                                                                                                                                                                                                                                                                                             | 20/  | 20/ |   |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |
|                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |      |     |   |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |
|                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |      |     |   |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |
|                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |      |     |   |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |
|                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |      |     |   |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |
| <input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test-needs rescreen |                                                                                                                                                                                                                                                                                                 |      |     |   |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |
| <b>Dental Screen</b>                                                                                                                 | <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                                                                                                                                                                                                                                                      |      |     |   |                                                                        |  |  |  |          |      |   |   |  |     |     |     |  |  |  |  |                                                         |

|                                                                                     |                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Recommendations to (Pre) School, Child Care, or Early Intervention Personnel</b> | <b>Summary of Findings (check one):</b>                                                                                                                                                                                                               |
|                                                                                     | <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):                                                                                                    |
|                                                                                     | <b>Allergy:</b> <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____                                                                            |
|                                                                                     | Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction    Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other:: _____ |
|                                                                                     | <b>Individualized Health Care Plan needed</b> (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)                                                                                                                                         |
|                                                                                     | <b>Restricted Activity Specify:</b> _____                                                                                                                                                                                                             |
|                                                                                     | <b>Developmental Evaluation</b> <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____                                                                                                                        |
|                                                                                     | <b>Medication.</b> Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.                                                                                               |
|                                                                                     | <b>Special Diet Specify:</b> _____                                                                                                                                                                                                                    |
| <b>Special Needs Specify:</b> _____                                                 |                                                                                                                                                                                                                                                       |
| <b>Other Comments:</b> _____                                                        |                                                                                                                                                                                                                                                       |

**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: \_\_\_\_\_

Practice/Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

# VIRGINIA PEDIATRIC ASTHMA ACTION PLAN

|                     |
|---------------------|
| Child Name:         |
| DOB:                |
| School Year:        |
| Healthcare Provider |
| Contact Number:     |

## EMERGENCY CONTACT

|               |        |
|---------------|--------|
| Name:         | Phone: |
| Relationship: |        |

|                  |
|------------------|
| Additional info: |
|------------------|



### GREEN ZONE: GO!

- No trouble breathing
- No cough or wheeze
- Sleeps well
- Can play as usual

#### ☐ Daily Maintenance/Controller

|  |           |           |             |             |
|--|-----------|-----------|-------------|-------------|
|  | day puffs | Day puffs | night puffs | Night puffs |
|  |           |           |             |             |
|  | day puffs |           | night puffs |             |
|  |           |           |             |             |

☐ Montelukast/Singulair  Mg once daily.

Use controller daily, even when I feel fine. Use a spacer if recommended.

For Asthma with exercise add:  puffs (with spacer if needed) 15 minutes prior to exercise:

|  |                                                                                  |
|--|----------------------------------------------------------------------------------|
|  | And <input type="checkbox"/> Ipratropium <input type="checkbox"/> Only if needed |
|--|----------------------------------------------------------------------------------|



### YELLOW ZONE: Caution!

- Cough, wheeze, chest tightness
- Waking at night due to asthma
- Problems sleeping, working, or playing

#### Add: quick-relief medicine—to your GREEN ZONE medicines.

**First**

Your quick reliever medicine(s) is:  or

Take:  puffs or ☐ Nebulizer every - 20 minutes if needed for up to 1 hour. If your symptoms resolve return to GREEN ZONE.

**Second**

If your symptoms continue or return within a few hours of above treatment, take: ☐ Puffs every 4-6 hours as needed until symptoms resolve. ☐ Continue every 4-6 hours daily for  days.

☐ Add:

Call Healthcare Provider if you need quick-relief medicine for more than 24 hours or if quick-relief medicine does not work.

You should not use more than 8 puffs for ages 4-11 or 12 puffs ICS/formoterol for ages 12+ a day.



### RED ZONE: DANGER!

- Can't talk, eat, walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Nonstop cough
- Ribs show

## CALL 911 Now/Go to the Emergency Department!

Continue CONTROL & RELIEVER Medicines every 15 minutes for 3 treatments total – while waiting for help.

Take:  ☐ 2 puffs ☐ 4 puffs ☐ 6 puffs or ☐ nebulizer

I approve and give permission for school personnel to follow this asthma management plan of care for my child, contact my child's healthcare provider when needed, and administer medication per the healthcare providers orders. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. With HCP authorization & parental consent, the inhaler will be located: ☐ in clinic or ☐ with student (self-carry).

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse/Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved June 2023, Virginia Asthma Action Plan Expert Group convened by the Consortium for Infant and Child Health at Eastern Virginia Medical School.

## SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER

- ☐ Student may carry and self-administer inhaler at school.  
☐ Student needs assistance & should not self-carry.

MD/NP/PA signature \_\_\_\_\_ Date \_\_\_\_\_

Updated March 2024

**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/GUARDIAN**

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 the Asthma Action Plan. I have read the procedures outlined below this form and assume responsibility as required.

Inhaler/Respiratory Treatment ☐ 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

**PART II SEE PAGE 1 OF ASTHMA ACTION PLAN – Complete by Parent/Guardian and Student, if applicable**

The inhaled medication will be given as noted and detailed on the attached Allergy Action Plan.

Check ✓ the appropriate boxes:

- ☐ Asthma Action Plan is attached with orders signed by Licensed Healthcare Provider.
- ☐ 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.
- ☐ 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, is advised to be kept in the clinic or other approved school location and Appendix F-21A is signed) Additionally, 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.

Parent or Guardian Name (Print or Type)

Parent or Guardian (Signature)

Telephone

Date

Student Name (Print or Type)

Student Signature (Required if Self Carry in addition to Appendix F-21A)

Date

**PART III TO BE COMPLETED BY LICENSED NURSE OR TRAINED ADMINISTRATOR OF MEDICATION**

Check ✓ as appropriate:

- ☐ Parts I and II above are completed including signatures.
- ☐ Inhaler/Respiratory Treatment Medication is appropriately labeled.
- ☐ If Asthma Action Plan indicates Self-Carry to be authorized. I have reviewed the proper use of the inhaler with the student and, ☐ agree ☐ disagree that student should self carry in school. Appendix F-21A is also reviewed and attached.
- ☐ If self-carry and parent does not supply 2<sup>nd</sup> inhaler for clinic, parent must sign acknowledge and refusal to send medication form, Appendix F-25.

\_\_\_\_\_ Date any unused medication was collected by the parent or properly disposed. (Within one week after expiration of the physician order or on the last day of school).

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 routine 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. If a backup inhaler is not supplied, please complete Appendix F-25.
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 the Asthma Action Plan. 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.

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

 Weight: \_\_\_\_\_ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

**PLACE  
PICTURE  
HERE**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**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.

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



**LUNG**

Shortness of breath, wheezing, repetitive cough



**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness



**THROAT**

Tight or hoarse throat, trouble breathing or swallowing



**MOUTH**

Significant swelling of the tongue or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.

1. **ADMINISTER EPINEPHRINE IMMEDIATELY.**
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 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 for at least 4 hours because symptoms may return.

## MILD SYMPTOMS



**NOSE**

Itchy or runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea or discomfort

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

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

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.1 mg IM (intramuscular) ☐ 0.15 mg IM  
☐ 0.3 mg IM ☐ 1 mg IN (intranasal) ☐ 2 mg IN

Antihistamine Brand or Generic: \_\_\_\_\_

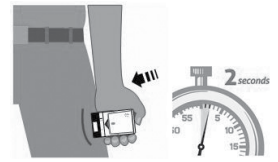
Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

☐ Patient may self-carry ☐ Patient may self-administer

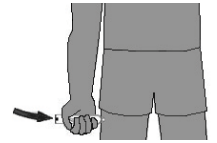
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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



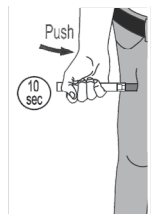
## HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, VIATRIS AUTO-INJECTOR, VIATRIS

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. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



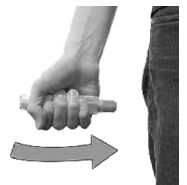
## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. 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. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. 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.

## HOW TO USE NEFFY® (EPINEPHRINE NASAL SPRAY)

1. Remove neffy from packaging. Pull open the packaging to remove the neffy nasal spray device.
2. Hold device as shown. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle. Do not pull or push on the plunger. Do not test or prime (pre-spray). Each device has only 1 spray.
3. Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead. Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.
4. Press plunger up firmly until it snaps up and sprays liquid into the nostril. Do not sniff during or after the dose is given. If any liquid drips out of the nose, you may need to give a second dose of neffy after checking for symptoms.
5. If symptoms don't improve or worsen within 5 minutes of initial dose, administer a second dose into the same nostril with a new neffy device.



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

## EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

## OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4

## EPINEPHRINE AUTHORIZATION & ANTIHISTAMINE AUTHORIZATION FOR USE WITH ALLERGY ACTION PLAN Release and indemnification agreement

### PART I TO BE COMPLETED BY PARENT OR GUARDIAN

☐ I hereby request designated school personnel to administer **epinephrine** 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 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 the attached Food Allergy and Anaphylaxis Care Plan. I am aware that the medication 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. Two pre-measured doses will be needed in school.

☐ I hereby request designated school personnel to administer **antihistamine and/or inhaled 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 the **attached** Food Allergy and Anaphylaxis Care Plan. I have read the procedures outlined below this form and assume responsibility as required.

Student Name (Last, First, Middle)

Date of Birth

Allergies:

School:

School Year:

### PART II SEE PAGE 1 OF FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION – Completed by Parent/Guardian and Student, if applicable

The injectable epinephrine dosage will be given as noted and detailed on the attached Allergy Action Plan

Check ☒ the appropriate boxes:

- ☐ Allergy Action Plan is attached with orders signed by Licensed Healthcare Provider
- ☐ It is not necessary for the student to carry his/her medication during school, the prescribed medication will be kept in the clinic or other approved school location.
- ☐ The student is to carry epinephrine during school and school sanctioned events with principal/school nurse approval. (An additional epinephrine, to be used as backup, is advised to be kept in the clinic or other approved school location and Appendix F-21B is signed) Additionally, I believe that this student has received information on how and when to use the epinephrine and that he or she demonstrates its proper use.
- ☐ The antihistamine medication will be given as noted and detailed on the attached Allergy Action Plan, if applicable.
- ☐ The inhaled medication will be given as noted and detailed on the attached Allergy Action Plan, if applicable.

Parent or Guardian Name (Print or Type)

Parent or Guardian (Signature)

Telephone

Date

Student Name (Print or Type)

Student Signature (Required if Self Carry in addition to Appendix F-21B)

Date

### PART III TO BE COMPLETED BY LICENSED NURSE OR TRAINED ADMINISTRATOR OF MEDICATION

Check ☒ as appropriate:

- ☐ Part I and II are completed and signed.
- ☐ Food Allergy and Anaphylaxis Care Plan is completed in its entirety and signed by the LHCP and attached to this form.
- ☐ Epinephrine, Antihistamine and Inhaled Medication, if applicable, are appropriately labeled.
- ☐ I have reviewed the proper use of their epinephrine with the student and, ☐ agree ☐ disagree that student should self carry their device in school. Appendix F-21B is also reviewed and attached.
- ☐ If self-carry and parent does not supply 2<sup>nd</sup> dose of epinephrine for clinic, parent must sign acknowledge and refusal to send medication form, Appendix F-25.

\_\_\_\_\_ Date any unused medication was collected by the parent or properly disposed. (Within one week after expiration of the physician order or on the last day of school).

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 routine 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 (e.g. inhaler, auto-injector). If the student self carries, it is advised that a backup medication be kept in the clinic. ). If a backup auto-injector is not supplied, please complete Appendix F-25.
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 the Food and Anaphylaxis Care Plan. 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.

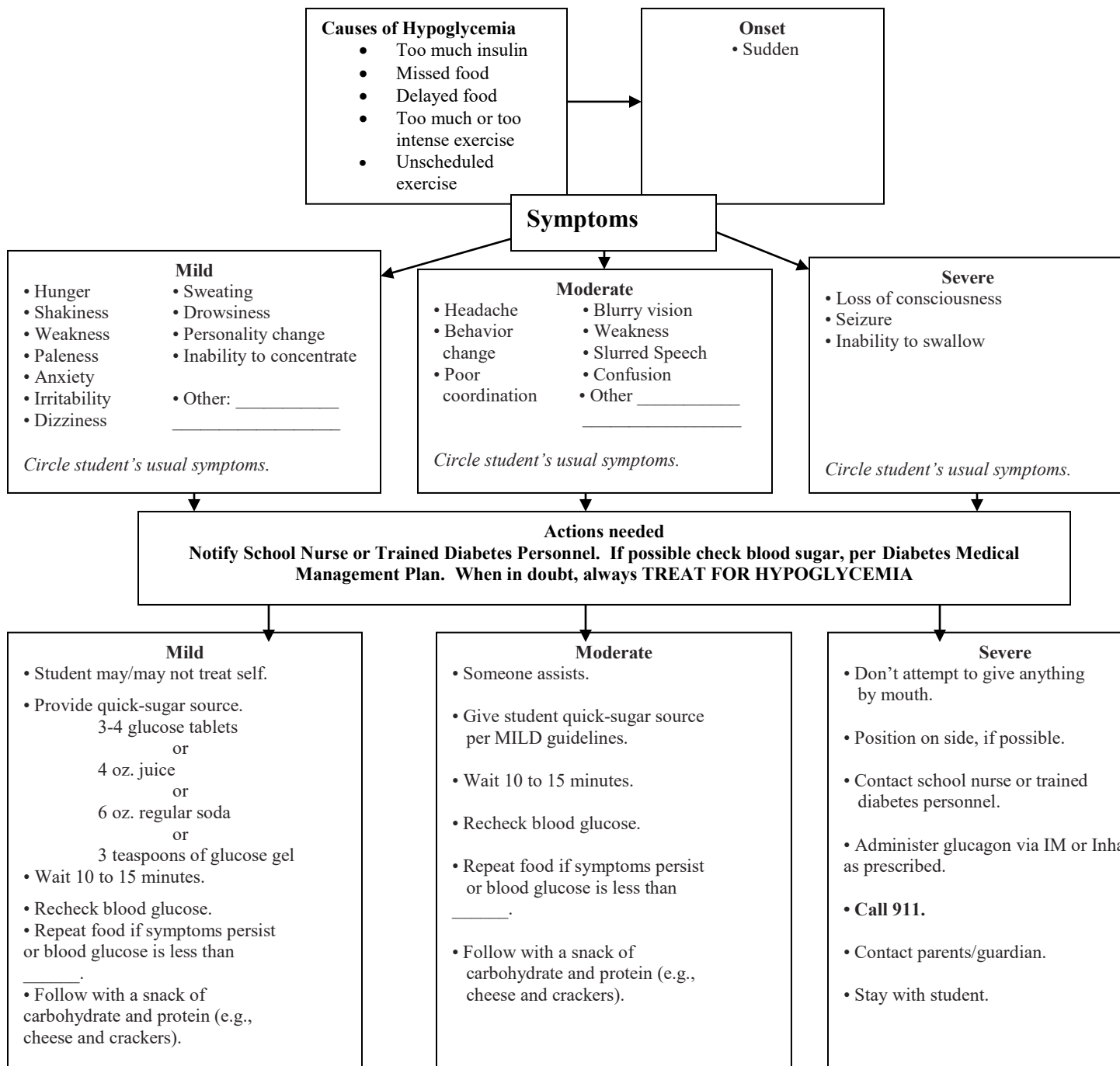
Appendix F-5

**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**  
**QUICK REFERENCE EMERGENCY PLAN and INDEMNIFICATION AGREEMENT**  
**FOR USE WITH DIABETES MEDICAL MANAGEMENT PLAN**

**Part A**  
**HYPOGLYCEMIA (Low Blood Sugar)**

|                                  |                                             |                         |                     |
|----------------------------------|---------------------------------------------|-------------------------|---------------------|
| Student Name _____               | See reverse for<br>Part B and<br>signatures | School _____            | Teacher/grade _____ |
| Mother/Guardian _____            |                                             | Father/Guardian _____   |                     |
| Home phone _____                 | Work phone _____                            | Cell _____              |                     |
| Trained Diabetes Personnel _____ |                                             | Contact Number(s) _____ |                     |

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



Appendix F-5

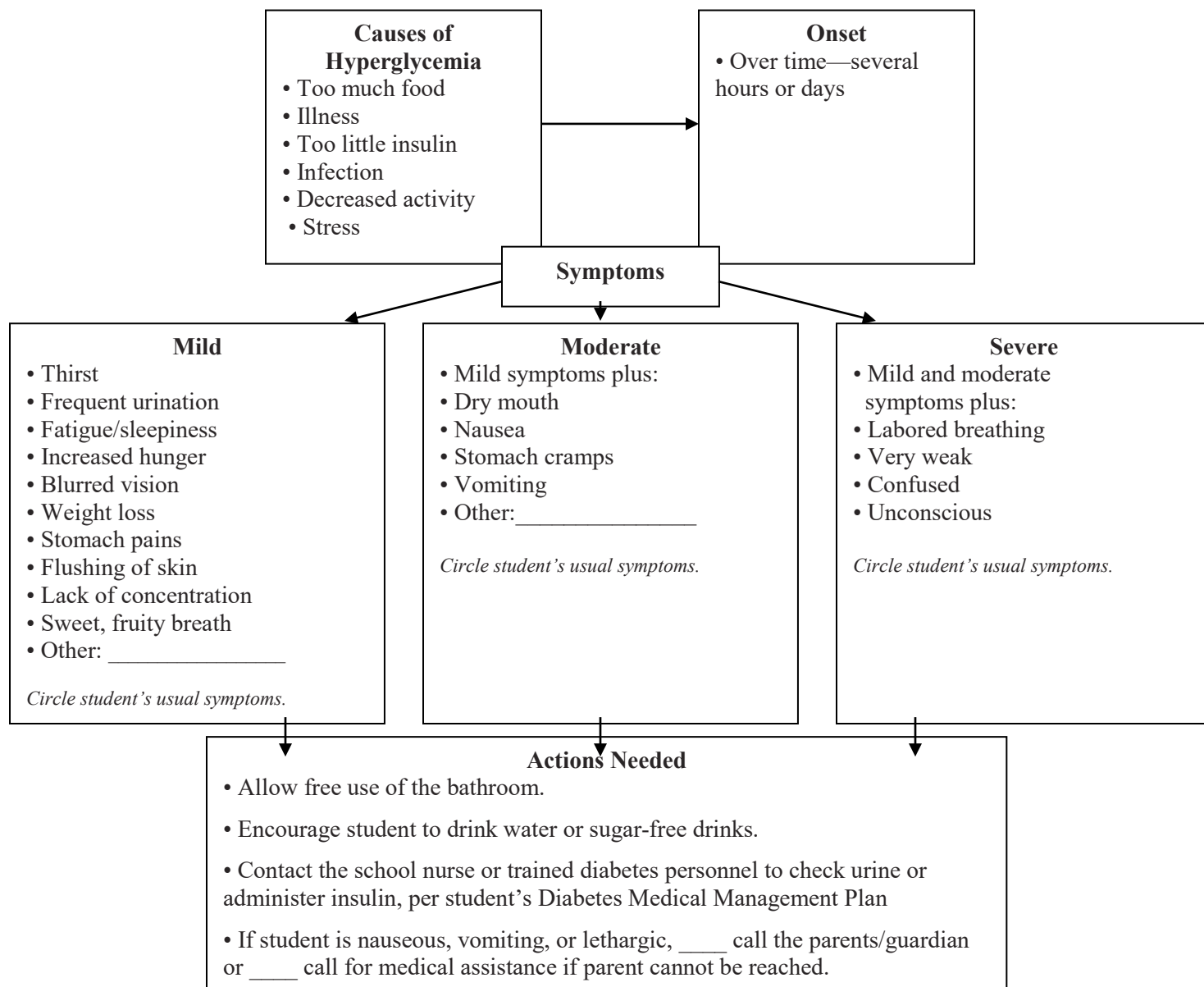
**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**  
**QUICK REFERENCE EMERGENCY PLAN and INDEMNIFICATION AGREEMENT**  
**FOR USE WITH DIABETES MEDICAL MANAGEMENT PLAN**

**Part B**  
**HYPERGLYCEMIA (High Blood Sugar)**

Student Name \_\_\_\_\_

School \_\_\_\_\_

Teacher/grade \_\_\_\_\_



***This quick reference emergency plan reflects orders stated in the Diabetes Medical Management Plan (DMMP), I hereby request designated school personnel to administer medication as directed by this authorization and the attached DMMP. 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 the DMMP. I have read the procedures outlined on the back of this form and assume responsibility as required.***

Parent/Guardian Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

School Nurse/Principal/School Health Aide Acknowledgement \_\_\_\_\_

*Helping the Student with Diabetes Succeed: A Guide for School Personnel*

Revised 2023

## 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 routine 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 the DMMP. 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.

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

|                                                  |
|--------------------------------------------------|
| <b>Parent/guardian 1</b>                         |
| Address:                                         |
| Telephone: : Home: _____ Work: _____ Cell: _____ |
| Email address:                                   |

|                                                  |
|--------------------------------------------------|
| <b>Parent/guardian 2</b>                         |
| Address:                                         |
| Telephone: : Home: _____ Work: _____ Cell: _____ |
| Email address:                                   |

|                                                   |
|---------------------------------------------------|
| <b>Student's physician / health care provider</b> |
| Address:                                          |
| Telephone: _____ Emergency Number: _____          |
| Email address:                                    |
|                                                   |

|                                                  |                                 |
|--------------------------------------------------|---------------------------------|
| <b>Other Emergency Contact</b>                   | <b>Relationship to Student:</b> |
| Telephone: : Home: _____ Work: _____ Cell: _____ |                                 |
| Email address:                                   |                                 |

#### Suggested Supplies to Bring to School

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

## 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:<br>_____ unit(s) for every _____ grams of carbohydrate <b>to</b><br>_____ 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                |
| <input type="checkbox"/> Before Dismissal | <input type="checkbox"/> Other times requested by parent/guardian:<br>_____ | <input type="checkbox"/> After PE  | <input type="checkbox"/> As needed for signs/symptoms of high/low blood glucose |

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

### 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://virginiadiabetes.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"/> |

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".

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

## 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) |
| Site: <input type="checkbox"/> Buttocks <input type="checkbox"/> Arm <input type="checkbox"/> Thigh<br><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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

## 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

#### 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 |

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

**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<br>+<br>Correction | INSULIN to<br>CARBOHYDRATE<br>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  
"B" Insulin-to-Carbohydrate Ratio X "A" Units of Insulin = \_\_\_\_\_ Units of Insulin

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

☐ **CORRECTION Dose Calculation (For Elevated blood sugar and  $\geq 3$  hours since last insulin dose)**

Current Blood Glucose – "C" Target Blood Glucose  
"D" Correction Factor X "E" Units of insulin = \_\_\_\_\_ Units of Insulin

| "C" Target Blood Glucose | "D" Correction Factor | "E" Units of insulin                                                   |
|--------------------------|-----------------------|------------------------------------------------------------------------|
| _____                    | _____                 | <input type="checkbox"/> 0.5 unit<br><input type="checkbox"/> 1.0 unit |

**OR**

☐ **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 |

☐ **Fixed Insulin Therapy**

Name of insulin: \_\_\_\_\_

☐ \_\_\_\_\_ Units of insulin given pre-breakfast daily

☐ \_\_\_\_\_ Units of insulin given pre-lunch daily

☐ \_\_\_\_\_ Units of insulin given pre-snack daily

☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

#### ☐ Long-Acting Insulin Therapy

Name of Insulin (Circle): Lantus Basaglar Levemir Tresiba (u100/u200) Toujeo (u300)

- ☐ To be given during school hours: ☐ Pre-breakfast dose: \_\_\_\_\_ units  
☐ Pre-lunch dose: \_\_\_\_\_ units  
☐ Pre-dinner dose: \_\_\_\_\_ units

#### ☐ Other Diabetes Medications:

- ☐ Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times given: \_\_\_\_\_  
☐ Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times given: \_\_\_\_\_  
☐ 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): \_\_\_\_\_

### 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).

### 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

|                                                                           |                                                          |
|---------------------------------------------------------------------------|----------------------------------------------------------|
| <i>Parent authorization for student to self-administer insulin</i>        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Parent authorization for student to self-monitor blood glucose</i>     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Prescriber authorization for student to self-administer insulin</i>    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Prescriber authorization for student to self-monitor blood glucose</i> | <input type="checkbox"/> YES <input type="checkbox"/> 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](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-with-diabetes/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**  
 Release and indemnification agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |                                  |                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>PART I TO BE COMPLETED BY PARENT OR GUARDIAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                  |                                                                                                                   |
| Medication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <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                                                                                                       |
| <b>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 CONSECUTIVE DAYS.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                  |                                                                                                                   |
| <p>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.</p> <p>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.</p> <p>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.</p> |                                                                                                                 |                                  |                                                                                                                   |
| DIAGNOSIS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                  |                                                                                                                   |
| MEDICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 | SIGNS / SYMPTOMS:                |                                                                                                                   |
| DOSAGE TO BE GIVEN AT SCHOOL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 | ROUTE:                           |                                                                                                                   |
| EFFECTIVE DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | TIMES OR INTERVAL TO BE GIVEN:   |                                                                                                                   |
| Start: _____ End: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                  |                                                                                                                   |
| COMMON SIDE EFFECTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | If the student is taking more than one medication at school, list sequence in which medications are to be taken |                                  |                                                                                                                   |
| <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____<br/>Licensed Health Care Prescriber (Print or Type)</div> <div>_____<br/>Licensed Health Care Prescriber (Signature)</div> <div>_____<br/>Telephone and Fax</div> <div>_____<br/>Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____<br/>Parent or Guardian Name (Print or Type)</div> <div>_____<br/>Parent or Guardian (Signature)</div> <div>_____<br/>Telephone</div> <div>_____<br/>Date</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                  |                                                                                                                   |
| <b>PART III – TO BE COMPLETED BY LICENSED NURSE OR INDIVIDUAL TRAINED IN ADMINISTRATION OF MEDICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                  |                                                                                                                   |
| <p>Check <input checked="" type="checkbox"/> as appropriate:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.)</li> <li><input type="checkbox"/> Medication is appropriately labeled.</li> <li><input type="checkbox"/> If alternate Medication Administration Form is completed, All items on this form are noted on the alternate form with a LHCP signature, and form is attached to this form with parent signature.</li> </ul> <p>_____ Date any unused medication was collected by the parent or properly disposed. (Within one week after expiration of the physician order or on the last day of school).</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____<br/>Signature</div> <div>_____<br/>Witness (if needed)</div> <div>_____<br/>Date</div> </div>                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                  |                                                                                                                   |

## 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 routine 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.

## Wind Chill Factors/Heat Stress Index

### Part I

### 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.

- ☐ Wind chills of 15° to 30° are *cold*; no students should be permitted outside in these conditions without appropriate clothing (coats, hats, mittens).
- ☐ Wind chills of 0° to 15° are *very cold*, older students may play outside for short periods of time **only with appropriate clothing**.
- ☐ Wind chills between -20° and 0° are *bitter cold* with a significant risk of frostbite; students **should not go outside** for play.
- ☐ 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.weatherbug.com](http://www.weatherbug.com) is an excellent site that can be tailored to your location.

## Part II

### 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?

- ☐ Heat index of **130 or higher** is **extremely dangerous**. Heat stroke is highly likely with continued exposure.
- ☐ 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.
- ☐ Heat index of **90 – 104** **requires extreme caution**. Heat stroke, heat cramps and heat exhaustion are possible with prolonged exposure and/ or physical activity.
- ☐ 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.

## Part III

### AIR QUALITY INDEX

Harmful particle pollution is one of our nation's most common air pollutants. Use the chart below to help reduce your exposure and protect your health. Visit [AirNow.gov](https://www.airnow.gov) for your local air quality forecast ([www.airnow.gov](https://www.airnow.gov)).

| Air Quality Index                           | Who Needs to be Concerned?                                                                                                                                           | What Should I Do?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Good<br>(0-50)                              | It's a great day to be active outside.                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Moderate<br>(51-100)                        | Some people who may be unusually sensitive to particle pollution.                                                                                                    | <b>Unusually sensitive people:</b> Consider making outdoor activities shorter and less intense. Watch for symptoms such as coughing or shortness of breath. These are signs to take it easier.<br><b>Everyone else:</b> It's a good day to be active outside.                                                                                                                                                                                                                                           |
| Unhealthy for Sensitive Groups<br>(101-150) | Sensitive groups include <b>people with heart or lung disease, older adults, children and teenagers, pregnant people, minority populations, and outdoor workers.</b> | <b>Sensitive groups:</b> Make outdoor activities shorter and less intense. It's OK to be active outdoors, but take more breaks. Watch for symptoms such as coughing or shortness of breath.<br><b>People with asthma:</b> Follow your asthma action plan and keep quick relief medicine handy.<br><b>People with heart disease:</b> Symptoms such as palpitations, shortness of breath, or unusual fatigue may indicate a serious problem. If you have any of these, contact your health care provider. |
| Unhealthy<br>(151-200)                      | <b>Everyone</b>                                                                                                                                                      | <b>Sensitive groups:</b> Avoid long or intense outdoor activities. Consider rescheduling or moving activities indoors.<br><b>Everyone else:</b> Reduce long or intense activities. Take more breaks during outdoor activities.                                                                                                                                                                                                                                                                          |
| Very Unhealthy<br>(201-300)                 | <b>Everyone</b>                                                                                                                                                      | <b>Sensitive groups:</b> Avoid all physical activity outdoors. Reschedule to a time when air quality is better or move activities indoors.<br><b>Everyone else:</b> Avoid long or intense activities. Consider rescheduling or moving activities indoors.                                                                                                                                                                                                                                               |
| Hazardous<br>(301-500)                      | <b>Everyone</b>                                                                                                                                                      | <b>Everyone:</b> Avoid all physical activity outdoors.<br><b>Sensitive groups:</b> Remain indoors and keep activity levels low. Follow tips for keeping particle levels low indoors.                                                                                                                                                                                                                                                                                                                    |

# 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 vaccine-preventable 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

**S E A L**

My commission expires: \_\_\_\_\_

Registration number: \_\_\_\_\_

# SEIZURE ACTION PLAN (SAP)



END EPILEPSY

Student Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Effective Date of Order and Plan: \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Seizure Information



### 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 \_\_\_\_\_

## 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<br>(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: \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Licensed Healthcare Provider signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**  
**SEIZURE TREATMENT AUTHORIZATION**  
**FOR USE WITH SEIZURE 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 prescribed anti-seizure (abortive) 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 if having a seizure, 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 the Seizure Action Plan. I have read the procedures outlined below this form and assume responsibility as required.

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

Last known seizure: Date \_\_\_\_\_ Time \_\_\_\_\_

Student Name (Last, First, Middle)

Date of Birth

Allergies

School

School Year

**PART II SEE PAGE 1 OF SEIZURE ACTION PLAN – Complete by Parent/Guardian**

- ☐ The anti-seizure medication will be given as noted and detailed on the attached Seizure Action Plan.  
☐ Seizure Action Plan is attached.  
☐ Anti-Seizure Treatment Medication is appropriately labeled.

Additional Notes:

\_\_\_\_\_  
 Parent or Guardian Name (Print or Type)

\_\_\_\_\_  
 Parent or Guardian (Signature)

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Date

**PART III TO BE COMPLETED BY LICENSED NURSE OR TRAINED ADMINISTRATOR OF MEDICATION**

Check ✓ as appropriate:

- ☐ Parts I and II above are completed including signature.  
☐ Anti-Seizure Treatment Medication is appropriately labeled.

\_\_\_\_\_ Date any unused medication was collected by the parent or properly disposed. (Within one week after expiration of the physician order or on the last day of school).

\_\_\_\_\_  
 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 routine 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 the Seizure Action Plan. 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.



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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## GUIDELINES FOR A SAFE ENVIRONMENT FOR ADULT INTERACTIONS WITH CHILDREN AND YOUNG PEOPLE

The Catholic Diocese of Arlington (CDA) is committed to providing a safe environment for children and young people within all diocesan activities and ministries. Children are a most precious gift, and all the faithful cooperate in taking every reasonable action to ensure their safety. An important tool in creating safe environments for children is a uniform Code of Conduct. The purpose of this Code of Conduct is to make clear to clergy, employees and volunteers that certain behaviors are unacceptable and to ensure proper monitoring of all youth.

These guidelines apply to all CDA diocesan, parish and Catholic school activities where youth are present.

All adults performing work, ministry or volunteer service within the Church in Arlington are expected to follow these guidelines. Violations of these guidelines are a serious matter and will be investigated and resolved in accordance with diocesan policy.

Those who work with children are serving as stewards of God's precious gift of young life. Keeping this principle in mind will reinforce the need to respect boundaries and to provide an example of a holy life.

## DEFINITIONS

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### A. Adult Volunteer

1. Adult volunteers are defined as those 18 or older who are no longer in high school.
  - 1a. Students who are in high school and have not reached their 20th birthday are to be treated as minors when participating in parish or diocesan activities.
  - 1b. Adult volunteers may not volunteer in their parish's youth ministry program until they reach 21 years of age if they participated in its youth activities as minors.
2. Adult volunteers are not counselors. Their response to situations and conversations by minors may have potential legal implications, and they should, therefore, know their boundaries. The role of an adult volunteer is limited to compassionate listening.
3. For the purpose of this document, all instances denoting requirements and/or guidelines for "adult volunteer(s)" are also binding for all clergy and diocesan personnel.
4. 3a. All references to adults and/or adult volunteers assume that the individual is compliant with all diocesan child protection policies prior to ministry, employment and/or service.



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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## **B. Chaperone/Supervisor**

A Chaperone/Supervisor is defined as an adult volunteer that has oversight or supervisory authority over youth during a diocesan, parish and/or school activity (either on or off campus) whether for occasional or regular activities. These individuals share in the responsibility and authority of the parish or diocesan staff person designated to have oversight of a particular youth event or activity and its leaders.

- 1a. All Chaperones/Supervisors must be at least 21 years of age.
- 1b. When determining the appropriate ratio of Chaperones/Supervisors to minors for activities, a husband and wife that have direct supervision over the same group of individuals only count as one Chaperone/Supervisor.

## **C. Child**

1. For the purposes of this Code, “children,” “child,” “minor,” “youth,” or “young person” is defined to mean any person less than 18 years of age or habitually lacking the use of reason, or still in high school and having not reached his or her 20<sup>th</sup> birthday.
  - 1a. Those who have completed their senior year of high school and would like to participate in youth activities may do so providing:
    - i. They do not participate in college activities prior to the first day of the Virginia state college schedule.

## **D. Social Media**

1. Social Media is defined as any form of electronic communication through which a user creates, utilizes, accesses, retrieves and/or visits online communities or systems to share information, ideas, personal messages and other content.
2. For the purposes of this Code, Social Media is to encompass, but is not limited to, all of the following: email, texting, chat rooms, instant messaging, social networks, video messaging, conferencing applications, online message boards, gaming systems, landline and mobile telephones, online voice communications, etc.
  - 2a. In accordance with diocesan policy, as stated in 9.1 and 9.2 of the *Information Security Policy, version 16*,

“9.1 All information and messages that are created, sent, received or stored using diocesan communication assets are the sole property of the Diocese, and no user has any ownership interest or expectation of privacy in such communications. The Diocese retains the right, in its sole discretion, to review all information or



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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communications sent, received, stored, or posted using Diocesan communication assets. The Diocese also retains the right to track internet usage and file downloads, for compliance with diocesan policies and for other business reasons.

IT staff will not review the content of an individual user's communications out of personal curiosity or at the request of individuals who have not gone through the proper approval process.

A Department Supervisor must file a request to the Director of Human Resources to have email messages or internet activity reviewed or monitored. The Director of Human Resources will authorize or deny monitoring. If authorized, the HR Director will contact the IT Director to initiate the review/monitoring. The results will be returned to the HR Director.”

2b. The above stated IT policy is updated on a regular basis and the most recent policy edition will apply.

3. Clergy, employees and volunteers who use their own personal account(s) to communicate with minors or their parents/guardians for diocesan, parish and/or school activities subject themselves to the above diocesan policy.

## **FACILITIES**

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### **E. Guidelines for Rectories**

1. Only clergy, seminarians, members of religious institutes or directly-related family members may be overnight guests in rectories.
  - 1a. Only clergy, seminarians, members of religious institutes or directly-related family members may be admitted to personal living spaces within rectories (e.g., priests' personal rooms or suites).
2. When seminarians and/or members of religious institutes stay overnight at the rectory while visiting clergy, the Office of the Episcopal Vicar for Clergy is to be notified when it is an extended stay (i.e., more than one week).
3. Exception: On rare occasions, permission may be granted to allow overnight accommodations to adult male friends, which may include their spouses. In these cases, formal written permission is to be sought, in advance, through the Office of the Episcopal Vicar for Clergy.



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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## **F. Guidelines for All Other Locations**

1. Planned, ongoing meetings with a child may not take place without the knowledge of a parent or guardian and the parish/school administration.
  - 1a. If one-on-one pastoral care of a minor should be necessary, the adult must not meet with the child in isolated environments. The adult will schedule meetings at appropriate times and use public locations that create an environment of transparency and accountability. The adult will also limit both the length and the number of sessions and make appropriate referrals when necessary.
2. Unrelated young persons are not to be in any parish, school, and/or diocesan adult's home without the presence of other non-related responsible adults.
3. An employee/adult volunteer should avoid being alone with a child(ren) in a locker room, restroom, dressing facility or other closed room or isolated area that is inappropriate to a ministry relationship.
4. Normally, youth should not have keys to diocesan, parish and/or school facilities. If they need keys because of employment, they should be carefully interviewed and monitored by an adult supervisor.
5. Facilities must be monitored during all organized activities.
  - 5a. During all activities at which minors are present, adults compliant with the diocesan child protection policies are to be available in the building(s) or location where the activities are taking place and in sufficient proximity to allow monitoring.

## **GENERAL GUIDELINES**

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### **G. Behavior of All Adults**

1. Any involvement with minors is to be approached from the premise that minors are restricted individuals. They are NOT independent. Hence, all activities involving minors may only occur with the explicit knowledge and consent of a diocesan representative and the child(ren)'s parents and/or guardians. They are subject to specific civil laws in the Commonwealth of Virginia, which may prohibit certain activities.
2. All adults are to abide by the local chain of command and by all custody, safety and emergency protocol and safe-environment procedures established by the sponsoring location, which are supplemental to the Diocesan Policy and Code of Conduct.
3. The possession, sale or use of illegal drugs and/or paraphernalia is strictly prohibited.



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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- 3a. A child may never be offered an alcoholic beverage, tobacco, vapes, marijuana, drugs or anything else that is prohibited by law.
- 3b. A child may not distribute, consume or partake of an alcoholic beverage, tobacco, vaping, marijuana, drugs or anything else that is prohibited by law in the presence of an adult on church/school property or at any affiliated event.
4. Adult volunteers may not give significant gifts or grant special privileges or opportunities to a specific child. Even small gifts are not to be given to children without the permission or knowledge of a parent or guardian.
5. Adults may not engage in inappropriate conversations or use inappropriate humor, vocabulary, recordings, films, printed/digital materials or games with minors, particularly if the content is of a sexual nature or is otherwise age and/or developmentally inappropriate.
  - 5a. Showing sexually explicit or pornographic material of any nature to a child is illegal.
  - 5b. Acquisition, possession and/or distribution of child pornography is illegal.
6. Physical contact with another person should be age-appropriate, show respect and kindness, be public and be non-sexual in nature.
  - 6a. Wrestling, tickling and other acts of “horse-play” with a child must always be avoided.
  - 6b. Physical contact when alone with a child should be avoided. Hugging can be an expression of love and respect. However, hugging should always be done in the presence of others and never while alone in a room or behind closed doors.
  - 6c. If a child initiates physical contact, an appropriate, limited response is proper. In all cases it must be respectful and non-sexual.
7. If an adult becomes aware of an inappropriate emotional or personal bond, or a physical attraction between that adult and a young person, the adult should maintain clear professional boundaries between himself/herself and the young person, in addition to consulting with a supervisor.
8. Under no circumstance may an adult engage in the physical discipline of a minor.
  - 8a. It is the policy of the Diocese that corporal punishment of a child is prohibited in all entities under the auspices of the Diocese. However, this prohibition of corporal



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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punishment shall not be deemed to prohibit, and the definition of “child abuse” for purposes of this Code of Conduct shall not be deemed to include,

- (i) the use of incidental, minor or reasonable physical contact or other actions designed to maintain order and control;
  - (ii) the use of reasonable and necessary force to quell a disturbance or remove a student from the scene of a disturbance that threatens physical injury to persons or damage to property;
  - (iii) the use of reasonable and necessary force to prevent a student from inflicting physical harm on himself;
  - (iv) the use of reasonable and necessary force for self-defense or the defense of others; or
  - (v) the use of reasonable and necessary force to obtain possession of weapons or other dangerous objects or controlled substances or paraphernalia that are upon the person of the student or within his control. In addition, the definition of “child abuse” shall not be deemed to include any physical or mental pain, injury or discomfort caused by the foregoing, or which may result from participation in practice or competition in an interscholastic or intramural sport, physical education or an extracurricular activity.
9. If any youth reports feeling uncomfortable with the actions or apparent intentions of an adult volunteer at an activity, this information should be reported to a supervisor immediately.
- 9a. The supervisor must take immediate and appropriate action to ensure the safety of the minor.
- 9b. Any adult volunteer who receives a report involving child abuse or neglect should work with their supervisor to ensure that it is promptly reported to Child Protective Services (CPS) or local law enforcement. Once a report has been made to CPS, the adult volunteer is then to report the incident in writing to diocesan authorities, who may then direct the volunteer or a delegate to report to law enforcement.
10. The supervisor should ensure the adult volunteer has been adequately instructed regarding the expectations for the event. If the adult volunteer is unable or unwilling to meet these expectations, the adult volunteer should be removed.
11. If any adult finds the behavior of any fellow adult or child to be concerning or suspicious, that adult should immediately report the information to a supervisor.



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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12. Adult volunteers shall refrain from drinking alcoholic beverages or using marijuana for four hours in advance of a youth event.
13. Adult volunteers shall refrain from using tobacco, vapes, marijuana or consuming alcohol in the presence of children at any in-person or virtual event or activity.
14. Items designed as weapons or that have the appearance of weapons are strictly prohibited.
  - 14a. Some recreational activities or events utilize tools that have the appearance of weapons or may be used as such. Within the context of a particular event, these tools are permitted so long as the youth are appropriately monitored. These tools may include: paintball guns, squirt guns, *Nerf* guns, camping tools (e.g., pocketknife, axe, saw), etc.

## **SPECIFIC GUIDELINES**

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### **H. Guidelines for Chaperones/Supervisors of Children at Group Activities**

1. Chaperones/Supervisors are responsible for reviewing the Diocese of Arlington Code of Conduct and all related guidelines with their supervisor.
2. Two or more adult volunteers compliant with the Diocesan child protection policy must be present for events involving children whether in-person or virtual.
  - 2a. Where feasible, virtual events should be recorded.
  - 2b. In the event that a sufficient number of Chaperones/Supervisors is not available, the event must be cancelled.
  - 2c. The required minimum ratio for Chaperones/Supervisors to children for a day trip:
    - Preschool 1:4
    - Grades K–5 1:6
    - Grades 6–8 1:8
    - Grades 9–12 1:10
  - 2d. The required minimum ratio for Chaperones/Supervisors to children for events lasting more than 12 hours is 1:7.
3. If there is only one adult volunteer driver to transport youth, at least two youth must always be present.
  - 3a. The transport of one minor should only take place if there are two non-related adults in the vehicle.



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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- 3b. When possible, drivers should only drop off and pick up youth from a predetermined location that is not at the youth's house.
4. Proper attire: Clothing must always be in keeping with modesty and Christian values. The following guidelines are to be observed:
  - 4a. Underwear is meant to be kept under clothes and generally not to be seen.
  - 4b. Breasts, bellies, and bottoms must remain covered at all times. Swimwear should be modest, e.g., a one-piece or tankini for girls, trunks or jammers for boys.
  - 4c. Shorts and skirts must be no more than 3" above the knee.
  - 4d. Tank tops and skin-tight clothing are not allowed.
  - 4e. Clothing free from inappropriate language or designs including that which is profane; images that depict, advertise or advocate illegal, violent or lewd conduct; or the unlawful possession or use of weapons, drugs, drug paraphernalia, alcohol, tobacco, marijuana or other controlled substances; or is discriminatory or derogatory about the body.
  - 4f. Clothing and/or head coverings free from gang-related or associated symbols, or other words or drawings that could pose a reasonable threat to the health or safety of others are not allowed.

## **I. Off-site Events and Activities**

1. Parental permission, including a signed medical treatment form, must be obtained before taking children to any activities off the parish/school property or event location, even when students are delivered directly to the location.
  - 1a. Employees/Adult Volunteers may not administer medication of any kind without specific, written parent/guardian permission.
  - 1b. A copy of the parental permission and medical form for each young person is to be "in hand" by a Chaperone/Supervisor for all off-site events. An additional copy is to remain at the parish along with a list of all participants at the event.
  - 1c. A good faith effort should be made to provide the appropriate care or assistance to any ill or injured young person in a life-threatening emergency situation Va. Code § 8.01-225(A)(1)).



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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2. Young people will be assigned to a specific Chaperone/Supervisor who will monitor and supervise their behavior throughout the event or trip.
  - 2a. Both adults and youth are expected to attend activities with the entire group or assigned small groups.
  - 2b. Adults participating in an event are expected to remain at the event until its conclusion.
  - 2c. Where feasible, separate adult restrooms should be utilized.
3. When sponsored programs occur off-campus, Chaperones/Supervisors will be provided information to review with all youth participants to help familiarize them with the program schedule and facility layout where event activities will take place.
  - 3a. All adults should ensure that the young people understand important safety information.
  - 3b. A specific location must be designated where minors will be able to locate their chaperone or supervisor or where the group will meet at an agreed-upon time.
4. Unrelated adults should not be alone with a child in a sleeping facility, restroom, dressing facility or other closed room or isolated area.
5. During overnight events, special care must be taken to ensure the safety of young people:
  - 5a. If any adult volunteer must enter a sleeping area with young people, a second adult volunteer must be present.
  - 5b. Any interaction with the youth may not be held within the sleeping quarters unless it is a group activity and outside of normal sleeping time, and the location is converted to accommodate the activity.
  - 5c. Under no circumstances shall an unrelated adult share a bed with a child. If an adult must stay in a hotel or other sleeping room with children, the adult must sleep in his or her own bed, using a rollaway, cot or other bedding materials if necessary.
  - 5d. During overnight activities, Chaperones/Supervisors are responsible for establishing and enforcing a curfew. Youth should be afforded the opportunity for at least eight hours of sleep.
  - 5e. Chaperones/Supervisors must check rooms on a regular basis after curfew to ensure that young people are located within and remain in their rooms.



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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5f. A Chaperone must be available in a designated location throughout the night. An adult must also be on watch and is responsible for actively monitoring sleeping arrangements throughout the night.

## **J. Photography**

1. Photographs and/or videos of single or specific children may not be taken without the knowledge and permission of a parent or guardian.
  - 1a. Parental permission granted for the photographs or videos of minors must be done in writing utilizing the diocesan forms provided by the Office of Risk Management. This may be done prior to an individual event or annually with renewal each year for an ongoing program.
  - 1b. Adults may never take photographs or videos of children while they are unclothed or dressing.
  - 1c. Showing/sharing pornography and/or explicit or harmful content to/with minors is forbidden.
2. Parental permission must be granted for the publishing of a minor's name and done so in writing prior to publication.
3. Copies of photographs must be available to parents/guardians upon request. Photographs and videos (and any copies) must be deleted upon request of the parent/guardian.

## **SOCIAL MEDIA, COMMUNICATION AND TECHNOLOGY**

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### **K. General Guidelines for Social Media**

1. All ministry social networks and communication should be open and transparent.
  - 1a. All ministry social media sites are to be owned or hosted by the diocesan, parish and/or school sponsoring entity. All passwords should be known by the parish and/or school administration and should not be changed without their permission.
2. All clergy must always identify as clergy with the appropriate title in their username and/or profile.
3. Clergy social media accounts are always to be presumed to be ministry accounts and thus to be open and transparent.
4. Personal social media accounts may not be used for ministry communication with minors.



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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5. Each ministry that communicates with minors should establish a dedicated account that is used exclusively for ministerial purposes and that may be accessed, monitored and used by more than one unrelated adult volunteer.
6. Use of social media communication for private, one-on-one contact with minors is not permitted.
  - 6a. Applications (e.g., Flocknote, Constant Contact, Mailchimp, Survey Monkey, etc.) utilizing unilateral communication (texting and emailing) from an official account of the organization for announcements and promotions is permitted.
  - 6b. One-on-one or group texting or instant/direct messaging without utilizing an official diocesan, parish or school application is not permitted.
7. All text-based communications sent to or received from young people must be copied to their parent(s)/guardian or an additional adult volunteer/employee. These communications must be kept permanently on file and at the organization location in an easily accessible format.
8. Communication with minors via electronic means is to be restricted to the hours that are appropriate for a phone call to the residence, except in the event of an emergency or to communicate time-sensitive information.
9. Use of cell phones is not permitted during youth events.
  - 9a. Schools may allow the use of cell phones for educational and emergency purposes only.
10. The “tagging” of a minor in a picture or video is prohibited.
  - 10a. If an electronic photograph or video is posted on any ministry site, all names related to minors must be removed unless a release is signed by the parents/guardians.
11. Further advancements in technology may require periodic updates and addenda to this section of the Code of Conduct. The universal principles provided above are to be applied prudently and judiciously in the event an update has not occurred.



# Code of Conduct for Personnel and Volunteers in the Diocese of Arlington

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The following is the official receipt denoting that the individual whose signature appears below has received and understands the guidelines contained in the attached document. This sheet will be kept on file at the Office of Child Protection and Safety indefinitely.

Please complete and return to your parish/school location.

I have read and understand the guidelines contained in the Code of Conduct for the Diocese of Arlington. I intend to follow these guidelines and to monitor and protect children and young people in my service to the Church.

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Full Legal Name (Please Print)

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Signature

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Date

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Position/Ministry

---

Parish/School/Organization

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Email or Phone Number



# Código de Conducta para el Personal y Voluntarios en la Diócesis de Arlington

## DIRECTRICES PARA UN ENTORNO SEGURO PARA LAS INTERACCIONES DE ADULTOS CON NIÑOS Y JÓVENES

La Diócesis Católica de Arlington (CDA) está comprometida a brindar un entorno seguro para niños y jóvenes dentro de todas las actividades y ministerios diocesanos. Los niños son un regalo muy preciado y todos los fieles cooperan tomando todas las medidas razonables para garantizar su seguridad. Una herramienta importante para crear entornos seguros para los niños es un Código de conducta uniforme. El propósito de este Código de Conducta es dejar en claro a los clérigos, empleados y voluntarios que ciertos comportamientos son inaceptables y garantizar el control adecuado de todos los jóvenes.

Estas pautas se aplican a todas las actividades de las escuelas católicas, parroquiales y diocesanas de CDA donde hay jóvenes presentes.

Se espera que todos los adultos que realicen trabajo, ministerio o servicio voluntario dentro de la Iglesia en Arlington sigan estas pautas. Las violaciones de estas pautas son un asunto serio y serán investigadas y resueltas de acuerdo con la política diocesana.

Aquellos que trabajan con niños están sirviendo como mayordomos del precioso regalo de Dios de la vida joven. Tener presente este principio reforzará la necesidad de respetar los límites y dar un ejemplo de una vida santa.

## DEFINICIONES

### A. Adulto Voluntario

1. Los voluntarios adultos se definen como aquellos mayores de 18 años que ya no están en la escuela secundaria.

1a. Los estudiantes que están en la escuela secundaria y no han cumplido los 20 años deben ser tratados como menores cuando participen en actividades parroquiales o diocesanas.

1b. Los voluntarios adultos no pueden ser voluntarios en el programa de ministerio juvenil de su parroquia hasta que cumplan 21 años de edad si participaron en sus actividades juveniles cuando eran menores de edad.

2. Los voluntarios adultos no son consejeros. Su respuesta a situaciones y conversaciones de menores puede tener implicaciones legales potenciales y, por lo tanto, deben conocer sus límites. El papel de un adulto voluntario se limita a escuchar con compasión.

3. A los efectos de este documento, todas las instancias que indican requisitos y/o pautas para “voluntarios adultos” también son vinculantes para todo el personal diocesano y del clero.

4. 3a. Todas las referencias a adultos y/o adultos voluntarios asumen que el individuo cumple con todas las políticas diocesanas de protección infantil antes del ministerio, empleo y/o servicio.



# **Código de Conducta para el Personal y Voluntarios en la Diócesis de Arlington**

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## **B. Acompañante/Supervisor**

Un Acompañante/Supervisor se define como un adulto voluntario que supervisa o vigila a los jóvenes durante una actividad diocesana, parroquial y/o escolar (ya sea dentro o fuera del campus), ya sea para actividades ocasionales o regulares. Estos individuos comparten la responsabilidad y autoridad del miembro del personal parroquial o diocesano designado para supervisar un evento o actividad juvenil en particular y sus líderes.

1a. Todos los acompañantes/supervisores deben tener al menos 21 años de edad.

1b. Al determinar la proporción apropiada de Acompañantes/Supervisores a menores para actividades, un esposo y una esposa que tengan supervisión directa sobre el mismo grupo de personas solo cuentan como un Acompañante/Supervisor.

## **C. Niño**

1. A los efectos de este Código, se entiende por “hijo”, “niño”, “menor”, “joven” o “joven” toda persona menor de 18 años o que carezca habitualmente de uso de razón, o todavía en la escuela secundaria y no haber cumplido los 20 años.

1a. Aquellos que hayan completado su último año de escuela secundaria y deseen participar en actividades juveniles pueden hacerlo siempre que:

i. No participan en actividades universitarias antes del primer día del horario de la universidad estatal de Virginia.

## **D. Redes Sociales**

1. Las redes sociales se definen como cualquier forma de comunicación electrónica a través de la cual un usuario crea, utiliza, accede, recupera y/o visita comunidades o sistemas en línea para compartir información, ideas, mensajes personales y otro contenido.
2. A los efectos de este Código, las redes sociales abarcan, entre otros, todo lo siguiente: correo electrónico, mensajes de texto, salas de chat, mensajería instantánea, redes sociales, mensajes de video, aplicaciones de conferencias, tableros de mensajes en línea, sistemas de juego, telefonía fija y móvil, comunicaciones de voz on-line, etc.

2a. De acuerdo con la política diocesana, como se establece en 9.1 y 9.2 de la Política de seguridad de la información, versión 16,

“9.1 Toda la información y los mensajes que se crean, envían, reciben o almacenan utilizando los recursos de comunicación diocesanos son propiedad exclusiva de la Diócesis, y ningún usuario tiene ningún interés de propiedad o expectativa de privacidad en dichas comunicaciones. La Diócesis se reserva el derecho, a su sola discreción, de revisar toda la información o



# Código de Conducta para el Personal y Voluntarios en la Diócesis de Arlington

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comunicaciones enviadas, recibidas, almacenadas o publicadas usando recursos de comunicación diocesanos. La Diócesis también se reserva el derecho de rastrear el uso de Internet y las descargas de archivos, para cumplir con las políticas diocesanas y por otras razones comerciales.

El personal de Tecnología Informática no revisará el contenido de las comunicaciones de un usuario individual por curiosidad personal o a pedido de personas que no hayan pasado por el proceso de aprobación adecuado.

Un Supervisor de Departamento debe presentar una solicitud al director de Recursos Humanos para que se revisen o controlen los mensajes de correo electrónico o la actividad de Internet. El director de Recursos Humanos autorizará o denegará el seguimiento. Si está autorizado, el director de Recursos Humanos se comunicará con el director de Tecnología Informática para iniciar la revisión/supervisión. Los resultados serán devueltos al director de Recursos Humanos”.

2b. La política de Tecnología Informática mencionada anteriormente se actualiza periódicamente y se aplicará la edición de política más reciente.

3. El clero, los empleados y los voluntarios que usan su(s) cuenta(s) personal(es) para comunicarse con menores o sus padres/tutores para actividades diocesanas, parroquiales y/o escolares se sujetan a la política diocesana anterior.

## INSTALACIONES

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### E. Pautas para las rectorías

1. Solo los clérigos, seminaristas, miembros de institutos religiosos o familiares directamente relacionados pueden pernoctar en las rectorías.

1a. Solo el clero, los seminaristas, los miembros de institutos religiosos o los familiares directamente relacionados pueden ser admitidos en los espacios de vida personal dentro de las rectorías (por ejemplo, las habitaciones o suites personales de los sacerdotes).

2. Cuando los seminaristas y/o miembros de institutos religiosos pasen la noche en la rectoría mientras visitan al clero, se notificará a la Oficina del Vicario Episcopal para el Clero cuando se trate de una estadía prolongada (es decir, más de una semana).

3. **Excepción:** en raras ocasiones, se puede otorgar permiso para permitir el alojamiento durante la noche a amigos varones adultos, que pueden incluir a sus cónyuges. En estos casos, se debe solicitar el permiso formal por escrito, con anticipación, a través de la Oficina del Vicario Episcopal para el Clero.



# **Código de Conducta para el Personal y Voluntarios en la Diócesis de Arlington**

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## **F. Pautas para todas las demás ubicaciones**

1. Las reuniones planificadas y en curso con un niño no pueden llevarse a cabo sin el conocimiento de un padre o tutor y la administración de la escuela/parroquia.
  - 1a. Si fuera necesario el cuidado pastoral individual de un menor, el adulto no debe encontrarse con el niño en ambientes aislados. El adulto programará reuniones en los momentos apropiados y utilizará lugares públicos que creen un entorno de transparencia y responsabilidad. El adulto también limitará tanto la duración como el número de sesiones y hará las referencias apropiadas cuando sea necesario.
2. Los jóvenes no emparentados no deben estar en ninguna parroquia, escuela y/o hogar diocesano de adultos sin la presencia de otros adultos responsables no emparentados.
3. Un empleado/voluntario adulto debe evitar estar a solas con un niño(s) en un vestuario, baño, vestidor u otra habitación cerrada o área aislada que sea inapropiada para una relación ministerial.
4. Normalmente, los jóvenes no deben tener llaves de las instalaciones diocesanas, parroquiales y/o escolares. Si necesitan llaves debido al empleo, deben ser entrevistados y supervisados cuidadosamente por un supervisor adulto.
5. Las instalaciones deben ser monitoreadas durante todas las actividades organizadas.
  - 5a. Durante todas las actividades en las que estén presentes menores, los adultos que cumplan con las políticas diocesanas de protección infantil deben estar disponibles en los edificios o lugares donde se lleven a cabo las actividades y en una proximidad suficiente para permitir el monitoreo.

## **REGLAS GENERALES**

### **G. Comportamiento de todos los adultos**

1. Cualquier involucramiento con menores debe abordarse desde la premisa de que los menores son individuos restringidos. NO son independientes. Por lo tanto, todas las actividades que involucren a menores solo pueden ocurrir con el conocimiento y consentimiento explícito de un representante diocesano y los padres y/o tutores del niño(s). Están sujetos a leyes civiles específicas en el Estado de Virginia, que pueden prohibir ciertas actividades.
2. Todos los adultos deben cumplir con la cadena de mando local y con todos los protocolos de custodia, seguridad y emergencia y procedimientos de ambiente seguro establecidos por la ubicación patrocinadora, que son complementarios a la Política Diocesana y al Código de Conducta.
3. La posesión, venta o uso de drogas ilegales y/o parafernalia está estrictamente prohibida.



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- 3a. A un niño nunca se le puede ofrecer una bebida alcohólica, tabaco, cigarrillos electrónicos, marihuana, drogas o cualquier otra cosa que esté prohibida por la ley.
- 3b. Un niño no puede distribuir, consumir o participar de una bebida alcohólica, tabaco, vaporizadores, marihuana, drogas o cualquier otra cosa que esté prohibida por la ley en presencia de un adulto en la propiedad de la iglesia/escuela o en cualquier evento afiliado.
- 4. Los voluntarios adultos no pueden dar obsequios significativos ni otorgar privilegios u oportunidades especiales a un niño específico. Incluso los obsequios pequeños no se deben dar a los niños sin el permiso o el conocimiento de un padre o tutor.
- 5. Los adultos no pueden participar en conversaciones inapropiadas o usar humor, vocabulario, grabaciones, películas, materiales impresos/digitales o juegos inapropiados con menores, particularmente si el contenido es de naturaleza sexual o es inapropiado para la edad y/o el desarrollo.
  - 5a. Mostrar material sexualmente explícito o pornográfico de cualquier naturaleza a un niño es ilegal.
  - 5b. La adquisición, posesión y/o distribución de pornografía infantil es ilegal.
- 6. El contacto físico con otra persona debe ser apropiado para la edad, mostrar respeto y amabilidad, ser público y no ser de naturaleza sexual.
  - 6a. Siempre se deben evitar las luchas, las cosquillas y otros actos de “juego brusco” con un niño.
  - 6b. Debe evitarse el contacto físico a solas con un niño. Abrazar puede ser una expresión de amor y respeto. Sin embargo, los abrazos siempre deben hacerse en presencia de otras personas y nunca mientras están solos en una habitación o detrás de puertas cerradas.
  - 6c. Si un niño inicia el contacto físico, una respuesta apropiada y limitada es apropiada. En todos los casos debe ser respetuosa y no sexual.
- 7. Si un adulto se da cuenta de un vínculo emocional o personal inapropiado, o de una atracción física entre ese adulto y un joven, el adulto debe mantener límites profesionales claros entre él y el joven, además de consultar con un supervisor.
- 8. En ninguna circunstancia podrá un adulto participar en la disciplina física de un menor.
  - 8a. Es política de la Diócesis que el castigo corporal de un niño está prohibido en todas las entidades bajo los auspicios de la Diócesis. Sin embargo, esta prohibición del castigo corporal prohíbe, y no se considerará que la definición de “abuso infantil”



# **Código de Conducta para el Personal y Voluntarios en la Diócesis de Arlington**

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a los fines de este Código de conducta incluye,

- (i) el uso de contacto físico incidental, menor o razonable u otras acciones diseñadas para mantener el orden y el control;
- (ii) el uso de la fuerza razonable y necesaria para sofocar un disturbio o sacar a un estudiante de la escena de un disturbio que amenaza con lesiones físicas a personas o daños a la propiedad;
- (iii) el uso de fuerza razonable y necesaria para evitar que un estudiante se inflija daño físico a sí mismo;
- (iv) el uso de fuerza razonable y necesaria para la defensa propia o la defensa de otros; o
- (v) el uso de fuerza razonable y necesaria para obtener la posesión de armas u otros objetos peligrosos o sustancias controladas o parafernalia que están sobre la persona del estudiante o bajo su control. Además, no se considerará que la definición de "abuso infantil" incluye ningún dolor, lesión o malestar físico o mental causado por lo anterior, o que pueda resultar de la participación en la práctica o competencia en un deporte Interescolar o intramuros, educación física o una actividad extraescolar.

9. Si algún joven informa sentirse incómodo con las acciones o aparentes intenciones de un voluntario adulto en una actividad, esta información debe informarse a un supervisor de inmediato.

9a. El supervisor debe tomar acción inmediata y apropiada para garantizar la seguridad del menor.

9b. Cualquier voluntario adulto que reciba un informe que involucre abuso o negligencia infantil debe trabajar con su supervisor para asegurarse de que se informe de inmediato a los Servicios de Protección Infantil (CPS) o a la policía local. Una vez que se ha hecho un informe a CPS, el voluntario adulto debe informar el incidente por escrito a las autoridades diocesanas, quienes luego pueden indicarle al voluntario o a un delegado que informe a la policía.

10. El supervisor debe asegurarse de que el voluntario adulto haya recibido las instrucciones adecuadas sobre las expectativas del evento. Si el voluntario adulto no puede o no quiere cumplir con estas expectativas, el voluntario adulto debe ser eliminado.

11. Si algún adulto encuentra que el comportamiento de otro adulto o niño es preocupante o sospechoso, ese adulto debe informar inmediatamente la información a un supervisor.



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12. Los voluntarios adultos se abstendrán de tomar bebidas alcohólicas o usar marihuana durante cuatro horas antes de un evento juvenil.

13. Los voluntarios adultos se abstendrán de usar tabaco, vaporizadores, marihuana o consumir alcohol en presencia de niños en cualquier evento o actividad presencial o virtual.

14. Los artículos diseñados como armas o que tengan la apariencia de armas están estrictamente prohibidos.

14a. Algunas actividades o eventos recreativos utilizan herramientas que tienen la apariencia de armas o pueden usarse como tales. Dentro del contexto de un evento en particular, estas herramientas están permitidas siempre que los jóvenes sean monitoreados apropiadamente. Estas herramientas pueden incluir: pistolas de paintball, pistolas de agua, pistolas Nerf, herramientas para acampar (por ejemplo, navajas, hachas, sierras), etc.

## DIRECTRICES ESPECÍFICAS

### H. Directrices para chaperones/supervisores de niños en actividades grupales

1. Los chaperones/supervisores son responsables de revisar el Código de conducta de la Diócesis de Arlington y todas las pautas relacionadas con su supervisor.
2. Dos o más voluntarios adultos que cumplan con la política diocesana de protección infantil deben estar presentes para eventos que involucren a niños, ya sea en persona o virtual.

2a. Cuando sea factible, los eventos virtuales deben registrarse.

2b. En caso de que no se disponga de un número suficiente de Acompañantes/Supervisores, el evento deberá cancelarse.

2c. La proporción mínima requerida de acompañantes/supervisores a niños para un viaje de un día:

- Preescolar 1:4
- Grados K–5 1:6
- Grados –8 1:8
- Grados 9–12 1:10

2d. La proporción mínima requerida de chaperones/supervisores a niños para eventos que duren más de 12 horas es de 1:7.

3. Si solo hay un conductor voluntario adulto para transportar a los jóvenes, siempre deben estar presentes al menos dos jóvenes.

3a. El transporte de un menor solo debe realizarse si hay dos adultos no emparentados en el vehículo.



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- 3b. Cuando sea posible, los conductores solo deben dejar y recoger a los jóvenes en un lugar predeterminado que no sea la casa del joven.
- 4. Vestimenta adecuada: La vestimenta debe ser siempre acorde con la modestia y los valores cristianos. Se deben observar las siguientes pautas:
  - 4a. La ropa interior debe guardarse debajo de la ropa y, en general, no debe verse.
  - 4b. Los senos, el vientre y las nalgas deben permanecer cubiertos en todo momento. El traje de baño debe ser modesto, por ejemplo, una pieza o tankini para las niñas, calzoncillos o pantalones cortos para los niños.
  - 4c. Los pantalones cortos y las faldas no deben estar a más de 3" por encima de la rodilla.
  - 4d. No se permiten camisetas sin mangas ni ropa ceñida.
  - 4e. Ropa libre de lenguaje o diseños inapropiados, incluidos los que son profanos; imágenes que representen, anuncien o defiendan conductas ilegales, violentas o lascivas; o la posesión o uso ilegal de armas, drogas, parafernalia de drogas, alcohol, tabaco, marihuana u otras sustancias controladas; o es discriminatorio o despectivo sobre el cuerpo.
  - 4f. No se permite la ropa ni los artículos para cubrir la cabeza que no tengan símbolos asociados o relacionados con pandillas, u otras palabras o dibujos que puedan representar una amenaza razonable para la salud o la seguridad de los demás.

### **I. Eventos y actividades fuera del sitio**

- 1. Se debe obtener el permiso de los padres, incluido un formulario de tratamiento médico firmado, antes de llevar a los niños a cualquier actividad fuera de la propiedad de la parroquia/escuela o del lugar del evento, incluso cuando los estudiantes sean llevados directamente al lugar.
  - 1a. Los empleados/voluntarios adultos no pueden administrar medicamentos de ningún tipo sin el permiso específico por escrito de los padres/tutores.
  - 1b. Una copia del permiso de los padres y el formulario médico para cada joven debe estar "a la mano" por un acompañante/supervisor para todos los eventos fuera del sitio. Una copia adicional debe permanecer en la parroquia junto con una lista de todos los participantes en el evento.
  - 1c. Se debe hacer un esfuerzo de buena fe para brindar la atención o asistencia adecuada a cualquier joven enfermo o lesionado en una situación de emergencia que ponga en peligro su vida. Código de Virginia § 8.01-225(A)(1)).



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2. Los jóvenes serán asignados a un Acompañante/Supervisor específico que monitoreará y supervisará su comportamiento durante todo el evento o viaje.
  - 2a. Se espera que tanto los adultos como los jóvenes asistan a las actividades con todo el grupo o con grupos pequeños asignados.
  - 2b. Se espera que los adultos que participen en un evento permanezcan en el evento hasta su conclusión.
  - 2c. Cuando sea factible, se deben utilizar baños separados para adultos.
3. Cuando los programas patrocinados se lleven a cabo fuera del campus, se proporcionará información a los chaperones/supervisores para que la revisen con todos los participantes jóvenes para ayudarlos a familiarizarse con el horario del programa y el diseño de las instalaciones donde se llevarán a cabo las actividades del evento.
  - 3a. Todos los adultos deben asegurarse de que los jóvenes entiendan la información de seguridad importante.
  - 3b. Se debe designar un lugar específico donde los menores podrán ubicar a su acompañante o supervisor o donde el grupo se reunirá en un horario acordado.
4. Los adultos no emparentados no deben estar solos con un niño en un dormitorio, baño, vestidor u otra habitación cerrada o área aislada.
5. Durante los eventos nocturnos, se debe tener especial cuidado para garantizar la seguridad de los jóvenes:
  - 5a. Si algún voluntario adulto debe ingresar a un área para dormir con jóvenes, debe estar presente un segundo voluntario adulto.
  - 5b. Cualquier interacción con los jóvenes no puede llevarse a cabo dentro de los dormitorios a menos que sea una actividad grupal y fuera del horario normal de sueño, y la ubicación se convierta para acomodar la actividad.
  - 5c. En ninguna circunstancia un adulto no relacionado compartirá una cama con un niño. Si un adulto debe permanecer en un hotel u otro dormitorio con niños, el adulto debe dormir en su propia cama, usando una cama plegable, catre u otros materiales de cama si es necesario.
  - 5d. Durante las actividades nocturnas, los acompañantes/supervisores son responsables de establecer y hacer cumplir un toque de queda. Los jóvenes deben tener la oportunidad de dormir al menos ocho horas.
  - 5e. Los chaperones/supervisores deben revisar las habitaciones regularmente después del toque de queda para asegurarse de que los jóvenes estén ubicados y permanezcan en sus habitaciones.



# **Código de Conducta para el Personal y Voluntarios en la Diócesis de Arlington**

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5f. Un acompañante debe estar disponible en un lugar designado durante toda la noche. Un adulto también debe estar de guardia y es responsable de monitorear activamente los arreglos para dormir durante la noche.

## **J. Fotografía**

1. No se pueden tomar fotografías y/o videos de niños individuales o específicos sin el conocimiento y permiso de un padre o tutor.
  - 1a. El permiso de los padres otorgado para las fotografías o videos de menores debe hacerse por escrito utilizando los formularios diocesanos proporcionados por la Oficina de Gestión de Riesgos. Esto se puede hacer antes de un evento individual o anualmente con la renovación cada año para un programa en curso.
  - 1b. Los adultos nunca pueden tomar fotografías o videos de niños mientras están desnudos o vistiéndose.
  - 1c. Está prohibido mostrar/compartir pornografía y/o contenido explícito o nocivo a/con menores de edad.
2. Se debe otorgar el permiso de los padres para la publicación del nombre de un menor y hacerlo por escrito antes de la publicación.
3. Las copias de las fotografías deben estar disponibles para los padres/tutores que las soliciten. Las fotografías y videos (y cualquier copia) deben eliminarse a pedido del padre/tutor.

## **REDES SOCIALES, COMUNICACIÓN Y TECNOLOGÍA**

### **K. Pautas generales para las redes sociales**

1. Todas las redes sociales y la comunicación del ministerio deben ser abiertas y transparentes.
  - 1a. Todos los sitios de medios sociales del ministerio deben ser propiedad de la entidad patrocinadora diocesana, parroquial y/o escolar o ser alojados por ella. Todas las contraseñas deben ser conocidas por la administración parroquial y/o escolar y no deben cambiarse sin su permiso.
2. Todos los clérigos siempre deben identificarse como clérigos con el título apropiado en su nombre de usuario y/o perfil.
3. Siempre se debe suponer que las cuentas de redes sociales del clero son cuentas ministeriales y, por lo tanto, deben ser abiertas y transparentes.
4. Las cuentas personales de las redes sociales no se pueden usar para la comunicación ministerial con menores.



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5. Cada ministerio que se comunica con menores debe establecer una cuenta dedicada que se use exclusivamente para fines ministeriales y que pueda ser accedida, monitoreada y utilizada por más de un adulto voluntario no relacionado.

6. No se permite el uso de la comunicación en las redes sociales para el contacto privado uno a uno con menores.

6a. Se permiten las aplicaciones (p. ej., Flocknote, Constant Contact, Mailchimp, Survey Monkey, etc.) que utilicen comunicación unilateral (mensajes de texto y correo electrónico) desde una cuenta oficial de la organización para anuncios y promociones.

6b. No se permiten los mensajes de texto individuales o grupales ni los mensajes instantáneos/directos sin utilizar una aplicación oficial diocesana, parroquial o escolar.

7. Todas las comunicaciones basadas en texto enviadas o recibidas de los jóvenes deben enviarse con copia a sus padres/tutores o a un voluntario/empleado adulto adicional. Estas comunicaciones deben mantenerse permanentemente en el archivo y en la ubicación de la organización en un formato de fácil acceso.

8. La comunicación con los menores a través de medios electrónicos se restringirá a las horas apropiadas para una llamada telefónica a la residencia, excepto en caso de emergencia o para comunicar información sensible al tiempo.

9. No se permite el uso de teléfonos celulares durante los eventos juveniles.

9a. Las escuelas pueden permitir el uso de teléfonos celulares solo con fines educativos y de emergencia.

10. Está prohibido “etiquetar” a un menor en una foto o video.

10 a. Si se publica una fotografía o video electrónico en cualquier sitio del ministerio, todos los nombres relacionados con menores deben eliminarse a menos que los padres o tutores firmen una autorización.

11. Es posible que los avances tecnológicos adicionales requieran actualizaciones periódicas y adiciones a esta sección del Código de conducta. Los principios universales proporcionados anteriormente deben aplicarse con prudencia y juicio en caso de que no se haya producido una actualización.



## **Código de Conducta para el Personal y Voluntarios en la Diócesis de Arlington**

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El siguiente es el recibo oficial que indica que la persona cuya firma aparece a continuación ha recibido y comprende las pautas contenidas en el documento adjunto. Esta hoja se mantendrá archivada en la Oficina de Protección y Seguridad Infantil por tiempo indefinido.

Complételo y devuélvalo a la ubicación de su parroquia/escuela.

He leído y entiendo las pautas contenidas en el Código de Conducta de la Diócesis de Arlington. Tengo la intención de seguir estas pautas y monitorear y proteger a los niños y jóvenes en mi servicio a la Iglesia.

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Nombre legal completo (letra de imprenta)

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Firma

---

Fecha

---

Cargo/Ministerio

---

Parroquia/Escuela/Organización

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Correo electrónico o número de teléfono

## 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.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



## 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:

\_\_\_\_\_  
If needed, do you request the designated supervisor of activity to administer the above medication on this field trip. ☐ Yes ☐ No



## 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 \_\_\_\_\_

Accepto responsabilidad por mis acciones \_\_\_\_\_

Firma del estudiante (*grado 3-12*) \_\_\_\_\_

En caso de emergencia puedes contactar \_\_\_\_\_  
(*manuscrita*) \_\_\_\_\_ número de teléfono celular \_\_\_\_\_

### INFORMACIÓN MÉDICO

Condiciones médicas del estudiante \_\_\_\_\_

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 excursión?

Das permiso al supervisor designado en esta excursión 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)