

# BLESSED SACRAMENT SCHOOL

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## Preschool Parent Handbook 2020-2021



*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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2020-2021

Dear Parents, Guardians, and Students,

Welcome to Blessed Sacrament School Early Childhood Center! Together with you, we will assist your child to recognize and use all of God's gifts to reach the highest potential possible in all areas of development.

It is with much thought and care that this handbook has been prepared for you so that you will have ready access to the policies and procedures that will help you to understand the role we have as professional educators at Blessed Sacrament School Early Childhood Center. We ask you to read the handbook and submit the Handbook Agreement Form no later than August 31, 2020.

Your signature on the form indicates that you have read and agree to all school policies.

Your child is a loving gift from God. We are privileged to be part of your child's journey of discovery and development. May this year be one of growth and wonder as we work in partnership with you for the benefit of God's children.

In Christ,  
Joelle Huston  
ECC Director

## **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***

Our mission at Blessed Sacrament School is to ***create an educated community to serve Christ and one another with integrity and respect.***

We provide a Catholic environment which 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 OCS template to develop and distribute a handbook for students and parents. All local policies and procedures must be in conformity with the Office of Catholic Schools' policies, guidelines, and regulations.

A committee, representative of the total school community, shall be involved in the development and periodic revision of this handbook.

All parents are required to sign a form stating they have read the rules and regulations outlined in this handbook and they agree to abide by those rules (*Appendix AG-3*). This signature form will be given to students when they receive a copy of the handbook and the form must be signed and returned as soon as possible. Failure to have a signed form on file will not prevent the school from enforcing its policies, but will result in disciplinary action being taken and/or prevent a student from enrolling (or continued enrollment) in the school.

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

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

## ***PARENTAL ROLE***

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

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

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

Parents are expected to support the school's mission and commitment to Christian principles and support the school policies as outlined in school handbooks (i.e., annually sign the school's Handbook Agreement Form). One of the conditions for initial and continued enrollment at the school is receipt of this signed form indicating the parent's support of the school's philosophy, policies, and regulations.

In the event a parent desires to discuss a problem with his/her child's teacher, the parent should make an appointment for a private meeting with the child's teacher. Teachers welcome the opportunity to discuss a matter of concern with parents before it becomes an actual problem. Any parent who wishes to speak with the principal/director may do so, but after an initial meeting

with the classroom teacher.

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/director (and, for parish schools, the pastor of the parish) the following: imposition of particular rules or procedures the parent must follow in interacting with the school and its students and staff; restriction or termination of the parent's access to school or parish property; dismissal of the parent's child(ren).

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

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

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

## ***NON-DISCRIMINATION CLAUSE***

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

This policy does not preclude the existence of single sex schools, nor does it conflict with the priority given to Catholics for admission as students. This policy also does not preclude the ability of the school to undertake and/or enforce appropriate actions with respect to students who advocate on school property or at school functions, any practices or doctrines which are inconsistent with the religious tenets of the Catholic faith.

## ***NON-CATHOLIC CHILDREN***

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

- a. Non-Catholic children are expected to participate in the religious formation and

education programs of the school.

- b. Non-Catholic children must participate in liturgies, retreats, and other religious functions incorporated within the program.
- c. Non-Catholic children may not be exempted from the catechesis held during the school day.
- d. While Catholic teaching respects the various faith traditions of the children attending the Catholic school, parents must be aware that it is the Catholic position that will be taught.

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

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

## II. CURRICULUM

The curriculum is not just the goals of the program and the planned activities but also the daily schedule, the availability and use of materials, transitions between activities and the way in which routine tasks of living are implemented. Young children are expected to learn through active and positive manipulation of the environment and concrete experiences that contribute to concept development.

Without limiting the rights of the school under section VIII of this handbook, modifications may be made in the environment and staffing patterns for children with special needs.

The daily schedule is intended to provide a balance of activities with attention to the following dimension of scheduling:

- a. Daily outdoor play, weather permitting
- b. Alternating periods of quiet time and active play
- c. A balance of large muscle and small muscle activities is provided.
- d. Various small group or large group activities through most of the day
- e. A balance of child-initiated and staff-initiated activity is provided. The amount of time spent in staff-initiated, large group activity is limited.

Developmentally appropriate materials and equipment that project heterogeneous, racial, gender and age attributes are selected for use.

The school will use media, such as television, films, videotapes and computers, that have been previewed by adults prior to use. Another option for activity is always available. No child is required to view or interact with the program; and the staff discusses what is viewed with children to develop critical viewing skills. Technology is incorporated as an integral part of the day.

The goal of the school is to emphasize concrete experiential learning and to achieve the following goals:

- a. foster positive self-concept;
- b. foster spiritual development;
- c. encourage children to think, reason, question, and experiment;
- d. develop social skills;
- e. encourage language development;
- f. enhance physical development and skills;
- g. encourage and demonstrate sound health, safety, and nutritional practices;
- h. encourage creative expression and appreciation for the arts;

- i. respect cultural diversity.

Staff provides materials and time for activities, but children choose from among several activities that the teacher has planned or the children initiate. Staff respects the child's right to choose not to participate at times.

Children are not always required to move from one activity to another as a group. Unregimented transitions are also used as a vehicle for learning.

Planned or routine activities may be changed according to the needs or interests of children, and/or to cope with changes in weather or other situations that affect routines without unduly alarming children.

Routine tasks such as toileting, eating, dressing and sleeping are incorporated into the program as a means of furthering children's learning, self-help and social skills. Through complimentary actions at home, parents are expected to assist and cooperate with staff to make feeding and the development of other independent skills a positive experience for children. Provision is made for children who are early risers and for children who do not nap.

## ***SUPPLIES AND MATERIALS***

Individual teachers will alert parents if specific supplies will be required for classroom use.

## ***ASSESSMENT***

The school's program is intended to assist staff and administrators in a systematic evaluation of the program, to diagnose children's strengths and weaknesses and to aid in the revision of the curriculum and planning of instruction.

Teachers will conduct a formal developmental assessment of each child once a year prior to the mandatory parent conference. Informal observational assessments are kept continuously throughout the year. Additionally, a second formal developmental assessment will be conducted prior to the end of the school year.

## ***PARENT-TEACHER COMMUNICATION***

Teachers are available to parents throughout the school year to keep the lines of communication open in the best interest of the children. Parent-teacher conferences can be scheduled throughout the school year if necessary. Parents should first privately contact a teacher with any concerns about a child or class situation before seeking intervention of the director or school administration.

## **SCHEDULING AND OTHER CONFERENCE INFORMATION**

The program will provide semi-annual scheduled opportunities for parents to provide feedback.

## ***PROGRESS REPORTS***

Evaluation of the child must be based on teacher judgment, observation, daily performance, class participation and effort.

Teachers will provide parents with a written semi-annual progress report.

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

A major goal of the school is to assist children to complete each year satisfactorily. Retention is recommended only when it is deemed necessary and advantageous to the particular needs of the child.

- a. The final decision to promote or retain a child is based on the child's developmental performance and best interests, as determined by the principal/director.
- b. Parents will be kept informed about the inability of their child to progress satisfactorily.
- c. Children who would not benefit from being retained may be "placed" in the next level; however, the school may prepare and implement an Intervention Plan for the child as a condition of placement.

### **III. ADMINISTRATIVE PROCEDURES**

#### ***ADMISSIONS***

##### **DIOCESAN INITIAL ADMISSION REQUIREMENTS**

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

##### **ELIGIBILITY**

The school sets registration procedures and admission policies. The availability of space and the order of preference for admission are 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.

##### **GENERAL REQUIREMENTS FOR PRESCHOOL ADMISSION**

There is no testing for preschool admission. However, readiness assessment may be utilized to determine the developmentally appropriate placement in the preschool program. The following list of documents/information is required:

- 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. Progress reports (if available)
- e. Completed Diocesan Application Form (*Appendix J*)
- f. A non-refundable application fee
- g. 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:
  - i. Proof of exact dates of immunization as required by the Code of Virginia
  - ii. Physical examination covering all required aspects as mandated on the MCH-

213G, within 12 months prior to entering school for the first time. Equivalent school entrance physical forms from another state may be acceptable. (Note: A preschool physical does not take the place of the required kindergarten entry physical unless it is completed within 12 months prior to kindergarten entry.)

- h. Proof of satisfying tuition requirements at any former Diocesan school if previously enrolled in a Diocesan school.

## **GENERAL CONDITIONS OF ADMISSION**

A child is admitted to the school on the premise the child intends to learn the Catholic religion and be educated in a Catholic environment. In certain cases, a child may be admitted on a probationary basis subject to the child successfully completing one or more subsequent interim evaluations. A child with academic or other needs (i.e., behavioral), which cannot be reasonably addressed by the school may be denied admission.

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

## **CLASS PLACEMENT**

The principal/director and faculty reserve the right to place a child in a class to ensure the best interests of the child.

Parents must register students during the appropriate registration period for the upcoming school year to ensure continued enrollment in the Early Childhood Center.

## ***ATTENDANCE***

### **ABSENCE/TARDINESS/LEAVING SCHOOL**

Regular attendance in the program is strongly encouraged for setting the groundwork for a successful school experience. Neither the school, the Diocese, the Office of Catholic Schools, nor any of its employees/staff are responsible for ensuring actual attendance; this is the responsibility of the child's parent(s)/guardian(s).

Except in cases of emergency as determined by the principal/director and/or a staff member (as applicable or necessary), a child may only be released from school to another authorized adult with the prior written or verbal authorization of the child's parent. The adult will be required to produce identification before the child is released.

### **ATTENDANCE/REPORTING PROCEDURES**

## **ABSENCE**

If a child is ill or cannot attend classes for some other legitimate reason, parents are asked to call the school office by 9:00 a.m. A written excuse, explaining the reason for absence and signed by the parent, should be presented upon a student's return to school

## **TARDINESS**

A student who is tardy should report to the principal/director's office or attendance office. A student who arrives late with an excused reason (i.e. director's note) is counted tardy.

Frequent cases of tardiness should be brought to the attention of the principal/director so that the parent may be contacted.

Students who are tardy must be signed in at the school office.

## **MEDICAL EXCUSES**

When returning to school after an absence, the student must present a written excuse to the homeroom teacher including:

1. date(s) of absence
2. reason for absence
3. signature of parent or guardian

## **ANTICIPATED ABSENCE**

It is helpful for the school to be made aware of any anticipated and/or extended absences.

## **RELEASE OF CHILDREN**

Parents must sign their children in/out when arriving late or being released outside of regular school hours.

## ***TRANSFERRING TO ANOTHER SCHOOL***

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

## ***LUNCH/MILK PROGRAM***

Rules for acceptance and participation in the U.S. Department of Agriculture Child Nutrition Programs are the same for all children 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.

Parents are asked to provide a nutritious snack (and, where applicable, lunch) daily. The snack and lunch container must be labeled with the **child's name and date every day**. Children who eat lunch at school will have the opportunity to purchase milk through the school milk program. Water will be provided during snack.

## ***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. 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.

**Due to COVID-19 mitigation strategies, arrival and dismissal locations and procedures may be adjusted for the 2020-2021 school year. Changes will be communicated in a timely manner to all families.**

To minimize co-mingling of groups and to limit the number of visitors in the building, we will implement a “kiss and ride” arrival similar to the grade school arrival. Parents will pull up along the parish center and form a car line. Students will be greeted by clinic staff for a health screening and then escorted by their teacher into the building. In order to minimize co-mingling of groups, arrival times will be staggered. ECC arrival will occur between 8:30-9 AM..

A daily screening will occur of students upon arrival to school which will consist of a temperature check and a questionnaire. (Questionnaire will be designed by clinic staff and provided to entry staff to keep on their clipboards.) All temperatures above 100.0 will be documented, re-assessed by the clinic staff, and those students may be required to return home. Any student exhibiting symptoms of illness will be assessed by clinic staff and may be required to return to home.

### **DO NOT PARK IN THE FIRE LANE IN FRONT OF THE SCHOOL AT ANY TIME.**

**Please drive slowly and with great caution on school grounds. For safety reasons, children and families are not permitted to play or congregate in the parking medians, or in any areas**

**adjacent to the parking lots.**

ECC students will be dismissed in the following procedure: at the appointed dismissal time, Parents/caregivers will park in the Braddock Road parking lot and exit their car. Parents/Caregivers will line up by the cones/markers (spaced 6 feet apart) and each student will be dismissed one by one. In order to maintain social distancing, families will not be permitted to congregate in or around the parking lot after dismissal. Dismissal times will be staggered in order to avoid co-mingling of groups.

The main office doors will not be used for the arrival and dismissal of students except in the case of inclement weather, (i.e. heavy rain, snow). For inclement weather, the 11:45 dismissal classes will be dismissed through the main door near the school office. Parents should wait outside the doors and the children will be brought out by their teachers.

The 1:30 dismissal classes will always dismiss through the outside classroom doors.

Arrival and Dismissal procedures are subject to change.

## **IV. GENERAL SCHOOL POLICIES**

### ***ADMINISTRATIVE***

#### **CHILD 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/director with a true and correct copy of the legal document for any child for which there is a legal custody agreement or for any child 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 have a right (unless prohibited by the courts in a custody agreement) to the timely inspection of the educational records (cumulative and confidential) of their child during school hours. The school shall respond to reasonable requests for explanations and interpretations of the records.

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

Student records shall be open to authorized school personnel only (principal, director, 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 child's educational records to parents, but documentation is to be stamped "unofficial."

Parents 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 a ground for terminating enrollment in the school.

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

### **RETENTION OF RECORDS**

The following student records are to be retained indefinitely:

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

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

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

The following student records are to be retained for 7 years, or when the student 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 children must first report to the school office immediately upon entering school grounds, sign in and wear an identification tag when visiting the school.

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office immediately upon entering school grounds, sign in and wear an identification tag when visiting the school.

## **SCHOOL COMMUNICATIONS**

### **PRINCIPAL/ DIRECTOR'S COMMUNICATION**

The Principal/Director 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/director is available to speak with parents by appointment via telephone or in person as needed. Please feel free to call the school office to schedule an appointment time that is mutually convenient.

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

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

### **TAKE-HOME COMMUNICATION**

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

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

Students will take home pertinent announcements in a designated folder on Thursday (or Friday in the case of the Fuzzy Bear B class). Parents should remove all papers from the folder and return the folder the following school day. In addition, parents should check their child's backpack each evening in case other time-sensitive communication has been distributed.

Additional information is also available on the website: <https://bssva.org>

Emergency announcements will be distributed via the School Messenger System.

### **TELEPHONE USE**

Use of the telephone is reserved for emergencies only.

### **INCLEMENT WEATHER/SCHOOL CLOSINGS**

If school closes unexpectedly for a single day, there will be no academic requirements for that day. If, however, the school will be closed for an extended period due to weather or public health concern, the school will transition into on-line (eLearning) for the required duration and students will meet academic requirements.

Blessed Sacrament School follows the inclement weather-related opening and closing decisions of the Alexandria City Schools when they are in session. If Alexandria schools are closed, Blessed Sacrament School will be closed. If there is a one-hour delay for Alexandria Schools, the ECC will open one hour late. If there is a two-hour delay for the Alexandria Schools, drop off for all ECC classes is from 10:00-10:15. **All ECC classes will begin at 10:15. The half-day classes will dismiss at 12:00. The 5 day ¾ day classes will dismiss at the usual time.** Weather related early dismissal procedures include the use of school messenger by the office staff to alert parents of an unexpected early closing.

Emergency announcements will be distributed via the School Messenger System.

## **PHOTOS AND OTHER MEDIA**

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

## **LIBRARY**

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

Parents or teachers who object to reading or audio-visual/computer materials must complete an Objection to Content Form (*Appendix K*) and submit it to the school principal/director. 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.

## **FIELD TRIPS**

Field trips are privileges planned by teachers and approved by the school administration with educational purposes as the primary objective and in light of financial considerations.

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

A child must give to the sponsoring teacher a permission form signed by a child's parent(s) prior to a child participating in each activity (*Appendix R*).

In the event private automobiles/vehicles of children, parents or other authorized adults of at least 21 years of age are to be utilized to transport children 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/director for review and approval prior to the use of such vehicles. Appendix R-1 must be used for this purpose. The principal/director shall have the right to prohibit, for any reason, a proposed driver from transporting children on a field trip.

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

Phone calls and texting are not permitted while driving.

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

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.

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

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 preschool children.

## ***PARENT ORGANIZATIONS***

Parent-teacher (and/or home-school) organizations are sponsored by the school to promote a cooperative effort at meeting certain needs of the child. The parent organization is subject in all respects to the control of the school. All parent organization activities and all materials prepared by parents must be submitted to the principal/director 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/director, the PTO officers should prepare a budget and submit it to the pastor and principal/director for approval.

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

Every school should have an effective Parent-Teacher Organization. An effective Parent-Teacher Organization should strive to provide support and assistance to the principal/director regarding advancement of the school's mission and legislative issues concerning the school as directed by school leadership.

Every school should have a representative on the Diocesan Council of PTOs.

One ECC parent is designated as the ECC parent representative to the PTO Board.

## ***FUNDRAISING***

Any program of generating additional revenue should have the approval of school leadership (pastor, principal, director). 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, director).

## ***TRANSPORTATION/PARKING***

Due to COVID-19 mitigation strategies, arrival and dismissal locations and procedures may be adjusted for the 2020-2021 school year. Changes will be communicated in a timely manner to all families.

During arrival and dismissal, children must be accompanied by an adult at all times.

For safety reasons, the six parking spaces between the ECC door and Parish Center are for staff only.

**DO NOT PARK IN THE FIRE LANE AT ANY TIME.**

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

**For safety reasons, children and families are not permitted to play or congregate in the parking medians, or in any areas adjacent to the parking lots.**

**V. FINANCES**

***SCHOOL TUITION POLICIES***

A family’s tuition obligation continues even when the school shifts to an eLearning model. The education of each student continues with teachers planning and delivering lessons and assessing student progress. Report cards will be distributed at the end of each grading period.

Our tuition does not cover the full cost to educate our students. The school promises to pay teachers employed by our school for the duration of their contract. In turn, the revenue that covers this expense is agreed to by families that register their child or children. Thus, Blessed Sacrament School is not in a financial position to refund a tuition obligation. If at some point during the school year, we are directed to close our school and continue our instruction via online, our school will still be responsible to pay our teachers. Therefore, we do expect parents to fulfill their tuition obligation.

If a parent/guardian cannot make the regular tuition payment, the principal should be notified as soon as possible to create a payment plan.

***TUITION AND OTHER FEE SCHEDULES***

	1 <sup>st</sup> child	2 <sup>nd</sup> child	3 <sup>rd</sup> child
2-day class	\$3,878	\$3,494	\$2,919
3-day class	\$5,795	\$5,225	\$4,389
5-day ¾ day class	\$6,770	\$6,103	\$5,116

\$60 Activity Fee will be included in the FACTS payment divided over the 12 months.

Application Fee: \$35 Per Student (New students only)

Registration Fee: \$175 Per Student (**non-refundable, due at registration**)

**EXTENDED DAY PROGRAM  
FEE SCHEDULE  
2020-2021**

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

Before School Care (7:00 a.m. – start of school)

<u>First Child</u>	<u>Sibling</u>
5 day - \$159.00/month	\$75.00/month
3 day - \$97.00/month	\$45.00/month
2 day - \$63.00/month	\$32.00/month

Before School Care (8:00 a.m. - 8:30 a.m. (Grade School ECC Sibling))

5 day - \$102/month
3 day - \$59/month
2 day - \$41/month

Session A (11:45 a.m. - 3:00 p.m.)

5 day - \$415.00/month	\$243.00/month
3 day - \$250.00/month	\$147.00/month
2 day - \$166.00/month	\$98.00/month

Session A (1:30 p.m. – 3:00 p.m. (Rainbows & Shooting Stars))

5 day - \$213.00/month	\$ 124.00/month
3 day - \$128.00/month	\$ 75.00/month
2 day - \$87.00/month	\$ 51.00/month

Session B (3:00 p.m. - 6:00 p.m.)

5 day - \$388.00/month	\$215.00/month
3 day - \$233.00/month	\$129.00/month
2 day - \$156.00/month	\$89.00/month

Drop-in Rates

<u>First Child</u>	<u>Sibling</u>
BSC - \$12.50/Session	\$8.00/Session
Sessions A & B - \$12.50/hour	\$8.00/hour

**Admission Policy:** Early Childhood Center students may use the Before School Care and Session A segments. The “B” session (3:15 PM – 6:00 PM) is also available to students in Rainbows, Shooting Stars, and Sunshines. Availability to Fuzzy Bears is with the approval of the Principal, Director of the Preschool, and Director of the Extended Day Program.

Families are required to use the FACTS Management Company for Extended Day Program payments. A link to FACTS Management Company can be found on our 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 1<sup>st</sup>. All remaining payments are due on the 1<sup>st</sup> of each month. Fees for preschool students will be collected September – April (8 payments). Credit will not be given if the student fails to use the program on any regularly scheduled day due to sickness, etc. These fees include a provision for snow days and holidays. All changes in schedule must be made known prior to the end of the current month for billing purposes, and must apply to the entire month to be considered.

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

**Returned Check Fee:** A fee of \$15.00 per returned check will be added to the total bill.

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

**Session B Late Pick-up Fees:** A penalty of **\$1.00 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. CHILD RESPONSIBILITIES & BEHAVIOR**

### ***CODE OF CONDUCT***

In all areas of learning, discipline must be considered in the development of children. 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, staff and children work together to create a Catholic school environment. Based upon the Catholic moral values and loving respect for others taught by Jesus, children:

- a. will be truthful.
- 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 respect all school and personal property.
- g. will play only in assigned playground areas with good sportsmanship and cooperation.
- h. will bring to school only appropriate show & tell items from home.

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

### ***DISCIPLINE***

Classroom rules are designed to protect persons and property and to promote pro-social behaviors, such as sharing and taking turns. If problems arise, the children in question will be reminded of acceptable behaviors and redirected to more positive activities.

### **USE OF DISCIPLINARY ACTION**

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

Children 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 child, 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.

### **SPECIFIC DISCIPLINARY POLICIES**

The goal of discipline for young children is to achieve autonomy. Success will result in a display of self-control and self-direction on the part of the child. Positive self-esteem is a natural by-product of this autonomy.

Behavior is complex and highly variable among young children. Many influences, such as parenting styles, playmates, siblings, have helped to form much of the behavior children exhibit when they arrive to the school setting for the first time. In addition, children have their own distinct personalities and temperaments, as do all human beings.

When a child engages in a pattern of inappropriate behavior, the teachers (in consultation with the Director, the Principal and the child's parent) will assess the classroom-learning environment to determine which positive prevention methods, reinforcement techniques, and intervention methods can be implemented to successfully resolve the discipline issue. However, input from an independent source is occasionally necessary. In that case, the teacher may recommend that a student be referred for an evaluation with a specialist, such as a speech therapist or Child Find. Inappropriate behavior is often related to frustration on the part of the child. When changes in the immediate environment cannot positively influence the behavior, it is in the best interests of the child to research other causes and work closely with parents to find new avenues for success in school.

There are times, however, when we must release a child from the program. The primary concern is always for the child's best interests.

### **SUSPENSION**

Suspension may be imposed as determined by the principal/director. Once the principal/director suspends a child, parents 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 child from returning to the regular program.

### **DISMISSAL**

Conduct which is disruptive to the learning atmosphere and/or contrary to the school's Code of Conduct is justification for a principal/director to dismiss a child at the close of the school year.

Children who are dismissed may apply for readmission to any Diocesan school after one full year.

## **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 child has demonstrated continuing disregard of school rules for which other means of discipline have proven ineffectual;
- c. the child'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 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.

If the principal/director believes it necessary to expel a child, the principal/director will notify the child and the child's parents about the child's actions 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 whose child is expelled may appeal this decision in writing to the Superintendent of Schools within five working days from the time of written notification.

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

Children 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.

## ***REGULATIONS AND PROCEDURES***

Privacy of individual children must be balanced against the need to protect the health, welfare and safety of other members of the school community. The principal/director or his/her designee has the right to protect the health, welfare and safety of school patrons by searching a child's person and/or personal property on school grounds or at school activities. Lockers and desks are school property and are subject to searches by school personnel.

## ***CARE OF SCHOOL PROPERTY***

Children are to care for school property in a respectful manner. Children who deface or damage school property or the property of others will make financial restitution.

## ***DRESS CODE***

The dress code provides a standard for our children that fosters an environment conducive to learning and respectful behavior.

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

### **DRESS CODE REQUIREMENTS & OTHER PERTINENT INFORMATION**

For 2020-2021 all students must wear a face mask when in-person school is in session. The masks must cover the nose and mouth and should be washed or disposed of daily.

For safety purposes, the children **must wear rubber-soled, flat shoes**. No open toed shoes will be allowed. Additionally, pretend/costume shoes are not allowed. In addition, washable, comfortable **play clothes** should be worn.

Appropriate winter outerwear is **required** when temperatures and wind-chills reach below mandated safety levels. Appropriate winter outerwear includes winter coat, hat/hood, and mitten/gloves. **Children without the appropriate outerwear will not be allowed outside for play.**

## ***PLAYGROUND REGULATIONS***

Students have an outdoor play period each day, unless it is raining or the temperature is dangerously high or low according to the OCS Wind Chill/Heat Stress Index. **If a child is not well enough to take part in the outdoor play period, they should be kept home until they are able to do so.**

Children must follow the safety rules of the playground and the direction of the supervisors.

## ***LUNCHROOM REGULATIONS***

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

Only the Rainbow, Shooting Star, and extended day classes eat lunch at school in their individual classrooms.

## ***SHOW & TELL***

Children are allowed to bring toys from home for the purpose of Show and Tell only. Weapons (whether real or toys) of any kind are not appropriate Show and Tell items, and shall not be brought to school for any reason. If weapons of any kind are brought to school, the child shall be subject to immediate disciplinary action which may include, but not be limited to, expulsion.

Each teacher will inform parents about the Show and Tell policy within their individual classes.

## VII. HEALTH, SAFETY, & WELFARE

### ***STUDENT HEALTH, SAFETY, & WELFARE***

Due to COVID-19 mitigation strategies, updated health procedures are adjusted for the 2020-2021 school year and explained in depth in the BSS Re-Entry Document, July 2020. Further changes will be communicated in a timely manner to all families.

Parents and 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.

Any clergy, employee, or volunteer with the Diocese who knows or has reasonable cause to suspect that an incident of child abuse or illegal sexual misconduct has been perpetrated by any individual, including clergy, employee, or volunteer with the Diocese,

- a. must comply with applicable reporting and other requirements of state and local law;
- b. must report the incident to the Moderator of the Curia of the Diocese of Arlington.

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/director who in turn will call the Moderator of the Curia. At that point, confidentiality must be respected.

According to the *Code of Virginia*, (Section 63.2 – 1518) *Authority to Talk to a Child or Sibling*, “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 (2006) 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 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/director, 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. 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.

### **ILLNESS**

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

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

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

A child must be fever free and have not had diarrhea or vomiting for 24 hours without the use of medication before being allowed back in the center.

## MEDICATION ADMINISTRATION OVERVIEW

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

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

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

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/director 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 indicates in writing that the student cannot do this.

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

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

### **SPECIALIZED STUDENT CARE NEEDS**

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

### **TOILETING/INCONTINENCE**

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

Parents 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 (LHCP) is required to use crutches at school. If a student arrives at school on crutches without an order form from a LHCP, the parent will be called to take the student home.

## **USE OF MICROWAVE OVEN**

For preschool, given the risk of potential harm, students' access and use of microwave ovens is prohibited.

## **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 and guardians of students with a life threatening allergy must inform the principal/director and school health personnel of any allergies and provide schools with fully executed Diocesan documents. Parents/guardians are expected to supply schools with any emergency medications as prescribed and may additionally provide the student with "safe" foods for classroom celebrations involving food. Schools will utilize Diocesan documents to formulate an emergency care plan for the student and will share this care plan with those involved with the student including, but not limited to teacher(s), food service, bus drivers, and janitorial staff.

## ***CONTROL OF COMMUNICABLE DISEASES***

Due to COVID-19 mitigation strategies, updated health procedures are adjusted for the 2020-2021 school year and explained in depth in the BSS Re-Entry Document, July 2020. Further changes will be communicated in a timely manner to all families.

## **DISEASE**

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

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

- a. No daycare/preschool 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).
  - i. Parents or guardians who object to the administration of immunizing agents for their child on the grounds that this conflicts with their religious tenets or practices must produce a notarized Certificate of Religious Exemption CRE-1 form (Appendix F-18), which will be retained in the student health record.
  - ii. Students who have traveled or resided in a foreign country for five months or more during the last three years are required to provide documentation of a recent tuberculosis skin test result prior to school entry.
- b. Children with fevers and/or contagious or infectious diseases will be sent home promptly and will be excluded from school while in that condition, according to the Virginia Department of Health regulations. Once the student is confirmed to be free of communicable illness by a health care provider, or is fever free/symptom free for 24 hours without taking anti-fever medications, the student may return to school.
- c. School health personnel will follow the Virginia Department of Health Communicable Disease Chart, found in the *Virginia School Health Guidelines*, when referring suspected cases of communicable disease to the local health department for excluding or readmitting a student.
- d. The Diocese of Arlington has comprehensive guidelines for school/parish-based influenza vaccination clinics. The liability associated with the vaccination of children is great. The Diocese of Arlington does not promote school based vaccination clinics for children during school hours, and in the absence of the parent, with the exception of a state or federal emergency. Any school wishing to offer an onsite school influenza vaccination program must comply with all aspects of the Memorandum of Agreement. Vendors wishing to serve as vaccinators must be fully vetted by the Office of Risk Management prior to the consummation of any contract for services.

## LICE

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

Our school has a “**NO NIT**” policy. After proper scalp treatment and the removal of ALL nits, the student may return to school and report to the clinic with his/her parent for a head check by the nurse. If the student is found to have nits, he/she will not be permitted to return.

## ***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 HIV and to provide a safe environment for students, staff members, and the public. Students who are infected with bloodborne Hepatitis, Human Immunodeficiency Virus (HIV), or HIV-related conditions must be provided the opportunity to receive a Catholic school education in a regular classroom unless the student's health interferes significantly with school performance.

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

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

## ***FIRE/EMERGENCY DRILLS***

Emergency drills are conducted periodically to ensure safety for the students. Evacuation directions are posted in each classroom. Students are expected to walk in a single file and remain silent during fire drills.

Additionally, tornado, severe weather, earthquake and intruder drills are practiced periodically through the year to ensure safety in all situations.

In the event of a bomb threat, the school community has made arrangements to evacuate to nearby TC Williams High School at 3330 King Street, Alexandria, VA. (703) 824-6800, until authorities verify the security of the building.

## ***SEXUAL HARASSMENT - STUDENTS***

Sexuality affects all aspects of the person including, in a general way, the aptitude for forming bonds of communion with others. The Catholic Schools of the Diocese of Arlington endeavor to provide for their students an atmosphere free from sexual harassment.

No student is to sexually harass another member of the school community. Any student who engages in sexual harassment shall be subject to disciplinary action, up to, and including, expulsion.

Sexual harassment is defined as any unwelcome sexual advance, unwelcome physical contact of a sexual nature, or unwelcome verbal or physical conduct of a sexual nature. “Unwelcome verbal or physical conduct of a sexual nature” includes, but is not limited to, the deliberate, repeated making of unsolicited gestures or comments, or the deliberate, repeated display of offensive, sexually graphic materials via any media source which is not necessary for school purposes.

## ***BULLYING***

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

Examples include, but are not limited to:

- a. Physical intimidation or assault
- b. Extortion
- c. Oral or written threats, including text messaging
- d. Malicious teasing
- e. Putdowns
- f. Name calling
- g. Threatening looks
- h. Gestures or acts of aggression (Overt and Covert)
- i. Cruel rumors & false accusations
- j. Social Isolation
- k. Cyber bullying

School personnel will not tolerate any bullying on Diocesan school grounds or at any 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 to report it to appropriate school personnel (e.g. principal/director, teacher, school counselor). The Office of Catholic Schools expects staff members who become aware of an incident of bullying to take appropriate steps to

intervene unless intervention would be a threat to staff members' safety. If a staff member believes that his/her intervention has not resolved the matter, or if the bullying persists, he/she shall report the bullying to the school principal/director for further investigation.

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

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

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

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

## ***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 or at any school-sponsored activity (on or off school grounds). In addition, the Office of Catholic Schools expects students and parents who become aware of an act of hazing to report it to appropriate school personnel (e.g. principal, teacher, school counselor). The Office of Catholic Schools expects staff members who become aware of an incidence of hazing to report the hazing to school administration for further investigation.

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

- a. Consequences for students who engage in hazing shall depend on the results of the investigation and may include:
  - i. Counseling
  - ii. A parent conference
  - iii. Detention
  - iv. Suspension and/or Expulsion Depending on the severity of the incident(s), the principal may also report incidents of hazing to law enforcement if appropriate.

## ***ASBESTOS MANDATORY YEARLY NOTIFICATION***

### **ASBESTOS NOTIFICATION**

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

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

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

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

directed to him/her at \_\_\_\_\_.

## ***VIDEO SURVEILLANCE CAMERAS***

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

- a. At the discretion of the principal/director or his/her designee, video surveillance cameras may be placed in public locations deemed appropriate. Such locations may include, without limitation, school entrances/exits, lobby areas, hallways, classrooms, cafeterias, athletic areas, gathering spaces, and outdoor grounds, as well as school buses.
- b. Restrooms, changing rooms, private offices, nurse's offices, and locker rooms are excluded from security camera use.
- c. It is recognized that it will not be possible to monitor all building areas, rooms, and grounds, or to monitor any location at all times.

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

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

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

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

Recordings for instructional purposes must be retained no less than one year.

## VIII. CHILDREN WITH SPECIAL NEEDS

The Office of Catholic Schools recognizes the beauty and potential inherent within each child. In an effort to foster continued growth, the school embraces the challenge to provide assistance and programs to serve children with special needs according to the resources available within/to the school. Parents are considered an integral part of the process.

In order to accommodate a child 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 a condition for negating enrollment in the school. A child may be admitted on a probationary basis with dates and criteria of evaluation clearly established in writing.

If a child has a documented disability, a copy of the Individualized Education Plan (IEP), Individualized Services Plan (ISP), 504 plan, and/or Student Support Plan (SAP) should be maintained in the child's confidential file. Children who have a documented disability, but do not qualify for services through the local public school, may be eligible for accommodations through a Student Support 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 Special Needs.

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

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

## **IX. PROGRAM INFORMATION**

### ***LICENSING INFORMATION***

The Commonwealth of Virginia helps assure parents that child day programs that assume responsibility for the supervision, protection, and well-being of a child for any part of a 24-hour day are safe. Title 63.1, Chapter 10 of the Code of Virginia gives the Department of Social Services authority to license these programs. While there are some legislative exemptions to licensure, licensed programs include child day centers, family day homes, child day center systems, and family day systems. The state may also voluntarily register family day homes which are not required to be licensed.

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

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

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

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

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

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

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

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

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

Piedmont Regional Office  
Commonwealth of Virginia Building  
210 Church Street, S.W., Ste. 100  
Roanoke, VA 24011-1779  
(540) 857-7920

Abingdon Licensing Office  
190 Patton Street  
Abingdon, VA 24210  
(540) 676-5490

## ***CRISIS MANAGEMENT/EMERGENCY PREPAREDNESS PLAN***

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

## ***OVER-THE-COUNTER SKIN PRODUCTS***

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

For all over-the-counter skin products:

- a. written parent 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.

## ***INSURANCE***

The 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 school will complete and return to the parent any W-10 that is sent in, provided Part II is already completed by the parent.

## ***PARENTAL INVOLVEMENT***

In compliance with state regulations for state licensed programs, a custodial parent 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>X. EXTENDED DAY PROGRAM</b></h2>
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## ***HOURS OF OPERATION***

The Program operates from 7:00 to 8:35 a.m. and again from 11:45 a.m. to 6:00 p.m. on each day that the school is open. The Program does not operate during school vacations or holidays. If there is a one-hour delayed opening of the school, the Program will open at 8:00 a.m. If there is a two-hour delayed opening, our Program will open at 9:00 a.m. If there is an early dismissal, eg. due to inclement weather, the BSSEDP will close **1 1/2 hours after the grade school's closing time**.

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

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

## ***ADMISSION POLICY***

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

### Before School Care (BSC):

7:00 a.m. to 8:35 a.m.            ECC (attending alone or with Grade School sibling(s))  
8:00 a.m. to 8:35 a.m.            **Grade School ECC** siblings (ECC students who are siblings of a Grade School student or students, attending **after** the GS sibling has entered school)

### Session A:

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

### Session B:

3:00 p.m. to 6:00 p.m.            Shooting Stars, Rainbows & Sunshines (Fuzzy Bears with Administration's approval)

Each child's health records, immunization information and Emergency Care form must be on file in the school office prior to attendance in the Extended Day Program. No student may use the BSEDP unless registered for the Program with appropriate emergency and health information submitted to the school office. **All families are strongly encouraged to register their children as "drop-ins" so that they are covered in the event of an emergency.** The registration fee will not be charged until the first time the Extended Day Program is used.

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

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

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

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

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

## ***SUPERVISION***

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

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

Classes including preschoolers have a minimum caregiver/student ratio of 1/10. All other classes will have a minimum caregiver/student ratio of 1/18 for students 5-8 years old, and 1/20 for students 9 years old and up. Whenever preschoolers are present in the grouping, the age of the youngest child determines the caregiver/student ratio.

Due to COVID-19 mitigation strategies, updated ratios are adjusted for the 2020-2021 school year and explained in depth in the BSS Re-Entry Document, July 2020. Further changes will be communicated in a timely manner to all families.

## ***REGISTRATION***

Yearly registration for the Program occurs at the time of school registration. The registration form must **include two local emergency contact persons** that are not the parents of the child. If space is available, applications for registration will be accepted throughout the year. Every child who will use the Program, whether on a regular or drop-in basis must be registered.

## ***TERMINATION***

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

When a parent wishes to terminate the enrollment of their child in the Program, they must give at **least one week’s written notice to the Director**. Any payment of fees made for care beyond the termination date will be refunded to the parents when the Director is given one week’s written notice. **If one week’s written notice is not given, no refund will be made.**

## ***TRANSPORTATION***

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

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

## ***ACTIVITIES***

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

The Program is located in the main preschool room, the cafeteria (Quinn Hall), the STEM Lab, the library, the gym, and outdoor play areas.

Due to COVID-19 mitigation strategies, updated rooms used will be adjusted for the 2020-2021 school year and explained in depth in the BSS Re-Entry Document, July 2020. Further changes will be communicated in a timely manner to all families.

## ***CHECK-IN PROCEDURES***

For the Before School Care session, parents are to bring their child to Quinn Hall through the church side doors by the back parking lot.

Due to COVID-19 mitigation strategies, updated arrival procedures are adjusted for the 2020-2021 school year and explained in depth in the BSS Re-Entry Document, July 2020. Further changes will be communicated in a timely manner to all families.

For the After School sessions, preschoolers are escorted by the staff to their meeting place in the Big ECC Room. Attendance is taken immediately each day.

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

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

## ***ABSENCES***

If a child is expected to be absent, late, or leaving earlier than usual, the Director and school office must be notified in writing as soon as possible in either hard copy or by email

([cberrigan@bssva.org](mailto:cberrigan@bssva.org)). Emergency or unexpected changes may also be notified by phone (703-998-4170, x-136 or (cell) 703-727-3896), but should be followed-up in writing (preferably by email).

## ***CHANGE OF CLOTHES***

If it becomes necessary to change a student's clothes, the clothes reserved in the student's preschool class will be used.

## ***REST PERIOD POLICY***

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

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

## ***DISMISSAL AND PICK-UP PROCEDURES***

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

Due to COVID-19 mitigation strategies, updated dismissal procedures are adjusted for the 2020-2021 school year and explained in depth in the BSS Re-Entry Document, July 2020. Further changes will be communicated in a timely manner to all families.

If someone other than the parent or planned pick-up person is picking up the child from the Program, their name must be on the registration form under "EMERGENCY CONTACTS," or on the school Emergency Care form, **and** a note must be sent by the parent to the Director stating that person's name. This note should be handed in no later than upon arrival of your child at the Program that day. Alternate pick-up information may also be emailed to the Director. Persons other than the regular pick-up people are to show identification to the staff before signing a child out of the Program. Any change in the regularly expected pick-up routine should be communicated in writing (including email), or by phone (703-998-4170, x-136 or (cell) 703-727-3896 (texting is acceptable)) if unplanned. If no advance notification of a change in pick-up has been received, the parents will be called for verification before the student is released.

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

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

## ***COMMUNICATION BETWEEN PARENT AND STAFF***

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

Parents or guardians may leave messages for the staff or your child until 4PM at the school office (703-998-4170). When the school office is closed, you may contact the caregivers by email addressed to the Director ([cberrigan@bssva.org](mailto:cberrigan@bssva.org)) or at the following telephone numbers: **703-998-4170, x-136; (cell) 703-727-3896**. Informational notices are posted on the bulletin boards in the ECC Room and Quinn Hall, and updates are published on the school's web page as well as in the school's weekly newsletter. In an emergency, information will be dispensed via the school website and/or through the School Messenger system.

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

## ***CHILD ABUSE***

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

## ***EMERGENCY PROCEDURES***

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

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

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

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

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

## ***MEDICATION POLICY***

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

Authorization from the parent shall be for a limited time period (not to exceed 4 consecutive school days). Authorizations for a longer period of time must be signed by a physician, and will be retained during the effective period. All medication must be in the original container, labeled with the child's name, the name of the medication, the dosage amount and the method of administration. In addition, the first dose should have been administered at home. All medication will be kept in a locked area and returned to the parent as soon as it is no longer being administered. Forms authorizing the staff to administer medication are available in the office and on the school website.

The Extended Day staff will not administer sunscreen or insect repellent unless required by prescription. Any insect repellent should be applied prior to sending the child to school.

## ***DISCIPLINE POLICY***

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

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

Students who exhibit disrespectful behavior (i.e. answering back, rudeness) to Extended Day personnel and/or each other, deliberate disobedience, throwing food, school or personal objects

will be subject to the following disciplinary actions.

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

## ***FOOD POLICY***

ECC students are expected to bring a lunch and drink for consumption during 11:45 a.m.-3:00 p.m. segments. Milk can be ordered through the school office. **Due to COVID-19 mitigation strategies, updated milk policies are adjusted for the 2020-2021 school year and explained in depth in the BSS Re-Entry Document, July 2020. Further changes will be communicated in a timely manner to all families.**

A nutritious snack is provided during the Before School segment and after 3:00 p.m. The snack menu is posted in each of the base rooms used by the Program.

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

1. The food must not require refrigeration.
2. The food must be properly wrapped to prevent it from becoming dirty or otherwise inedible.
3. The food container must be sealed and clearly **dated** and **labeled in a way that identifies the owner**.
4. You must instruct your child not to share his/her food because of possible food allergies or special diets of other children.
5. The food must be nutritionally sound. We ask that you not send candy or other empty calorie foods. While cookies or other dessert-type foods may be sent, they should only be as a **supplement** to a nutritional component such as fruits, vegetables, muffins, cold dry cereal, or fruit juice (not sweetened, water-based beverages).
6. If your child has a food allergy or is on a special diet, the staff must be informed in writing, **even if you provide a daily snack from home**.

7. **Because of the possibility of nut allergies, peanut butter and other nut containing products are not permitted.**
8. All unused portions will be discarded or returned to parents (if the parents so wish) at the end of each day.

*If a child forgets or loses his/her lunch or the child's lunch is not nutritionally sound, the staff will furnish the child with a suitable replacement from the stock of food kept for emergencies, and the parent will be billed*

## XI. APPENDICES

### School Forms

All forms are available at <https://bssva.org/parent-resources/school-forms/>

### Diocesan Forms

- Permission for Emergency Care Form (*Appendix F-1*)
- Confidential Health History Update (*Appendix F-1A*)
- Virginia School Entrance Health Form (*Appendix F-2*)
- Virginia School Entrance Health Form Instructions (*Appendix F-2A*)
- Inhaler Authorization Form (*Appendix F-3*)
- Asthma Action Plan (*Appendix F-3A*)
- Epipen/Twinject Authorization Form (*Appendix F-4*)
- Allergy Action Plan (*Appendix F-4A*)
- Diabetes Reference Emergency Plan: Hyperglycemia & Hypoglycemia (*Appendix F-5*)
- Diabetes Medical Management Plan (*Appendix F-5A*)
- Medication Authorization Form (*Appendix F-6*)
- Diocesan Student Accident Report (*Appendix F-7*)
- Letter to Parents Regarding Possible Reimbursement of Medical Cost (*Appendix F-7A*)
- Insurance Billing Form (*Appendix F-7B*)
- Certificate of Religious Exemption CRE-1 (*Appendix F-18*)
- Seizure Action Plan (*Appendix F-20*)
- Photo, Press, Audio, and Electronic Media Release for Minors (*Appendix N*)
- Parent Permission Form for School Sponsored Trip Participation (*Appendix R*)
- Use of Personal Vehicle (*Appendix R-1*)
- Preschool Handbook Agreement Form (*Appendix AG-3*)

### Signature Page



# Permission for Emergency Care

Appendix F-1

To be completed and signed annually by a parent/guardian

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_-\_\_\_-\_\_\_ Email for official school communication \_\_\_\_\_

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

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

**Mother/Female Guardian**

**Father/Male Guardian**

Full Name \_\_\_\_\_

\_\_\_\_\_

Maiden Name \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home City/State/Zip \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Home Email \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_

Work Email \_\_\_\_\_

\_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

Marital Status (Circle) Married Separated Divorced\*  
 Widowed Single Remarried

Married Separated Divorced\*  
 Widowed Single Remarried

*\*Appropriate custody paperwork MUST be attached.*

*\*Appropriate custody paperwork MUST be attached.*

Persons NOT authorized to pick up the student from school:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

1) \_\_\_\_\_  
(Name) (Address, City, State, Zip) (Phone) (Relationship)

2) \_\_\_\_\_  
(Name) (Address, City, State, Zip) (Phone) (Relationship)

Student's Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

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

Allergies \_\_\_\_\_ Action to Take \_\_\_\_\_

Student's Medications \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

\_\_\_\_\_  
 Printed Name of Parent/Guardian

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

\_\_\_/\_\_\_/\_\_\_  
 Date

**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
Allergies / Environmental	<input type="checkbox"/>	
Allergies / Food	<input type="checkbox"/>	
Allergies / Insect Stings or Bees	<input type="checkbox"/>	
Allergies / Latex	<input type="checkbox"/>	
Allergies / Medications	<input type="checkbox"/>	
Allergies / Other	<input type="checkbox"/>	
Asthma / Breathing Problem	<input type="checkbox"/>	
Behavioral Problem	<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"/>	
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"/>	
Headaches / Migraines	<input type="checkbox"/>	

	YES*	DATE
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"/>	
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"/>	
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: \_\_\_\_\_

YES  NO **CONSENT FOR TREATMENT:** I give my permission for qualified school personnel to provide routine health care and first aid to my child as may be necessary during school and after school activities. I assume full responsibility for providing the school with all necessary student over-the-counter or prescription medications as well as necessary medical treatment supplies and authorizations.

YES  NO **CONSENT TO SHARE INFORMATION:** The school nurse and/or health aide have my permission to share my child's confidential health information, on a need-to-know basis, with appropriate members of the educational staff, primary healthcare providers, and extended day, for use in meeting the educational and health needs of my student. This consent includes the sharing of personally identifiable health record information during immunization and communicable disease surveillance audits by the Virginia Department of Health and the Virginia Department of Social Services for licensed program compliance, if applicable.

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

**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 longer than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last First Middle  
 Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 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: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): \_\_\_\_\_

List all prescription, over-the-counter, and herbal medications your child takes regularly: \_\_\_\_\_

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)			

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

**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 person completing this form: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** of Interpreter: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM**

**Part II - Certification of Immunization**

*Section I*

**To be completed by a physician or his designee, registered nurse, or health department official.  
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.  
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: \_\_\_\_\_ Date of Birth: |\_\_| |\_\_| |\_\_|  
*Last* *First* *Middle* *Mo.* *Day* *Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Tdap booster (6 <sup>th</sup> grade entry)					
*Poliomyelitis (IPV, OPV)					
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age					
*Pneumococcal (PCV conjugate) *only for children <60 months of age					
Measles, Mumps, Rubella (MMR vaccine)					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine					
Meningococcal Vaccine					
Human Papillomavirus Vaccine					
Other					
Other					

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

**Signature of Medical Provider or Health Department Official:** \_\_\_\_\_ **Date (Mo., Day, Yr.):** \_\_\_/\_\_\_/\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section II**  
**Conditional Enrollment and Exemptions**

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

**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:[\_\_]; Pneum:[\_\_]; Measles:[\_\_]; Rubella:[\_\_]; Mumps:[\_\_]; HBV:[\_\_]; Varicella:[\_\_]

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> ____/____/____ 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>Physical Examination</b> 1 = Within normal    2 = Abnormal finding    3 = Referred for evaluation or treatment <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> </tr> <tr> <td>HEENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Urinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3		1	2	3		1	2	3																																						
	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
<b>TB Screening:</b> <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																																																		
<b>Test for TB Infection:</b> TST IGRA Date: _____ TST Reading _____mm    TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <b>CXR required if positive test for TB infection or TB symptoms.</b> 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>	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	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 <input type="checkbox"/> Permanent Hearing Loss Previously identified: ___Left ___Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R				
L					
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

<b>Vision Screen</b>	<input type="checkbox"/> With Corrective Lenses (check if yes)				
	Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Not tested		
	Distance	Both	R	L	Test used:
		20/	20/	20/	
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen					

<b>Dental Screen</b>	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
----------------------	--

<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): _____ _____ _____	
	___ Allergy <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</b> Specify: _____	
	___ <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</b> Specify: _____	
	___ <b>Special Needs</b> Specify: _____	
	___ <b>Other Comments:</b> _____	

<b>Health Care Professional's Certification</b> (Write legibly or stamp) <input type="checkbox"/> <b>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).</b>		
Name: _____	Signature: _____	Date: ____/____/____
Practice/Clinic Name: _____	Address: _____	
Phone: _____ - _____ - _____	Fax: _____ - _____ - _____	Email: _____

## **MCH 213G School Health Entrance Form Instructions**

### **Part I-Health Information Form**

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

Please note that there are three signature lines at the bottom of the page. The first two signatures are required.

1. Signature of the legal guardian or parent (located inside the box)- provides written authorization for the child's health care provider and the designated provider of health care in the school setting to discuss the child's health concerns and/or exchange information pertaining to this form.
2. Signature of the person completing the form- this may or may not be the parent or legal guardian.
3. Signature of the Interpreter-needed only if the form was completed with the assistance of an interpreter.

### **Part II-Certification of Immunization**

Instructions for completing *Part II, Sections I and/or II*, are located under each section respectively.

For current immunization requirements, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>.

### **Part III-Comprehensive Physical Examination Report**

The Code of Virginia requires documentation of a comprehensive physical examination upon entry to public kindergarten or elementary school. The physical examination must be completed by a qualified licensed physician, nurse practitioner, or physician assistant, and must be completed within 12 months prior to the date such child first enters public kindergarten or elementary school. The physical examination is required to protect the public from communicable disease, and to identify physical, social-emotional, or developmental needs the child has so that the school (1) can prepare to assist with meeting their needs, and (2) initiate necessary interventions to maximize the child's school readiness. Public school divisions may require additional components. The school entrance health form is also widely used by providers of child care, Head Start, Virginia Preschool Initiative (VPI), and the Infant and Toddler Connection (Part C Early Intervention) services.

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

Part III-Comprehensive Physical Examination Report is to be completed by a qualified licensed physician, nurse practitioner, or physician assistant.  
Complete the child's name, date of birth, and check the appropriate box indicating child's sex.

***Health Assessment***

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

***TB Screening***

All children should be screened for risk factors for tuberculosis (TB) prior to school entry. Some school systems have specific requirements for screening certain populations, and providers should be knowledgeable of the requirements for their localities.

All children should be screened for symptoms of active TB disease. Older children can present with classic TB symptoms to include productive cough, fever, night sweats, weight loss, poor appetite and fatigue. Younger children may present with non-specific symptoms such as failure to gain weight, poor appetite and fatigue instead of the classic TB symptoms. All children with symptoms should receive further evaluation with a chest x-ray, and/or other examinations as appropriate to rule out active disease.

Children should then be screened for potential risks for acquiring TB infection. Those with a risk factor should receive a test for TB infection, either a tuberculin skin test or an interferon gamma release assay (IGRA). Children testing positive for TB infection should have a chest x-ray and any additional follow-up needed, based on the results of the x-ray and clinical evaluation.

Risks for acquiring TB infection include: close contact with a household member or other individual with active TB disease, birth or residence in a TB endemic country, and travel to or visitors from TB endemic countries. A list of low risk countries (non-TB endemic countries), is available at [http://www.vdh.virginia.gov/tb/documents/ExceptionList\\_2013\\_000.pdf](http://www.vdh.virginia.gov/tb/documents/ExceptionList_2013_000.pdf).  
A sample TB risk assessment form and instructions is available at:  
<http://www.vdh.virginia.gov/tb/documents/Form512withsite.pdf> and  
<http://www.vdh.virginia.gov/tb/documents/512Instructions.pdf>.

If a child has no risk factor for acquiring TB infection, and no symptoms compatible with active TB disease, check the appropriate box, "no risk for TB infection identified" or "no symptoms compatible with active TB disease". All others will require further evaluation prior to school entry.

Information on diagnosing active TB disease and TB infection in children and adolescents is located in the American Academy of Pediatrics *Redbook: 2012 Report of the Committee on Infectious Diseases*. For additional questions regarding Tuberculosis screening, contact the Virginia Department of Health TB Control and Prevention Program by telephone at 804.864.7906.

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

### ***Physical Examination***

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

1= Within normal limits

2= Abnormal finding

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

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

EPSDT screening and diagnostic tests are required for students entering Head Start programs. EPSDT screening includes: blood lead (test at age 1 and 2, or age 3 if not previously done) and a screen for anemia (hemoglobin or hematocrit annually at ages 2 - 5). Document the specific results and the date of each in the spaces provided. For other children, lead or anemia screen test results may be noted in this section as information for the personnel reviewing the form.

### ***Developmental Screen***

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

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

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

### ***Hearing Screen***

Check the box for the screening method used and indicate the results for each method. Pure tone audiometer should be screened at 20 dB HL in each ear.

Check the boxes as applicable:

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

### ***Vision Screen***

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

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

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

Check the boxes as applicable:

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

### ***Dental Screen***

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

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

Based on your exam findings, check the appropriate box:

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

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

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

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

**Summary of Findings:** Check the box “Well child; no conditions identified of concern to school program activities” if the findings from your examination and screening are all within normal range, or not significant to the child’s school entry, e.g., an acute upper respiratory infection. Check the box “Conditions identified that are important to schooling or physical activity” if there were any diagnoses or substantive abnormal findings on your examination or screening that should be flagged for school personnel, e.g., asthma, eczema, heart murmur. Use the space provided to summarize such findings from your exam or screenings.

- **Allergy:** Check the type of allergy, specify the allergen, the type of reaction, and the response required.
- **Individualized Health Care Plan (IHP) Needed:** Note if an individualized care plan (IHP) is needed for any identified health condition such as asthma, diabetes, seizure disorder, severe allergy, etc. The parent will need to collaborate with the child’s health care provider and provide required physician orders for school personnel. The care plan will be initiated by the school nurse and does not need to accompany this form at the time of enrollment.
- **Restricted Activity:** Indicate any restrictions to physical activity, required assistive devices, or any limitations the child has which needs to be communicated to school personnel.
- **Developmental Evaluation:** Note if the child already has a current individualized education plan (IEP), or specify any further evaluation needs.
- **Medication:** Note if the child routinely takes medication, and further document if medication must be administered while student is at school. If this is the case, parents will need to provide the school with physician orders, parental authorization, and medication/supplies to administer medication. The parent should check with the school for the appropriate form and documentation needed. Parental authorization does not need to accompany this form at the time of enrollment.
- **Special Diet:** Document special dietary needs that have medical implications, e.g., metabolic restrictions, tube feedings. The parent will need to communicate any special dietary requests to school nutrition services and/or the school nurse. Parents will need to provide physician orders, parental authorization, and supplies to school personnel.
- **Special Needs:** Summarize any special health care needs (not otherwise addressed here) of which school personnel should be aware, i.e., oxygen, treatments, etc.
- **Other Comments:** Document any other findings or recommendations that will help school or other program personnel prepare for the child, or assist the child’s family.

***Health Care Professional’s Certification:***

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

**References-**

American Academy of Pediatrics. [Summaries of Infectious Diseases]. In: Pickering LK, Baker CJ, Kimberlin, DW, Long SS, eds. *Red Book: 2012 Report of the Committee on Infectious Diseases*. Elk Grove Village, IL: American Academy of Pediatrics; 2012:736-759

American Academy of Pediatric Dentistry [AAPD]. (2012). *Policy on the dental home*. Retrieved March 28, 2014, from [http://www.aapd.org/media/Policies\\_Guidelines/P\\_DentalHome.pdf](http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf)

Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.

**Reference website resources-**

Healthy Futures Virginia (Bright Futures)-[www.healthyfuturesva.com](http://www.healthyfuturesva.com)

Virginia Child Day Center Regulations-

[http://www.dss.virginia.gov/facility/child\\_care/licensed/child\\_day\\_centers/](http://www.dss.virginia.gov/facility/child_care/licensed/child_day_centers/)

Virginia Department of Education School Health Specialist-

[http://www.doe.virginia.gov/support/health\\_medical/index.shtml](http://www.doe.virginia.gov/support/health_medical/index.shtml)

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

Virginia Department of Health Division of Child and Family Health-

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

Virginia Head Start Association- <http://www.headstartva.org/index.php>-

Virginia Department of Health School Age Health Specialist-

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

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

Release and indemnification agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

<b>PART 1 TO BE COMPLETED BY PARENT</b>			
I hereby request designated school personnel to administer an inhaler as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use an inhaler, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required			
Inhaler/Respiratory Treatment <input type="checkbox"/> Renewal <input type="checkbox"/> New    (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)			
First dose was given: Date _____ Time _____			
Student Name (Last, First, Middle)			Date of Birth
Allergies	School		School Year
_____ Parent or Guardian Signature		_____ Daytime Telephone	_____ Date
<b>PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER (LAY LANGUAGE, NO ABBREVIATIONS)</b>			
DIAGNOSIS:		LIST TRIGGERS:	
SIGNS / SYMPTOMS		MEDICATION AND ROUTE:	
DOSAGE TO BE GIVEN AT SCHOOL		INTERVAL FOR REPEATING DOSAGE:	
TIME TO BE GIVEN:		COMMON SIDE EFFECTS:	
EFFECTIVE DATE: Start:                      End:		If the student is taking more than one medication at school, list sequence in which inhalers and/or respiratory treatments are to be taken:	
Check <input checked="" type="checkbox"/> the appropriate boxes:			
<input type="checkbox"/> I believe that this student has received information on how and when to use an inhaler and that he or she demonstrates its proper use. <input type="checkbox"/> The student is to carry an inhaler during school and school sanctioned events with principal approval. (An additional inhaler, to be used as backup, WILL BE kept in the clinic or other approved school location.) <input type="checkbox"/> It is not necessary for the student to carry his/her inhaler during school, the inhaler will be kept in the clinic or other approved school location. <input type="checkbox"/> Asthma Action Plan is attached (if appropriate).			
_____ Licensed Health Care Provider (Print)	_____ Licensed Health Care Provider (Signature)	_____ Telephone or Fax	_____ Date
_____ Parent or Guardian	_____ Parent or Guardian Signature	_____ Telephone	_____ Date
_____ Student Signature (Required if student carries inhaler)			_____ Date

**PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE**

Check  as appropriate:

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

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

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

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

# Virginia Asthma Action Plan

Appendix F-3A

## School Division:

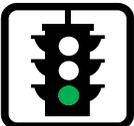
<b>Name</b>		<b>Date of Birth</b>	
<b>Health Care Provider</b>	<b>Provider's Phone #</b>	<b>Fax #</b>	<b>Last flu shot</b>
<b>Parent/Guardian</b>		<b>Parent/Guardian Phone</b>	<b>Parent/Guardian Email:</b>
<b>Additional Emergency Contact</b>		<b>Contact Phone</b>	<b>Contact Email</b>

**Asthma Triggers (Things that make your asthma worse)**

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

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

**Asthma Severity:**  Intermittent or  Persistent:  Mild  Moderate  Severe

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

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

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

**REQUIRED SIGNATURES:**

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

**PARENT/GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

**SCHOOL NURSE/DESIGNEE** \_\_\_\_\_ **Date** \_\_\_\_\_

**OTHER** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER**

**Check One:**

Student, in my opinion, can carry and self-administer inhaler at school.

Student needs supervision or assistance to use inhaler, and should not carry the inhaler in school.

**MD/NP/PA SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Effective Dates** ▶ \_\_\_\_\_ **to** ▶ \_\_\_\_\_

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

Blank copies of this form may be reproduced or downloaded from [www.virginiaasthmacoalition.org](http://www.virginiaasthmacoalition.org)

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



**PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE**

Check ✓ as appropriate:

- Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the LHCP stationery or a prescription pad.)
- Auto injector is appropriately labeled. \_\_\_\_\_ Date by which any unused Auto injectors are to be collected by the parent (within one week after expiration of the physician order or on the last day of school).

I have reviewed the proper use of an Auto Injector with the student and,  agree  disagree that student should self carry in school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 2019

**PARENT INFORMATION ABOUT MEDICATION PROCEDURES**

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

Revised 2019

10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
  - a. Name of student
  - b. Exact dosage to be taken in school
  - c. Frequency or time interval dosage is to be administered
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
13. **Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, auto injector)
14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4A



## PART I - TO BE COMPLETED BY PARENT

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

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

## PART II - TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

**Extremely reactive to the following allergens:** \_\_\_\_\_

Therefore:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

### FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS

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

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

### 1. INJECT 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 down on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER at least 4 hours because symptoms may return.

### MILD SYMPTOMS

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

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

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

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

### MEDICATIONS/DOSES:

Epinephrine Brand or Generic: \_\_\_\_\_ Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

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

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

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

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

\_\_\_\_\_/\_\_\_\_\_  
 Licensed Health Care Provider Authorization (Print / Signature)

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Date

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4A



## PART III - PARENT SIGNATURE REQUIRED

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

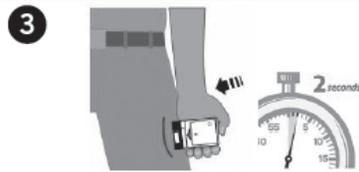
**Administration of an oral antihistamine should be considered only if the student's airway is clear and there is minimal risk of choking.**

### MONITORING

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

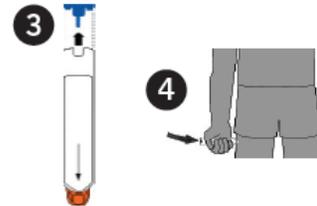
#### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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



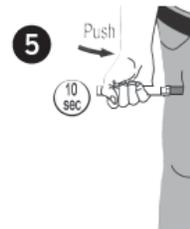
#### HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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



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

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



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

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



#### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

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

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

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4A



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

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

## **EMERGENCY CONTACTS:**

Name/Relationship: \_\_\_\_\_  
Name/Relationship: \_\_\_\_\_  
Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4A



## PARENT INFORMATION ABOUT MEDICATION PROCEDURES

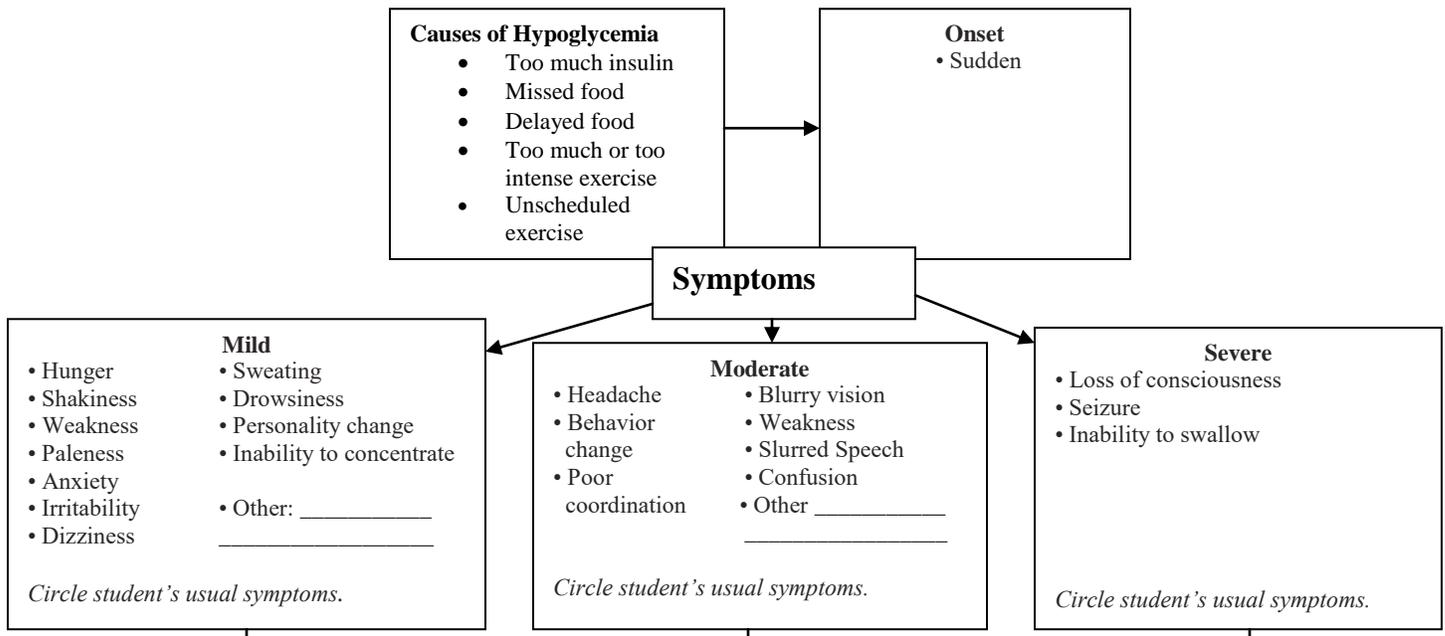
1. **In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.**
2. **Schools do NOT provide medications for student use.**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

**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**  
**QUICK REFERENCE EMERGENCY PLAN**  
**Part A of Diabetes Medical Management Plan**  
**HYPOGLYCEMIA**  
**(Low Blood Sugar)**

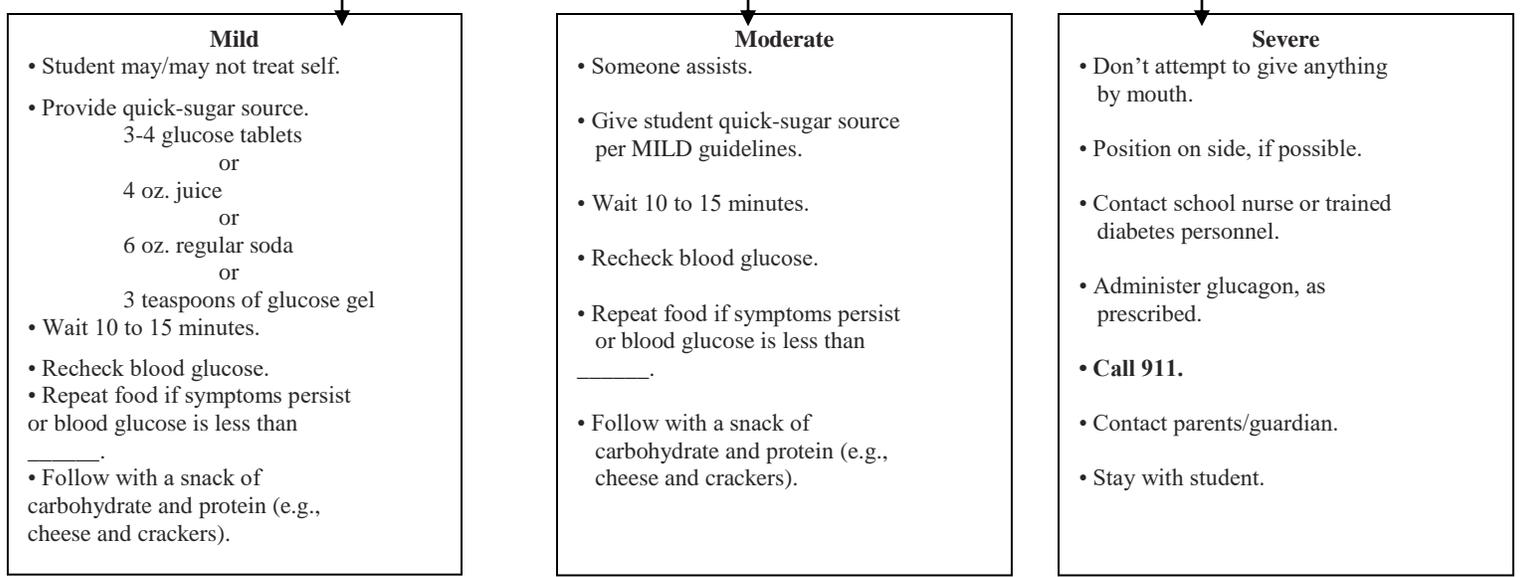
Student Name _____	See reverse for Part B and signatures	School _____	Teacher/grade _____
Mother/Guardian _____		Father/Guardian _____	
Home phone _____	Work phone _____	Cell _____	Home phone _____
			Work phone _____
			Cell _____

Trained Diabetes Personnel _____	Contact Number(s) _____
----------------------------------	-------------------------

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



**Actions needed**  
**Notify School Nurse or Trained Diabetes Personnel. If possible check blood sugar, per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA**

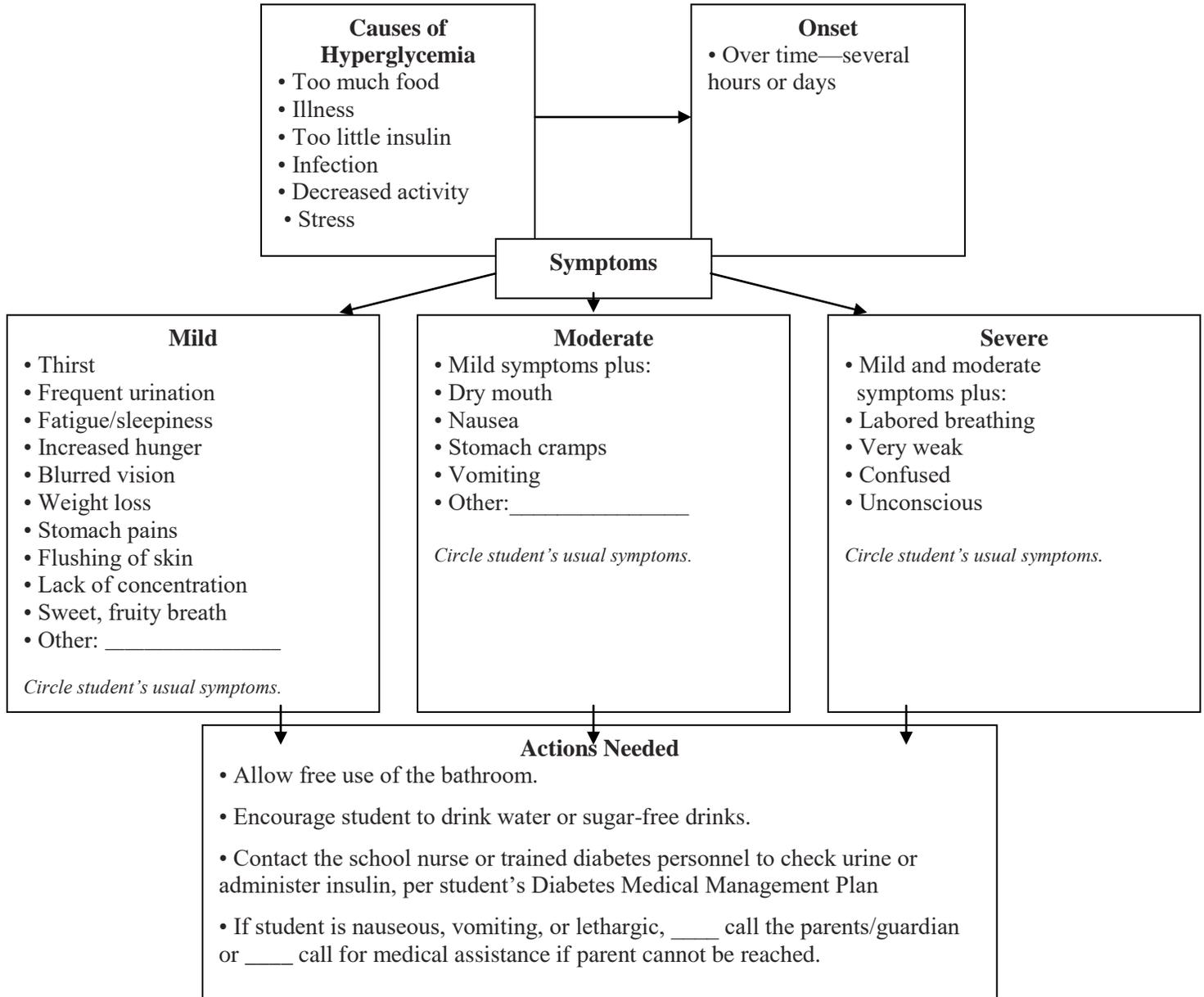


**OFFICE OF CATHOLIC SCHOOLS DOCESE OF ARLINGTON**  
**QUICK REFERENCE EMERGENCY PLAN**  
**Part B of Diabetes Medical Management Plan**  
**HYPERGLYCEMIA**  
**(High Blood Sugar)**

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

\_\_\_\_\_  
 School

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



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

\_\_\_\_\_  
 Licensed Health Care Provider

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Date

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON  
DIABETES MEDICAL MANAGEMENT PLAN

Page 1 of 5

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

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

School \_\_\_\_\_ Grade/ Teacher \_\_\_\_\_

Physical Condition: *check all that apply* Diabetes type 1 Diabetes type 2

**Contact Information**

**Mother/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Licensed Health Care Provider:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Emergency \_\_\_\_\_

**Emergency Contact other than listed above:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Notify parents/guardian or emergency contact in the following situations:**

Blood glucose less than \_\_\_\_\_ mg/dl Blood glucose greater than \_\_\_\_\_ mg/dl

Insulin pump problems Vomiting or feeling ill

Presence of urine ketones

Other: \_\_\_\_\_

**PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROFESSIONAL**

**BLOOD GLUCOSE MONITORING**

Type of blood glucose meter student uses: \_\_\_\_\_

Target range for blood glucose is 70-150 70-180 Other \_\_\_\_\_

Usual times to check blood glucose \_\_\_\_\_

**(Blood Glucose Monitoring continued)**

Times to do extra blood glucose checks (*check all that apply*)

- Before exercise
- After exercise
- When student exhibits symptoms of hyperglycemia
- When student exhibits symptoms of hypoglycemia
- Other (explain): \_\_\_\_\_

Can student perform own blood glucose checks?    Yes    No

Exceptions: \_\_\_\_\_

Student may test discreetly in the classroom setting    Yes    No

Student must test in the school health room    Yes    No

**Blood Glucose Management**

Refer to appropriate treatments as indicated on Parts A and B Quick Reference Emergency Plan

**FOR STUDENTS TAKING ORAL DIABETES MEDICATIONS**

*Administration of medications during school-sanctioned activities requires complete appropriate Medication Authorization forms*

Type of medication: \_\_\_\_\_ Timing: \_\_\_\_\_

Other medications: \_\_\_\_\_ Timing: \_\_\_\_\_

**INSULIN**

*Administration of insulin during school-sanctioned activities requires complete appropriate Medication Authorization forms.*

**Type of insulin therapy at school**

- Adjustable Insulin
- Fixed Insulin
- No insulin

**Usual Lunchtime Dose**

Base dose \_\_\_\_\_ (name of insulin) \_\_\_\_\_ units by \_\_\_\_\_ (route)

**Insulin Correction Doses**

Parental authorization required before administering a correction dose for high blood glucose levels.

- Yes
- No

**Carbohydrate Coverage / Correction Dose**

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

**Carbohydrate Coverage** / Insulin to Carbohydrate ratio

Lunch: 1 unit of insulin per \_\_\_\_\_ grams of carbohydrate

Snack: 1 unit of insulin per \_\_\_\_\_ grams of carbohydrate

$\frac{\text{Grams of Carb in meal}}{\text{Insulin to Carb ratio}}$	=	___ units of insulin
---	---	----------------------

**Correction Dose**

Blood glucose correction factor / insulin sensitivity factor = \_\_\_\_\_

Target blood glucose = \_\_\_\_\_

$\frac{\text{Actual blood glucose} - \text{Target blood glucose}}{\text{Blood glucose correction factor/insulin sensitivity factor}}$	=	___ units of insulin
---	---	----------------------

- \_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl
- \_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl
- \_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl
- \_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl

Can student give own injections?     Yes     No

Can student determine correct amount of insulin?     Yes     No

Can student draw correct dose of insulin?     Yes     No

Parents are authorized to adjust the insulin dosage under the following circumstances \_\_\_\_\_

**FOR STUDENTS WITH INSULIN PENS**

Type of pen: \_\_\_\_\_

Insulin / carbohydrate ratio: \_\_\_\_\_

Correction factor: \_\_\_\_\_

Special instructions, if any: \_\_\_\_\_

**FOR STUDENTS WITH INSULIN PUMPS**

Brand/Model of pump: \_\_\_\_\_ Basal rates: \_\_\_\_\_ 12 am to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Type of insulin in pump: \_\_\_\_\_

Type of infusion set: \_\_\_\_\_

Insulin/carbohydrate ratio: \_\_\_\_\_

Correction factor: \_\_\_\_\_

Special instructions if any: \_\_\_\_\_

***Student Pump Abilities/Skills***

- Count carbohydrates
- Bolus correct amount for carbohydrates consumed
- Calculate and administer corrective bolus
- Calculate and set basal profiles
- Calculate and set temporary basal rate
- Disconnect pump
- Reconnect pump at infusion set
- Prepare reservoir and tubing
- Insert infusion set
- Troubleshoot alarms and malfunctions

***Needs Assistance***

- |     |    |
|-----|----|
| Yes | No |

**MEALS AND SNACKS EATEN AT SCHOOL**

Is student independent in carbohydrate calculations and management?  Yes  No

***Meal/Snack***

***Time***

***Food content/amount***

Breakfast \_\_\_\_\_

Mid-morning snack \_\_\_\_\_

Lunch \_\_\_\_\_

Mid-afternoon snack \_\_\_\_\_

Dinner \_\_\_\_\_

Snack before exercise?  Yes  No

Snack after exercise?  Yes  No

Other times to give snacks and content/amount: \_\_\_\_\_

Preferred snack foods: \_\_\_\_\_

Foods to avoid, if any: \_\_\_\_\_

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event):

**EXERCISE AND SPORTS**

Check blood glucose levels prior to PE/activity \_\_\_\_\_ Yes \_\_\_\_\_ No  
Student should **not** exercise if blood glucose level is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl  
or if moderate to large urine ketones are present.

Student will carry a fast-acting carbohydrate such as \_\_\_\_\_ to the site of exercise.

Restrictions on activity, if any: \_\_\_\_\_

Other considerations: \_\_\_\_\_

**HYPOGLYCEMIA (Low Blood Sugar)**

**Complete Part A of Diabetes Medical Management Plan**

Usual symptoms of hypoglycemia: \_\_\_\_\_

Treatment of hypoglycemia: \_\_\_\_\_

**GLUCAGON ADMINISTRATION**

*Administration of Glucagon during school sanctioned activities requires complete appropriate Medication Authorization forms*

Glucagon is to be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

Route IM Dosage \_\_\_\_\_ Site:  arm  thigh  other.

**If Glucagon is required, administer it promptly. Call 911 and the parents/guardian.**

**HYPERGLYCEMIA (High Blood Sugar)**

**Complete Part B of Diabetes Medical Management Plan**

Usual symptoms of hyperglycemia: \_\_\_\_\_

Treatment of hyperglycemia: \_\_\_\_\_

Urine should be checked for ketones when blood glucose levels are above \_\_\_\_\_ mg/dl.

Treatment for ketones: \_\_\_\_\_

For blood glucose greater than \_\_\_\_\_ mg/dl. **AND** at least \_\_\_\_\_ hours since last insulin dose give correction dose of insulin as noted on page 2.

**DISASTER PLANNING**

Special considerations, if any, to prepare for an unplanned disaster or emergency (72 hours).

Requires emergency supply kit from parent / guardian

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER CONSIDERATIONS FOR THE PLAN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL PROVIDED SUPPLIES TO BE KEPT AT SCHOOL**

- Blood glucose meter and test strips
- Batteries for meter
- Lancet device and lancets
- Urine ketone strips
- Insulin vials and syringes
- Insulin pump
- Batteries for pump
- Infusion set and supplies
- Insulin pen, pen needles, insulin cartridges
- Fast-acting source of glucose
- Carbohydrate containing snack
- Glucagon emergency kit
- 3 days supply of food and drink (disaster preparedness)
- 3 days supply of insulin and syringes (disaster preparedness)

**Signatures and Authorizations**

This Diabetes Medical Management Plan has been formulated and approved by:

\_\_\_\_\_

<b>Licensed Health Care Provider</b>	<b>Telephone</b>	<b>Date</b>
--------------------------------------	------------------	-------------

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of \_\_\_\_\_ School to perform and carry out the diabetes care tasks as outlined in \_\_\_\_\_'s Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety. I hereby request school personnel to administer the ordered medications and treatments as prescribed in this Office of Catholic Schools Diocese of Arlington Diabetes Medical Management Plan. 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 these injections /treatments provided the designated school personnel comply with the LHCP or orders as set forth above. I am aware that these injections / treatments may be administered by a specifically trained non- health professional. I have read the procedure outlined on this form and assume responsibility as required.

**Acknowledged and received by:**

\_\_\_\_\_

<b>Parent/Guardian</b>	<b>Date</b>
------------------------	-------------

**PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE**

**ACTION PLAN CHECK LIST FOR SCHOOL PERSONNEL**

- |   |              |     |     |       |
|---|--------------|-----|-----|-------|
| • Diabetes Medical Management Plan pages 1-5 completed  | yes          | no  |     |       |
| • Quick Reference Emergency Plan Part A and B completed | yes          | no  |     |       |
| • Medication authorization complete                     | yes          | no  |     |       |
| • Medication maintained in school-designated area       | yes          | no  |     |       |
| • Expiration date of medication (s)                     |              |     |     | _____ |
| • Parental provided supplies maintained in school       | yes          | no  |     |       |
| • Staff trained in medication administration            | yes          | no  |     |       |
| • Staff trained in Diabetes education                   | yes          | no  |     |       |
| • Copies of plan provided to:                           |              |     |     |       |
| Educational   | yes          | no  | n/a |       |
| Athletic  | yes          | no  | n/a |       |
|   | After school | yes | no  | n/a   |
|   | Food service | yes | no  | n/a   |

Full Diabetes Action Plan has been implemented

\_\_\_\_\_

Principal or Registered Nurse	Date
-------------------------------	------

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

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

<b>PART I TO BE COMPLETED BY PARENT OR GUARDIAN</b>			
I hereby request designated school personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use medication, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required			
Medication <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
No LPN or clinic room aide shall administer medication or treatment, unless the principal has reviewed all the required clearances.			
_____		_____	_____
Parent or Guardian Signature		Daytime Telephone	Date
<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 DAYS.</b>			
The school discourages the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific situations with appropriate forms that comply with LHCP orders and are signed by parent or guardian. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.			
DIAGNOSIS:		SIGNS / SYMPTOMS:	
MEDICATION:		ROUTE:	
DOSAGE TO BE GIVEN AT SCHOOL:		TIMES OR INTERVAL TO BE GIVEN:	
EFFECTIVE DATE: Start:                      End:		If the student is taking more than one medication at school, list sequence in which medications are to be taken	
COMMON SIDE EFFECTS:			
_____ Licensed Health Care Provider (Print or Type)		_____ Licensed Health Care Provider (Signature)	
_____ Parent or Guardian Name (Print or Type)		_____ Parent or Guardian (Signature)	
_____ Telephone and Fax		_____ Date	
_____ Telephone		_____ Date	
<b>PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE</b>			
Check <input checked="" type="checkbox"/> as appropriate:			
<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.)			
<input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent (Within one week after expiration of the physician order or on the last day of school).			
_____		_____	
Signature		Date	

## PARENT INFORMATION ABOUT MEDICATION PROCEDURES

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



STUDENT INJURY ACCIDENT REPORT

THIS FORM MUST BE FILLED OUT IF THE INJURY REQUIRES ANY PROFESSIONAL MEDICAL ATTENTION AWAY FROM THE SCHOOL. INCOMPLETE FORMS WILL NOT BE PROCESSED.

\*\*\*PLEASE PRINT\*\*\*

Name of School: \_\_\_\_\_

Name of Injured Student: \_\_\_\_\_ Gender: [ ] M [ ] F DOB: \_\_\_\_\_ mm/dd/yyyy

Student's Complete Mailing Address: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Accident (mm/dd/yyyy): \_\_\_\_\_ Time: \_\_\_\_\_

Location of Accident (e.g., gym, field, playground, etc.): \_\_\_\_\_

Detailed Description of Accident and state what sport if an athlete: \_\_\_\_\_

Description of Aid Given: \_\_\_\_\_

Staff Person Giving Aid: \_\_\_\_\_

Did injury require medical treatment away from School: [ ] Yes [ ] No [ ] Unknown

Nature and Type of Injury (e.g., right arm, left leg, etc.): \_\_\_\_\_

Determined by (e.g., nurse, doctor, urgent care, etc.): \_\_\_\_\_

Date and Time Parent Notified (mm/dd/yyyy): \_\_\_\_\_ Time: \_\_\_\_\_

Parent Email (if known): \_\_\_\_\_

Future plans to prevent recurrence: \_\_\_\_\_

Name of Person Completing Report: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title/Position of Person Completing Report: \_\_\_\_\_

Signature of Person Completing Report \_\_\_\_\_

SUBMIT TO RISK MANAGEMENT WITHIN 72 HOURS OF THE INJURY
riskmanagement@arlingtondiocese.org
FAX: 703-778-9118



Catholic Diocese of Arlington – Volunteer/Student Accidents

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RE: Recent Injury, Possible Reimbursement of Medical Cost

Dear Parent(s):

The Catholic Diocese of Arlington purchases Volunteer/Student Accident Insurance Policy for students and volunteers injured in an activity sponsored by a diocesan church, school, or its Catholic Charities. The policy does not require any premium from you; in fact, it is secondary coverage to your primary insurance coverage. This Volunteer/Student Accident Insurance policy may provide coverage for some or all of your claimed out-of-pocket medical expenses related to the injury reported on the attached form.

In order to process your claim, please send the following to the claim administrators, BMI Benefits, LLC (BMI):

- **Complete part 1B of the attached claim form and mail to BMI to initiate a claim file.**
- Notify Hospital(s)/Doctor's office(s) to bill BMI Benefits, LLC directly as secondary insurance (*note: BMI Benefits, LLC is primary for active military families*):
  - BMI Benefits, LLC  
P.O. Box 511  
Matawan NJ 07747  
Tel# 1-800-445-3126  
Fax# 732-583-9610
- Hospital(s)/Doctor's office(s) must bill BMI directly using **form UB04** for any hospital visits and **form HCFA 1500 CMS** for any doctor visits.
- If you have utilized other medical insurance coverage, please include your insurance carrier's Explanation of Benefits (EOB).
- Attach copies of receipts for any out-of-pocket expenses paid.

BMI Benefits will review and adjudicate your claim when submitted. Should you have any questions or concerns, please feel free to contact Gayle McTernan of BMI Benefits at 1-800-445-3126 x310. Thank you.

Kind regards,

*Mary L. Stewart, ARM-P, CPCU*

Director of Risk Management  
Catholic Diocese of Arlington  
200 North Glebe Road, Suite 600  
Arlington, VA 22203

## HOW TO FILE A CLAIM:

1. Complete this form within 90 days.
2. Attach Itemized Bills and Primary Carrier Statements
3. Mail to: BMI Benefits, LLC. PO Box 511, Matawan, NJ 07747 Fax: 732-583-9610 / Phone: 800-445-3126

**BMI Benefits, LLC. Accident Claim Form**

ANY PERSON WHO KNOWINGLY AND/OR WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY OR OTHER PERSONS FILES A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO CRIMINAL AND SUBSTANTIAL CIVIL PENALTIES.

*This part must be completed and signed by an official of the policyholder or the claim cannot be processed*

PART 1A: POLICYHOLDER			
School/Organization Diocese of Arlington			Policy#
School Mailing Address		City, State, Zip	
Injured Person's Name		Birth date	
Date of Injury	Time	Type of Sport	Part of body injured
How did Injury occur?			
Accident Type: Interscholastic <input type="checkbox"/> Classroom <input type="checkbox"/> PE Class <input type="checkbox"/> Recess <input type="checkbox"/> Other <input type="checkbox"/>			
At the time of the injury, was the injured involved in an activity sponsored and supervised by the policy holder?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Supervisor		Was he/she a witness to the accident?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Signature of Supervisor/Official		Title	Date

PART 1 B: INJURED PERSON'S INFORMATION	
THE INJURED PERSON'S SOCIAL SECURITY NUMBER MUST BE PROVIDED AS REQUIRED BY THE CENTER FOR MEDICARE SERVICES	
Injured Person's Social Security Number	
Injured Person's Home Address (Street, City, State, Zip)	
Are you covered by any other insurance policy, either as a dependent, group, individual, automobile medical or liability YES <input type="checkbox"/> NO <input type="checkbox"/>	
If Yes: Name of Insurance Carrier _____ Policy #: _____	
Is the above insurance a Medicaid Plan or a Military Insurance such as Tricare YES <input type="checkbox"/> NO <input type="checkbox"/>	

PARENT/GUARDIAN INFORMATION	
Father/Guardian Name	Mother/Guardian Name
Address (Street, City, State, Zip)	Address (Street, City, State, Zip)
Home Phone	Home Phone
Is the Father Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the Mother Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION A (INSURED/FATHER)		SECTION B (SPOUSE/MOTHER)	
Employer		Employer	
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
Business Phone		Business Phone	
Insurance Company	Policy#	Insurance Company	Policy#

**MEDICAL INFORMATION AUTHORIZATION ASSIGNMENT OF BENEFITS:**

You are hereby authorized to furnish at the request of and to BMI Benefits, LLC or the underwriting companies with which it works, information which you may possess; including findings and treatment rendered, X-rays and copies of all hospital and medical records, all occasioned by professional services and hospital care rendered on my behalf. The foregoing authorization is granted with the understanding that any legal rights I may ordinarily have to claim communications between us as privileged are hereby expressly and voluntarily waived. A Photostat of this authorization shall be considered as effective and valid as the original, PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE (HOSPITAL, PHYSICIAN AND OTHERS), UNLESS A PAID RECEIPT OR STATEMENT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Claimant or Authorized Person's Signature	Date
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**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

Effective Date \_\_\_\_\_

**This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.**

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	
Significant Medical History		

## Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_ Student's response after a seizure: \_\_\_\_\_

### Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure?  Yes  No

If YES, describe process for returning student to classroom:

### Basic Seizure First Aid

- Stay calm & track time
  - Keep child safe
  - Do not restrain
  - Do not put anything in mouth
  - Stay with child until fully conscious
  - Record seizure in log
- For tonic-clonic seizure:**
- Protect head
  - Keep airway open/watch breathing
  - Turn child on side

### Emergency Response

A "seizure emergency" for this student is defined as:

#### Seizure Emergency Protocol

(Check all that apply and clarify below)

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

#### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

### Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a **Vagus Nerve Stimulator**?  Yes  No If YES, describe magnet use: \_\_\_\_\_

### Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## 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 \_\_\_\_\_ school year. No adaptations, changes or alterations may be made for the \_\_\_\_\_ 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

Dear Parent or Legal Guardian:

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

Emergency Contact (Print): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Student's Current Medical Conditions: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID: \_\_\_\_\_

Allergies (Including to medications): \_\_\_\_\_

Indicate any medication student should take during trip: \_\_\_\_\_

Do you request the designated supervisor of activity to administer the above on this field trip?  Yes  No

Will student bring: **Inhaler**  Yes  No **Epi-pen**  Yes  No **Glucagon Emergency Kit**  Yes  No



## CATHOLIC DIOCESE OF ARLINGTON

### 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

**PRESCHOOL 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)