

BLESSED SACRAMENT SCHOOL

1417 West Braddock Road
Alexandria, VA 22302
(703) 998-4170

Email: schoolinfo@bssva.org

Website: www.bssva.org



Preschool Parent Handbook

2023-2024



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.

Table of Contents

I.	PHILOSOPHY OF EDUCATION/MISSION STATEMENT	6
	Diocesan Philosophy of Catholic Education.....	6
	Diocesan Mission Statement.....	6
	School Mission Statement/Philosophy	6
	Student/Parent Handbook	6
	Parental/Guardian Role	1
	Sexual Identity Policy	2
	Non-Discrimination Clause	3
	Non-Catholic Children.....	3
II.	CURRICULUM	5
	Supplies and Materials	6
	Assessment.....	6
	Parent-Teacher Communication	7
	Scheduling and Other Conference Information	7
	Progress Reports	7
	Retention/Promotion/Placement	7
III.	ADMINISTRATIVE PROCEDURES.....	8
	Admissions.....	8
	Diocesan Initial Admission Requirements.....	8
	General Requirements for Preschool Admission	8
	General Conditions of Admission.....	9
	Class Placement	9
	Attendance	9
	Absence/Tardiness/Leaving School	9
	Attendance/Reporting Procedures.....	10
	Absence.....	10
	Tardiness	10
	Medical excuses	10
	Anticipated absence	11
	Release of children.....	11
	Transferring to Another School	11
	Arrival and Dismissal	11
	Lunch/Milk Program.....	12
IV.	GENERAL SCHOOL POLICIES	13

Administrative.....	13
Child Custody and Guardianship	13
Access to Records	13
Confidential Academic Records	13
Retention of Records.....	14
School Visitors.....	14
School Communications	14
Principal/Preschool Director’s Communication	14
Take-Home Communication.....	15
Telephone Use	15
Inclement Weather/School Closings.....	15
Photos and Other Media.....	16
Media Center.....	16
Field Trips.....	16
Overnight Trips	17
Parent Organizations	17
FundRaising	18
Transportation/Parking	18
 V. FINANCES	19
School Tuition Policies	19
Tuition and other Fee Schedules	19
 VI. CHILD RESPONSIBILITIES & BEHAVIOR	23
Code of Conduct	23
Discipline	23
Use of Disciplinary Action	23
Specific Disciplinary Policies	24
Suspension	24
Expulsion	25
Regulations and Procedures	25
Students and Student Property Searches	25
Care of School Property	26
Dress Code	26
Dress Code Requirements & Other Pertinent Information	26
Playground Regulations	26
Lunchroom Regulations	26
Show & Tell.....	27
 VII. HEALTH, SAFETY, & WELFARE.....	28
Student Health, Safety, & Welfare.....	28
Prevention of Sexual Misconduct and/or Child Abuse.....	28
Wellness Policy.....	28
Accidents and First Aid	28

Illness	29
Medication Administration Overview	29
Specialized Student Care Needs	31
Toileting/Incontinence	31
Use of Crutches.....	32
Use of Microwave Oven	32
Life Threatening Allergy.....	32
Control of Communicable Diseases.....	32
Disease	32
Lice.....	34
Bloodborne Disease	34
Fire/Emergency Drills	35
Sexual Harassment - Students.....	35
Bullying.....	36
Asbestos Mandatory Yearly Notification.....	37
Asbestos Notification (Sample letter)	37
Video Surveillance Cameras	37
 VIII. CHILDREN WITH DISABILITIES	 39
 IX. PROGRAM INFORMATION	 40
Licensing Information	40
Crisis Management/Emergency Preparedness Plan	40
Over-the-counter Skin Products.....	40
Insurance	41
Tax Information	41
Parental/Guardian Involvement	41
 X. APPENDICES	 42
School Forms	
Additional School Information	
Diocesan Forms	
Permission for Emergency Care Form (<i>Appendix F-1</i>)	
Confidential Student Health History Update (<i>Appendix F-1A</i>)	
Virginia School Entrance Health Form (<i>Appendix F-2</i>)	
Virginia School Entrance Health Form Instructions (<i>Appendix F-2A</i>)	
Asthma Action Plan with Indemnification (<i>Appendix F-3</i>)	
Nebulizer Treatment Log and Procedure (<i>Appendix F-3A</i>)	
Anaphylaxis Action Plan with Indemnification (<i>Appendix F-4</i>)	
Diabetes Quick Reference with Indemnification (<i>Appendix F-5</i>)	
Virginia Diabetes Medical Management Plan (<i>Appendix F-5A</i>)	
Diocese Medication Authorization Form (<i>Appendix F-6</i>)	
Student Injury Accident Report (<i>Appendix F-7</i>)	
Wind Chill Factors/Heat Stress Index (<i>Appendix 15</i>)	

Certificate of Religious Exemption (*Appendix F-18*)
Seizure Action Plan (*Appendix F-20*)
Photo, Press, Audio, and Electronic Media Release for Minors (*Appendix N*)
Parent Permission for School Sponsored Trip Participation.English (*Appendix R*)
Permiso De Los Padres Para Excursiones Patrocinados Por La Esquela.Spanish (*Appendix R-A*)
Use of Personal Vehicle (*Appendix R-1*)
Preschool Handbook Agreement Form (*Appendix AG-3*)

2023-2024

Dear Parents, Guardians, and Students,

Welcome to Blessed Sacrament School Early Childhood Center! Together 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 September 5, 2023.

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,
Kimberly Santoro
Assistant Director
ECC and Extended Day

I. PHILOSOPHY OF EDUCATION/MISSION STATEMENT

DIOCESAN PHILOSOPHY OF CATHOLIC EDUCATION

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

Matthew 28:19-20

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

¹ Declaration on Christian Education #3

DIOCESAN MISSION STATEMENT

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

SCHOOL MISSION STATEMENT/PHILOSOPHY

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

A committee, representative of the total school community, shall be involved in the development

and periodic revision of this handbook. The handbook shall be updated annually to reflect policy and procedural changes. Principals shall establish a process for review and revision of local school policy to ensure changes reflect the input of key stakeholders. All parents, along with students in middle and high school, are required to provide a signature of receipt acknowledging they have read the rules and regulations outlined in the handbook, and they agree to abide by those rules (Appendix AG-1 and AG-2). An acknowledgment form will be provided to students upon receipt of the handbook and the form must be signed and returned by Friday of the first full week of school. Failure to have a signed form on file will not prevent the school from enforcing its policies and or preventing a student from enrolling or continuing to be enrolled at the school.

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

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

PARENTAL/GUARDIAN ROLE

Since parents 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. Similarly, parents should discuss matters of concern with the school

principal, and pastor, when necessary, before bringing them to the Office of Catholic Schools.

If a parent repeatedly or seriously violates proper school protocol, displays inappropriate or disruptive conduct toward students, or displays disrespectful, disruptive, or harassing behavior toward teachers or toward school, parish, or diocesan staff (in verbal, written, or digital form), the school may take corrective action. Such corrective action may include, at the discretion of the principal/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.

SEXUAL IDENTITY POLICY

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

Recognizing that each person is created in the image and likeness of God ensures that dignity is safeguarded, and safe environments are fostered. When parents send their children to Catholic schools and when persons choose careers in Catholic education, they should expect an environment consistent with the truth that God-created sexual identity speaks to His vision for each person's relationship to Him, oneself and others. Behavior and expressions of a person's sexual identity within the school environment that are inconsistent with these principles and/or which cause disruption or confusion regarding Catholic teachings on human sexuality are prohibited. The full cooperation with this policy of school officials, faculty, parents and students is required and a condition precedent to the continued enrollment of each student and the continued employment of each employee, and the enforcement of this policy by the school is

deemed a spiritual mandate.

NON-DISCRIMINATION CLAUSE

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

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

NON-CATHOLIC 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 virtual or in person. 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 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.

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 fees
- g. A fully executed MCH 213G Commonwealth of Virginia School Entrance Form or other U.S. state equivalent, which stipulates the following must be submitted prior to the student beginning school:
 - i. Proof of exact dates of required immunization as required by the Code of Virginia. Immunization records are required to be signed and verified by a licensed healthcare provider.

- ii. Physical examination covering all required aspects as mandated on the MCH 213G within 12 months prior to entering school for the first time. Equivalent school entrance physical forms from another state may be acceptable. (Note: A pre-school physical does not take the place of the required kindergarten entry physical even though it was completed within the 12 months prior to kindergarten entry. This is because some aspects required for kindergarten are not included in a pre-school physical – e.g., hearing and vision screening)
- 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/preschool 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 any 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. Students who are absent due to illness must check in with the clinic upon their return.

TARDINESS

A student who is tardy should report to the principal/preschool 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/preschool director so that the parent may be contacted.

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

MEDICAL EXCUSES

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

Additional requirements for a student's return to school after contracting a contagious illness (strep, flu, Covid, etc.), or being in close contact with someone with a contagious illness, may be necessary. The school will rely on guidance from the Centers for Disease Control (CDC) and the Alexandria Health Department (AHD) when making these decisions.

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

ANTICIPATED ABSENCE

Please notify your child's teacher and the front office staff 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.

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.

Class sessions begin at 8:45 a.m. for the ECC. **Doors open at 8:30 a.m. and will be locked promptly at 8:45 a.m.** Parents should pull into the Braddock Road parking lot, turn right, and pull up along the sidewalk next to the Parish Center. A staff member will assist the child(ren) out of the car and walk them into the building. If a child is having difficulty separating from their parent, the parent may park in a parking spot and walk their child to the classroom door. Parents may not enter the classroom during arrival. Students who are tardy (after 8:45 am) must report to the school office to check in.

For safety reasons, children must be accompanied by an adult at all times. Children and families are not permitted to play or congregate in the parking lot, medians, or in any areas adjacent to the parking lots.

The ECC playground is reserved for Extended Day use between the hours of 7:00-8:30 AM and 1:30-6 PM Monday-Friday.

DO NOT PARK IN THE FIRE LANE AT ANY TIME. Fire lanes are located in front of the school and along the parish center.

Please drive slowly and with great caution on school grounds.

The students will be dismissed through the same doors as for morning arrival. Parents are asked to wait outside the doors for teachers to escort the students to parents.

In the case of inclement weather students will be dismissed from the playground doors unless it is unsafe to do so, then they would be dismissed from the front office. Parents/Guardians will be notified via School Messenger if there will be a change to dismissal procedures.

Arrival and Dismissal procedures are subject to change.

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.

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."

CONFIDENTIAL ACADEMIC RECORDS

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.

SCHOOL COMMUNICATIONS

PRINCIPAL/PRESCHOOL 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/Preschool 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-3 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 (virtual instruction) for the required duration and students will meet academic requirements.

When schools are operating in a virtual instruction model and there is a weather-related closure of schools, principals shall determine whether a "snow day" is appropriate for the general health and well-being of the students.

For the most part, Blessed Sacrament School follows the weather-related opening and closing decisions of the Alexandria City Schools when they are in session. If Alexandria City schools are closed, Blessed Sacrament School will be closed. If Alexandria City schools are delayed, Blessed Sacrament School will be delayed. **If there is a two-hour delay, 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 pm. The 5 day $\frac{3}{4}$ day classes will dismiss at 1:30 pm. If Alexandria City Schools are**

learning virtually due to weather-related concerns, Blessed Sacrament School will make its own decision regarding closure, delay, or on-time opening.

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.

MEDIA CENTER

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

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

FIELD TRIPS

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

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

A permission form signed by a student's parent(s)/guardian (s) must be obtained prior to a student

participating in each activity (Appendix R, available in PowerSchool).

In the event private automobiles/vehicles of students, parents, or other authorized adults of at least 21 years of age are to be utilized to transport students on field trips, the drivers and/or the vehicle owners must have a valid driver's license and sufficient liability, medical, and uninsured motorist insurance coverage as defined by the Diocesan Risk Manager. Evidence to this effect must be presented to the principal/administration for review and approval prior to the use of such vehicles. Appendix R-1 must be used for this purpose. The principal/administration shall have the right to prohibit, for any reason, a proposed driver from transporting students on a field trip.

Youth weighing less than 100 pounds may not be seated in the front seat.
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 Organizations (and like-named entities) support the critical relationship between schools and parents, the primary educators of their children. These organizations help the head of school/principal advance the school's mission.

"...since parents have conferred life on their children they have a most solemn obligation to educate their offspring. Hence, most parents must be acknowledged as the first and foremost educators of their children. Their role as educators is so decisive that scarcely anything can compensate for their failure in it. For it devolves on parents to create a family atmosphere so animated with love and reverence for God and men that a well-rounded personal and social development will be fostered

among the children. Hence, the family is the first school of those social virtues which every society needs..." (Declaration on Christian Education – Vatican Council II)

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

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

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

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

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

During arrival and dismissal, children must be accompanied by an adult at all times. Children and families are not permitted to play or congregate in the parking lot, parking medians, or areas adjacent to the parking lot.

DO NOT PARK IN THE FIRE LANE AT ANY TIME.

Please drive slowly and with great caution on school grounds.

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

V. FINANCES

SCHOOL TUITION POLICIES

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

TUITION AND OTHER FEE SCHEDULES

A family’s tuition obligation continues even when the school shifts to an eLearning model. The education of each student continues with teachers planning and delivering lessons and assessing student progress. Report cards will be distributed at the end of each grading period. If a parent/guardian cannot make the regular tuition payment, the principal should be notified as soon as possible to create a payment plan.
Blessed Sacrament School is funded to the maximum extent possible through tuition income. Timely payment is essential to the fiscal stability of the school.

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

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

If for any reason a parent is not able to make a payment on time, the school office should be notified immediately so that an alternate arrangement can be made. Delinquent accounts may jeopardize registration for the following school year.

Tuition/fee payments are nonrefundable.

ECC TUITION AND OTHER FEE SCHEDULES

Tuition:	1 st child	2 nd child	3 rd child
3-day ½ day class	\$6,771	\$6,094	\$5,079
5-day ½ day class	\$7,415	\$6,674	\$5,562

5-day ³ / ₄ day class	\$7,911	\$7,120	\$5,934
---	---------	---------	---------

Application Fee: \$35.00

Registration Fee (non-refundable): \$175

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

Activity Fee ECC: \$110 per student (included in FACTS payment divided over 11 months)

EXTENDED DAY PROGRAM

BSS offers an extended day program on days when the school is in session for students who are currently enrolled in the school's academic program. See below regarding fees to utilize this program. Parents/guardians must sign their child(ren) in/out when they are being placed in/released from the program at the beginning and end of the school day, respectively. All provisions in this handbook (except Section II, *Academics*, but including the section on *Technology*), apply to the Extended Day Program.

EXTENDED DAY PROGRAM FEE SCHEDULE

REGISTRATION FEE

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

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

5 day - \$504.00/month	\$297.00/month
3 day - \$303.00/month	\$180.00/month
2 day - \$202.00/month	\$119.00/month

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

5 day - \$260.00/month	\$151.00/month
3 day - \$155.00/month	\$90.00/month
2 day - \$105.00/month	\$62.00/month

Session B (3:00 pm - 6:00 pm (Rainbows, Shooting Stars, Sunshine's & Fuzzy Bears))

Session B (3:15- pm – 6:00 pm (K-8))

5 day - \$480.00/month	\$271.00/month
3 day - \$289.00/month	\$164.00/month
2 day - \$191.00/month	\$104.00/month

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

5 day - \$504.00/month	\$285.00/month
3 day - \$303.00/month	\$172.00/month
2 day - \$201.00/month	\$117.00/month

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

\$47.00	\$35.00
---------	---------

Drop-in Rates

1st child	Sibling
Sessions A & B - \$15.00/hour	\$10.00/hour

ADMISSION POLICY

Early Childhood Center students may use Session A. Kindergarten and Grade School students may use Session B and Early Release segments. Please note: ECC students who are registered for the “Session B” do not need to register for Early Release. On the registration form, it is possible for K-8 students to register for Early Release without the B session. The fee for this session is clearly listed above.

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

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

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

RETURNED CHECK FEE

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

SESSION A, LATE PICK-UP FEES

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

SESSION B LATE PICK-UP FEES

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

VI. 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, and 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 interest 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.

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.

STUDENTS AND STUDENT PROPERTY SEARCHES

The principal/preschool 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 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 and use of microwave ovens is prohibited in grades preschool through grade 5. Student meals provided by parents/guardians must not be heated in microwave ovens by school personnel and/or school volunteers.

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

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.

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

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

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

WELLNESS POLICY

The Diocese of Arlington Office of Catholic Schools Wellness Policy (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.

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.

Parents and guardians must provide and transport medications to and from the school.

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

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

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

- a. the parents advise the staff most directly involved with the student of the situations when an Epi-pen may need to be administered (e.g., symptoms indicating that a person is suffering from severe allergic reaction, basic procedures for administering the Epi-pen with a suitable demonstration);
- b. parents of students requiring such injections provide a licensed health-care provider letter attesting to the life-threatening allergy;
- c. parents agree to execute the release of liability/hold harmless agreement regarding the use of the Epi-pen (*Appendix F-6*).

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

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

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

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

SPECIALIZED STUDENT CARE NEEDS

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

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

CONTROL OF COMMUNICABLE DISEASES

DISEASE

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

The protection and welfare of each individual student is of importance in the schools of the Diocese

of Arlington. In an effort to enhance the protection of students:

- a. No daycare/preschool, elementary, middle, or secondary school student may attend class without documentary proof of adequate immunization in accordance with Virginia Department of Health's school entry requirements (or modified schedule as approved by licensed health care provider) on the Virginia School Entrance Health Form MCH-213G (*Appendix F-2*).
 - i. Parents or guardians who object to the administration of immunizing agents for their child on the grounds that this conflicts with their religious tenets or practices must produce a notarized Certificate of Religious Exemption form (*Appendix F-18*), which will be retained in the student health record.
 - ii. Students who have traveled or resided in a foreign country for five months or more, where tuberculosis is common, are required to provide documentation, prior to school entry, of a negative tuberculosis skin test or chest x-ray result. All Diocesan schools are responsible for compliance with local health department regulations pertaining to tuberculosis screening and treatment.
- b. Students with fevers and/or contagious or infectious diseases will be sent home promptly and will be excluded from school while in that condition, according to the Virginia Department of Health regulations. Once the student is confirmed to be free of communicable illness by a health care provider or is fever free/symptom free for 24 hours without taking anti-fever medications, the student may return to school.
- c. School health personnel will follow the Virginia Department of Health Communicable Disease Chart, found in the Virginia School Health Guidelines, when referring suspected cases of communicable disease to the local health department for excluding or readmitting a student.
- d. The Diocese of Arlington has comprehensive guidelines for school/parish-based influenza vaccination clinics. The liability associated with the vaccination of children is great. The Diocese of Arlington does not promote school-based vaccination clinics for children during school hours, and in the absence of the parent, with the exception of a state or federal emergency. Any school wishing to offer an onsite school influenza vaccination program must comply with all aspects of the Memorandum of Agreement. 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 Alexandria City 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. Until sexuality can be expressed through the acts which are proper and exclusive to spouses, chastity is the successful integration of sexuality within the person. Chastity is expressed notably in friendship with one's neighbor when the equal personal dignity of man and woman is recognized. Offenses against chastity, which include lust and the more serious acts of pornography and immoral sexual conduct, are violations of our Catholic faith and morals.

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

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

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

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

ASBESTOS MANDATORY YEARLY NOTIFICATION

ASBESTOS NOTIFICATION (SAMPLE LETTER)

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

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

VIDEO SURVEILLANCE CAMERAS

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

- a. 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.

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 60 days, and may be retained longer if deemed appropriate. All video recordings are the sole property of the Catholic Diocese of Arlington. Release of such videos will be made only with the permission of the diocesan Superintendent of Schools or his/her designee.

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

VIII. CHILDREN WITH DISABILITIES

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 opportunity to provide assistance and services for children with disabilities 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 Assistance 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 Assistance Plan written at the Catholic school.

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

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

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 22.1, Chapter 14 of the Code of Virginia gives the Virginia Department of Education 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 Education. 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 call the Office of Child Care Licensing toll-free at 833-778-0204.

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/GUARDIAN 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).

X. APPENDICES

For School Forms access our bssva.org

Diocesan Forms

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



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)



OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON

CONFIDENTIAL STUDENT HEALTH HISTORY UPDATE

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

Name _____ ☐ M ☐ F DOB: _____ School _____ Grade _____

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

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

Physician _____ Phone# _____ School Year _____

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

	YES*	DATE
ADHD	<input type="checkbox"/>	
Allergies / Environmental	<input type="checkbox"/>	
Allergies / Food	<input type="checkbox"/>	
Allergies / Insect Stings or Bees	<input type="checkbox"/>	
Allergies / Latex	<input type="checkbox"/>	
Allergies / Medications	<input type="checkbox"/>	
Allergies / Other	<input type="checkbox"/>	
Anxiety	<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"/>	
COVID-19	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	
Dental Problem	<input type="checkbox"/>	
Developmental Problem	<input type="checkbox"/>	
Dizziness or Fainting	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Dietary Restriction	<input type="checkbox"/>	
Digestive / Bowel Problem	<input type="checkbox"/>	
Eating Disorder	<input type="checkbox"/>	
Endocrine Disorder	<input type="checkbox"/>	
Head or Spinal Injury	<input type="checkbox"/>	

	YES*	DATE
Headaches / Migraines	<input type="checkbox"/>	
Hearing Problem	<input type="checkbox"/>	
Heart Defect or Disease	<input type="checkbox"/>	
Hepatitis or Liver Problem	<input type="checkbox"/>	
Hernia	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	
Immune System Disorder	<input type="checkbox"/>	
Infectious Disease, Current	<input type="checkbox"/>	
Infectious Disease, Inactive	<input type="checkbox"/>	
Lead Poisoning	<input type="checkbox"/>	
Menstrual Problem	<input type="checkbox"/>	
Mental Health Diagnosis	<input type="checkbox"/>	
Mobility Limitation	<input type="checkbox"/>	
Mononucleosis	<input type="checkbox"/>	
Orthodontic Treatment	<input type="checkbox"/>	
Physical Education Restriction	<input type="checkbox"/>	
Psychological / Emotional Problem	<input type="checkbox"/>	
Scoliosis	<input type="checkbox"/>	
Skin Condition	<input type="checkbox"/>	
Soiling / Incontinence	<input type="checkbox"/>	
Speech Disorder	<input type="checkbox"/>	
Surgery or Hospitalization	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	
Vision or Eye Disorder	<input type="checkbox"/>	
Weight Concern (Under/Overweight)	<input type="checkbox"/>	
Other: (explain below)	<input type="checkbox"/>	

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

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

Explain _____

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

☐ YES
☐ NO Explain _____

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

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

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

☐ 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 earlier than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____
 Last First Middle

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

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

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

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

Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Hospital Preference: _____

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

Box 1. Pre-Existing Conditions					
Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes: Type 1		
Please list Life Threatening Allergies:			Diabetes: Type 2		
			Insulin pump		
Allergies (seasonal)			Head injury, concussion		
Asthma or breathing conditions			Hearing conditions or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart conditions		
Behavioral/Psych/ Social conditions			Lead poisoning		
Developmental conditions			Muscle conditions		
Bladder conditions			Seizures		
Bleeding conditions			Sickle Cell Disease (not trait)		
Bowel conditions			Speech conditions		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental Health conditions			Vision conditions		

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

Box 2. Medications			
List all prescription, emergency, over-the-counter, and herbal medications your child takes regularly (Home/ School):			
Medication Name	Dosage	Time Administered (Home/School)	Notes
1.			
2.			
3.			
4.			

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

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

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

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

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

Signature of Interpreter: _____ Date: ____/____/____

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

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

☐

Section I

See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box. Please contact your local health department for assistance with foreign vaccine records.

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

Section II
Conditional Enrollment and Exemptions

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

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

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

DTP/DTaP/Tdap :[____]; DT/Td:[____]; OPV/IPV:[____]; Hib:[____]; PCV:[____]; RV:[____]; Measles :[____];

Mumps:[____]; Rubella :[____]; VAR:[____]; Men ACWY:[____]; Men B:[____]; Hep A:[____]; HBV:[____]

This contraindication is permanent: [], or temporary [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |____|____|____|.

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

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

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

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

Section III Requirements

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

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

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: _____ Date of Birth: ____/____/____ Sex: ☐ M ☐ F

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

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

Vision Screen	<input type="checkbox"/> With Corrective Lenses (Check if yes)					Dental Screen	<input type="checkbox"/> Problems Identified: Referred for Treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care <input type="checkbox"/> Unable to perform																						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> <td style="text-align: center;"><input type="checkbox"/> Not tested</td> </tr> <tr> <td style="text-align: center;">Distance</td> <td style="text-align: center;">Both</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td rowspan="3" style="text-align: center;">Test used:</td> </tr> <tr> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/> Not tested	Distance	Both	R	L	Test used:	20/	20/	20/										
	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																													

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):														
	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:: _____ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)														
	Restricted Activity Specify: _____ : _____														
	Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____														
	Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.														
	Special Diet Specify: _____														
	Special Needs Specify: _____														
	Other Comments: _____														

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

Name: _____ Signature: _____
 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.

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

Part II-Certification of Immunization

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

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

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

Part III-Comprehensive Physical Examination Report

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

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

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

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

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

Health Assessment

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

TB Screening

- All children should be screened for risk factors for tuberculosis (TB) prior to school entry. Some school systems have specific requirements for screening certain populations, and providers should be knowledgeable of the requirements for their localities.
- All children should be screened for symptoms of active TB disease. Older children can present with classic TB symptoms to include productive cough, fever, night sweats, weight loss, poor appetite and fatigue. Younger children may present with non-specific symptoms such as failure to gain weight, poor appetite and fatigue instead of the classic TB symptoms. All children with symptoms should receive further evaluation with a chest x-ray, and/or other examinations as appropriate to rule out active disease.
- Children should then be screened for potential risks for acquiring TB infection. Those with a risk factor should receive a test for TB infection, either a tuberculin skin test or an interferon gamma release assay (IGRA). Children testing positive for TB infection should have a chest x-ray and any additional follow-up needed, based on the results of the x-ray and clinical evaluation. Risks for acquiring TB infection include: close contact with a household member or other individual with active TB disease, birth or residence in a TB endemic country, and travel to or visitors from TB endemic countries. Please refer to the [High-Burden-TB-Countries List](#) and [Resistant TB High Burden](#). Persons from these countries should be screened for TB and TB infection. Persons from countries not found on this list should only be tested if symptomatic or if they have risk factors.
- A sample TB risk assessment form and instructions is available at: [TB Risk Assessment Form](#) and [TB Risk Assessment Form Instructions](#)
- If a child has no risk factor for acquiring TB infection, and no symptoms compatible with active TB disease, check the appropriate box, “no risk for TB infection identified” or “no symptoms compatible with active TB disease”. All others will require further evaluation prior to school entry.
- Information on diagnosing active TB disease and TB infection in children and adolescents is located in the American Academy of Pediatrics *Redbook: 2012 Report of the Committee on Infectious Diseases*.
- For additional questions regarding Tuberculosis screening, contact the Virginia Department of Health TB Control and Prevention Program by telephone at 804.864.7906.

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

Physical Examination

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

1= Within normal limits

2= Abnormal finding

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

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

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

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

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

Developmental Screen

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

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

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

Hearing Screen

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

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

Check the boxes as applicable:

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

Vision Screen

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

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

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

Check the boxes as applicable:

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

Dental Screen

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

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

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

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

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

Summary of Findings:

☐ Check the box for **Well Child** – if no conditions are identified of concern to school program activities” if the findings from your examination and screening are all within normal range, or not significant to the child’s school entry, e.g., an acute upper respiratory infection.

☐ Check the box for **Conditions identified** – if conditions are identified and are important to schooling or physical activity” if there were any diagnoses or substantive abnormal findings on your examination or screening that should be flagged for school personnel, e.g., asthma, eczema, heart murmur.

Use the space provided to summarize such findings from your exam or screenings.

☐ **Allergy:** Check the type of allergy, specify the allergen, the type of reaction, and the response required.

☐ **Individualized Health Care Plan (IHP) Needed:** Note if an individualized care plan (IHP) is needed for any identified health condition such as asthma, diabetes, seizure disorder, severe allergy, etc. The parent will need to collaborate with the child’s health care provider and provide required physician orders for school personnel. The care plan will be initiated by the school nurse and does not need to accompany this form at the time of enrollment.

☐ **Restricted Activity:** Indicate any restrictions to physical activity, required assistive devices, or any limitations the child has which needs to be communicated to school personnel.

☐ **Developmental Evaluation:** Note if the child already has a current individualized education plan (IEP), or specify any further evaluation needs.

☐ **Medication:** Note if the child routinely takes medication, and further document if medication must be administered while student is at school. If this is the case, parents will need to provide the school with physician orders, parental authorization, and medication/supplies to administer medication. The parent should check with the school for the appropriate form and documentation needed. Parental authorization does not need to accompany this form at the time of enrollment.

☐ **Special Diet:** Document special dietary needs that have medical implications, e.g., metabolic restrictions, tube feedings. The parent will need to communicate any special dietary requests to school nutrition services and/or the school nurse. Parents will need to provide physician orders, parental authorization, and supplies to school personnel.

☐ **Special Needs:** Summarize any special health care needs (not otherwise addressed here) of which school personnel should be aware, i.e., oxygen, treatments, etc.

☐ **Other Comments:** Document any other findings or recommendations that will help school or other program personnel prepare for the child, or assist the child’s family.

Health Care Professional’s Certification:

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

References-

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

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

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

Reference website resources-

Healthy Futures Virginia (Bright Futures)-www.healthyfuturesva.com

Virginia Child Day Center Regulations-
http://www.dss.virginia.gov/facility/child_care/licensed/child_day_centers/

Virginia Department of Education School Health Specialist-
http://www.doe.virginia.gov/support/health_medical/index.shtml

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

Virginia Department of Health Division of Child and Family Health-
<http://www.vdh.virginia.gov/ofhs/childandfamily/>

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

Virginia Department of Health School Age Health Specialist-
<http://www.vdh.virginia.gov/ofhs/childandfamily/childhealth/schoolhealth/>

Virginia Asthma Action Plan

School:

Effective Dates:

Name		Date of Birth
Health Care Provider	Emergency Contact	Emergency Contact
Provider Phone #	Phone: area code + number	Phone: area code + number
Fax #	Contact by text? <input type="checkbox"/> YES <input type="checkbox"/> NO	Contact by text? <input type="checkbox"/> YES <input type="checkbox"/> NO

Medical provider complete from here down

Asthma Triggers (Things that make your asthma)

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

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

Green Zone: Go!

Take these **CONTROL** Medicines every day at home

You have **ALL** of these:

- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

Peak flow: _____ to _____

(More than 80% of Personal Best)

Personal best peak flow:

Always rinse your mouth after using your inhaler. Remember to use a spacer with your MDI when possible. ☐ No control medicines

☐ Advair _____, ☐ Alvesco _____, ☐ Arnuity _____, ☐ Asmanex _____

☐ Breo _____, ☐ Budesonide _____, ☐ Dulera _____, ☐ Flovent _____, ☐ Pulmicort _____

☐ QVAR Redihaler _____, ☐ Symbicort _____, ☐ Other: _____

MDI: _____ puff (s) _____ times per day **or Nebulizer Treatment:** _____ times per day

Singulair/Montelukast take _____ mg by mouth once daily

For Asthma with exercise/sports add: MDI w/spacer 2 puffs, 15 minutes prior to exercise:

☐ Albuterol ☐ Xopenex ☐ Ipratropium *If asymptomatic not < than every 6 hours*

Yellow Zone: Caution!

Continue **CONTROL** Medicines and **ADD RESCUE** Medicines

You have **ANY** of these:

- Cough or mild wheeze
- First sign of cold
- Tight chest
- Problems sleeping, working, or playing

Peak flow: _____ to _____

(60% - 80% of Personal Best)

☐ Albuterol ☐ Levalbuterol (Xopenex) ☐ Ipratropium (Atrovent)

MDI: _____ puffs with spacer every _____ hours as needed

☐ Albuterol 2.5 mg/3m1 ☐ Levalbuterol (Xopenex) ☐ Ipratropium (Atrovent) 2.5mg/3m1

Nebulizer Treatment: one treatment every _____ Hours as needed

Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week or if your rescue medicine does not work.

Red Zone: DANGER!

Continue **CONTROL & RESCUE** Medicines and **GET HELP!**

You have **ANY** of these:

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

Peak flow: < _____

(Less than 60% of Personal Best)

☐ Albuterol ☐ Levalbuterol (Xopenex) ☐ Ipratropium (Atrovent)

MDI: _____ puffs with spacer **every 15 minutes** for **THREE** treatments

☐ Albuterol 2.5 mg/3m1 ☐ Levalbuterol (Xopenex) ☐ Ipratropium (Atrovent)

Nebulizer Treatment: one nebulizer treatment **every 15 minutes** for **THREE** treatments

Call 911 or go directly to the Emergency Department NOW!

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. With HCP authorization & parent consent inhaler will be located in ☐ clinic or ☐ with student (self-carry)

PARENT/Guardian _____ Date _____

SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER

CHECK ALL THAT APPLY

- ☐ Student may **carry and self-administer inhaler at school.**
☐ Student needs supervision/assistance & **should not** carry the inhaler in school.

MD/NP/PASIGNATURE: _____ DATE _____

CC: ☐ Principal ☐ Parent/guardian ☐ School Nurse or clinic
☐ Office Staff ☐ School Staff ☐ Cafeteria Mgr

☐ Bus ☐ Coach/PE
 Driver/Transp Virginia Asthma Action Plan approved
 ortation by the Virginia Asthma Coalition (VAC)
 03/2019

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON

INHALED MEDICATION or NEBULIZER TREATMENT AUTHORIZATION

Release and indemnification agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I TO BE COMPLETED BY PARENT/GUARDIAN

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

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

First dose was given: Date _____ Time _____

Student Name (Last, First, Middle)

Date of Birth

Allergies

School

School Year

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

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

Check ✓ the appropriate boxes:

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

Parent or Guardian Name (Print or Type)

Parent or Guardian (Signature)

Telephone

Date

Student Name (Print or Type)

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

Date

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

Check ✓ as appropriate:

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

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

Signature

Date

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. **In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.**
2. **Schools do NOT provide routine medications for student use.**
3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
4. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
5. **All medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days also require a licensed healthcare provider's (LHCP) written order. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.**
6. **The parent or guardian must transport medications to and from school.**
7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic. If a backup inhaler is not supplied, please complete Appendix F-25.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing the Asthma Action Plan. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - a. Student name
 - b. Date of Birth
 - c. Diagnosis
 - d. Signs or symptoms
 - e. Name of medication to be given in school
 - f. Exact dosage to be taken in school
 - g. Route of medication
 - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
 - i. Sequence in which two or more medications are to be administered
 - j. Common side effects
 - k. Duration of medication order or effective start and end dates
 - l. LHCP's name, signature and telephone number
 - m. Date of order
10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
 - a. Name of student
 - b. Exact dosage to be taken in school
 - c. Frequency or time interval dosage is to be administered
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
13. **Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen)
14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON

NEBULIZER TREATMENT LOG

Child's Name: _____ Classroom: _____

Medication & Dosage: 1. _____ Time(s) to be given: _____

2. _____ Start date: _____ End date: _____

Special Instructions: _____

Daily reminder: Ask the parent/guardian the time of the last treatment.

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

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

Comments:

Staff signature and initials: _____

Normal breathing rate at rest:

Infant < one year 20-40 breaths/minute

Toddler: 18-30 breaths/minute

School age child: 16-25 breaths/minute

NEBULIZER TREATMENT PROCEDURE

Equipment includes:

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

Procedure:

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

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

Normal breathing rate at rest:

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

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4

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 and/or inhaler**, if ordered.
2. Stay with student, alert emergency contact.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

Effective Dates: _____

Medication Orders (complete what is applicable):

Epinephrine Brand or Generic: _____ Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Common Side Effects: _____

Antihistamine Brand or Generic (Dose; Route): _____

Common Side Effects: _____

Inhaler-bronchodilator if wheezing (Medication; Dose; Route): _____

Common Side Effects: _____

It is my professional opinion that this student SHOULD/SHOULD NOT (circle one) 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-4

PART III - PARENT SIGNATURE REQUIRED

Student _____ Date of Birth _____ Teacher/Grade _____

PLEASE NOTE:

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

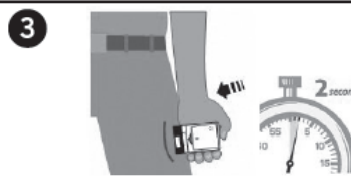
Antihistamines should NOT be used as a first line of treatment during an anaphylaxis episode. It will treat itching ONLY-it will not halt vascular collapse or swelling!

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.

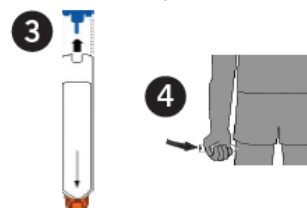
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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.



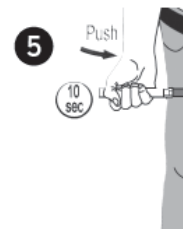
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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.



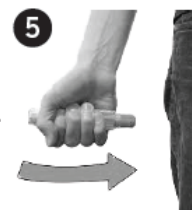
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

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.



FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

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

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

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

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

EMERGENCY CONTACTS:

Name/Relationship: _____

Phone: _____

Name/Relationship: _____

Phone: _____

Name/Relationship: _____

Phone: _____

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

Parent / Guardian Authorization Signature

Telephone

Date

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4

EPINEPHRINE AUTHORIZATION & ANTIHISTAMINE AUTHORIZATION FOR USE WITH ALLERGY ACTION PLAN

Release and indemnification agreement

PART I TO BE COMPLETED BY PARENT OR GUARDIAN

☐ I hereby request designated school personnel to administer an **epinephrine injection** as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for administering this injection, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of the **attached** Food Allergy and Anaphylaxis Care Plan. I am aware that the injection may be administered by a specifically trained non-health professional. I have read the procedures outlined on the back of this form and assume responsibility as required. **I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis. Two pre-measured doses will be needed in school.**

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

Student Name (Last, First, Middle)

Date of Birth

Allergies:

School:

School Year:

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

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

Check ☒ the appropriate boxes:

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

Parent or Guardian Name (Print or Type)

Parent or Guardian (Signature)

Telephone

Date

Student Name (Print or Type)

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

Date

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

Check ☒ as appropriate:

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

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

Signature

Date

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. **In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.**
2. **Schools do NOT provide routine medications for student use.**
3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
4. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
5. **All medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days also require a licensed healthcare provider's (LHCP) written order. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.**
6. **The parent or guardian must transport medications to and from school.**
7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (e.g. inhaler, auto-injector). If the student self carries, it is advised that a backup medication be kept in the clinic.). If a backup auto-injector is not supplied, please complete Appendix F-25.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing the Food and Anaphylaxis Care Plan. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - a. Student name
 - b. Date of Birth
 - c. Diagnosis
 - d. Signs or symptoms
 - e. Name of medication to be given in school
 - f. Exact dosage to be taken in school
 - g. Route of medication
 - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
 - i. Sequence in which two or more medications are to be administered
 - j. Common side effects
 - k. Duration of medication order or effective start and end dates
 - l. LHCP's name, signature and telephone number
 - m. Date of order
10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
 - a. Name of student
 - b. Exact dosage to be taken in school
 - c. Frequency or time interval dosage is to be administered
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
13. **Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, auto injector)
14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

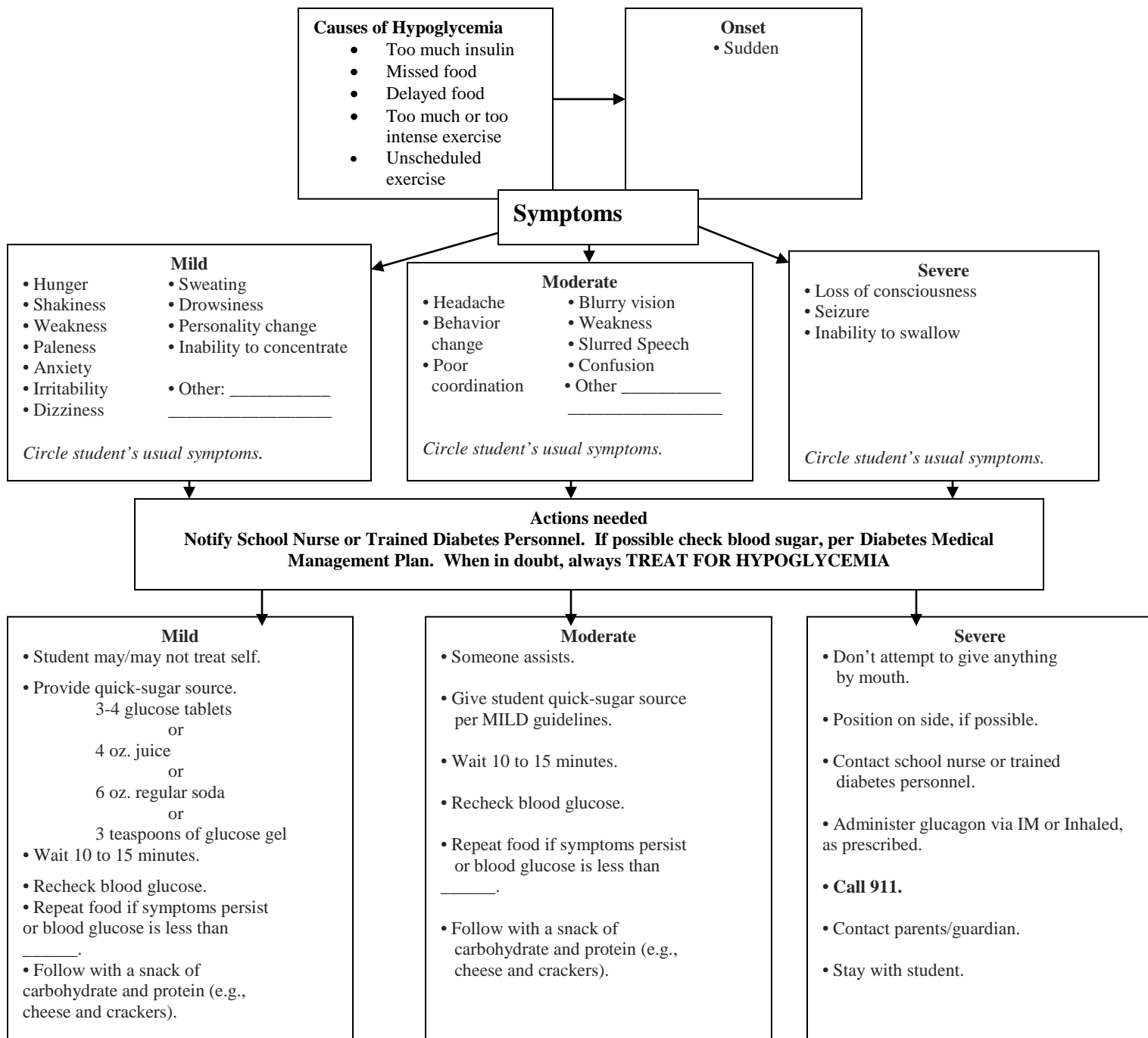
OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN and INDEMNIFICATION AGREEMENT
FOR USE WITH DIABETES MEDICAL MANAGEMENT PLAN

Appendix F-5

Part A
HYPOGLYCEMIA (Low Blood Sugar)

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

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



Revised 2023

Appendix F-5

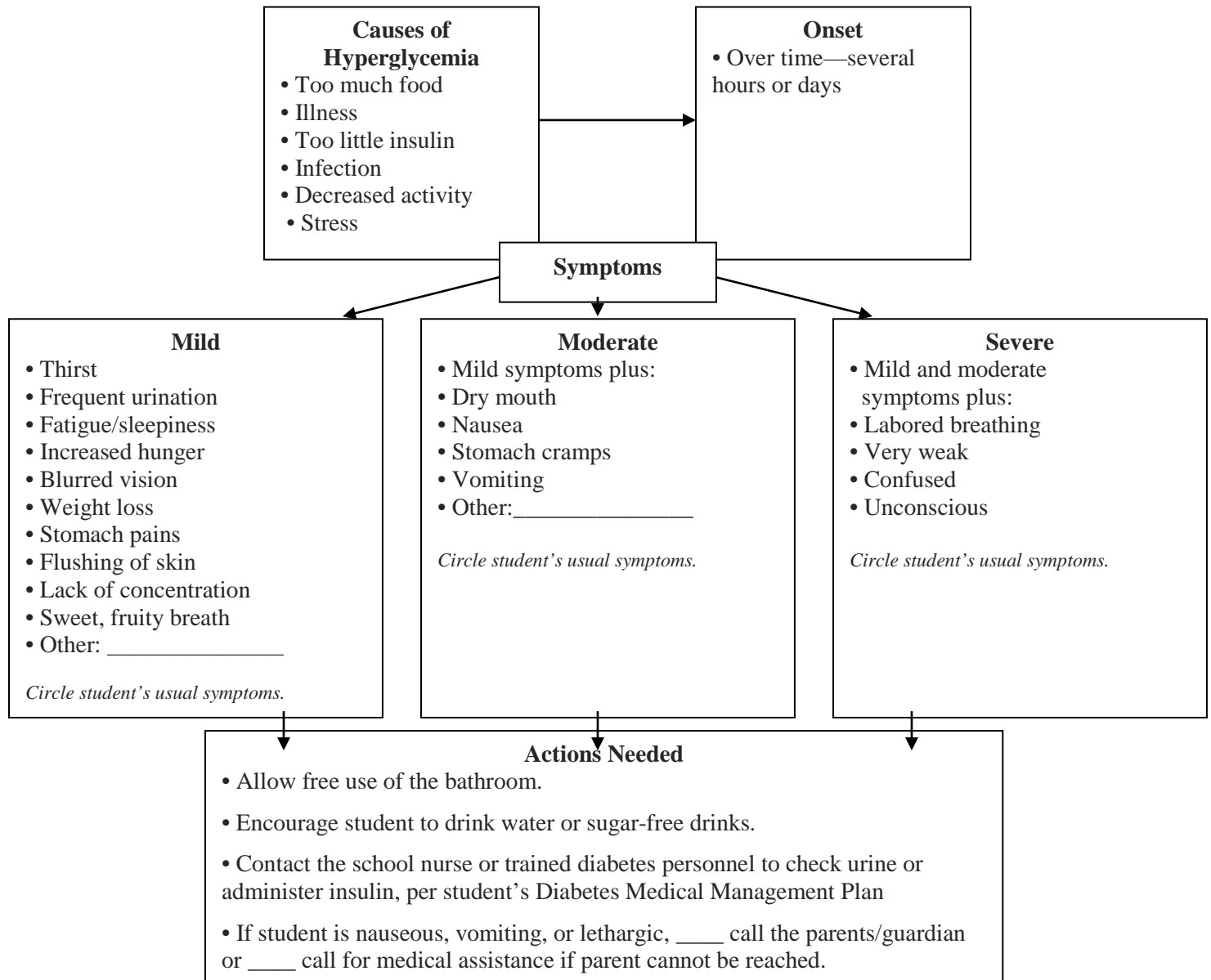
OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN and INDEMNIFICATION AGREEMENT
FOR USE WITH DIABETES MEDICAL MANAGEMENT PLAN

Part B
HYPERGLYCEMIA (High Blood Sugar)

Student Name _____

School _____

Teacher/grade _____



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

Parent/Guardian Signature _____

Telephone _____

Date _____

School Nurse/Principal/School Health Aide Acknowledgement _____

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

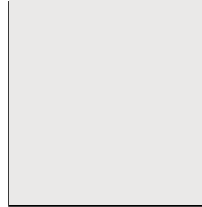
Revised 2023

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

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

Diabetes Medical Management Plan

SCHOOL YEAR:



(Add student photo here.)

STUDENT LAST NAME:

FIRST NAME:

DOB:

TABLE OF CONTENTS

PARENT/GUARDIAN SECTIONS	PAGE	SECTION
Demographics	1	1
Supplies/Disaster Plan/Field	1	2
Trips Self-Management Skills	2	3
Student Recognition of Highs/Lows	2	4
Glucose Monitoring at School	2	5
Parent Approval Signature	6	9
DIABETES PROVIDER SECTIONS	PAGE	SECTION
Insulin Doses at School	3	6
Dosing Table (Single Page Update)	4	6A
Correction Sliding Scale	4	6B
Long Acting Insulin Other Medications	4	6C
Other Medications	4	6D
Low Glucose Prevention	5	7
Low Glucose Management	5	8
High Glucose Management	6	9
Approval Signatures	6	9

PARENTS/GUARDIANS: Please complete pages 1 and 2 of this form and approve the final plan on page 6.

1. DEMOGRAPHIC INFORMATION — PARENT/GUARDIAN TO COMPLETE

Student First Name:	Last Name:	DOB:	Student's Cell #:	Diabetes Type:	Date Diagnosed: Month: Year:
School Name:			School Phone #:	School Fax #:	Grade:
Home Room:	School Point of Contact:	Contact Phone #:			

STUDENT'S SCHEDULE Arrival Time: Dismissal Time:

Travels to school by (check all that apply):	Meals Times:	Physical Activity:	Travels to:
Foot/Bicycle	Breakfast	Gym	Home After School Program
Car	AM Snack	Recess	Via: Foot/Bicycle
Bus	Lunch	Sports	Car
Attends Before School Program	PM Snack	Additional information:	Student Driver
	Pre Dismissal Snack		Bus

Parent/Guardian #1 (contact first):	Relationship:	Parent/Guardian #2:	Relationship:
-------------------------------------	---------------	---------------------	---------------

Cell #:	Home #:	Work #:	Cell #:	Home #:	Work #:
---------	---------	---------	---------	---------	---------

E-mail Address:

E-mail Address:

Indicate preferred contact method:

Indicate preferred contact method:

2. NECESSARY SUPPLIES / DISASTER PLANNING / EXTENDED FIELD TRIPS

1. A 3-day minimum of the following Diabetes Management Supplies should be provided by the parent/guardian and accessible for the care of the student at all times.

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Insulin • Syringe/Pen Needles • Ketone Strips • Treatment for lows and snacks • Glucagon • Antiseptic Wipes • Blood Glucose (BG) | <ul style="list-style-type: none"> • Meter with (test strips, lancets, extra battery) – required for all Continuous Glucose Monitor (CGM) users • Pump Supplies (Infusion Set, | <ul style="list-style-type: none"> • Cartridge, extra Battery/Charging Cord) if applicable • Additional supplies: |
|--|--|---|

2. View Disaster/Emergency Planning details – refer to Safe at School Guide

3. Please review expiration dates and quantities monthly and replace items prior to expiration dates

4. In the event of a disaster or extended field trip, a school nurse or other designated personnel will take student's diabetes supplies and medications to student's location.

Name of Health Care Provider/Clinic:

Email Address (non-essential communication):

Contact #:

Other:

Fax #:

STUDENT LAST NAME:

FIRST NAME:

DOB:

3. SELF-MANAGEMENT SKILLS (DEFINITIONS BELOW)

		Full Support	Supervision	Self-Care
Glucose Monitoring:	Meter CGM (Requires Calibration)			
Carbohydrate Counting				
Insulin Administration:	Syringe Pen Pump			
Can Calculate Insulin Doses				
Glucose Management:	Low Glucose High Glucose			

Self-Carry Diabetes Supplies: Yes No Please specify items:

Smart Phone: Yes No

Device Independence:	CGM	Interpretation & Alarm Management	Sensor Insertion	Calibration	Insulin Pumps	Bolus
	Connects/Disconnects	Temp Basal Adjustment	Interpretation & Alarm Management	Site Insertion	Cartridge Change	

Full Support: All care performed by school nurse and trained staff (as permitted by state law).

Supervision: Trained staff to assist & supervise. Guide & encourage independence.

Self-Care: Manages diabetes independently. Support is provided upon request and as needed.

4. STUDENT RECOGNITION OF HIGH OR LOW GLUCOSE SYMPTOMS (CHECK ALL THAT APPLY)

Symptoms of High:

Thirsty Frequent Urination Fatigued/Tired/Drowsy Headache Blurred Vision Warm/Dry/Flushed Skin
Abdominal Discomfort Nausea/Vomiting Fruity Breath Unaware Other:

Symptoms of Low:

None Hungry Shaky Pale Sweaty Tired/Sleepy Tearful/Crying Dizzy Irritable
Unable to Concentrate Confusion Personality Changes Other:

Has student lost consciousness, experienced a seizure or required Glucagon: Yes No If yes, date of last event:

Has student been admitted for DKA after diagnosis: Yes No If yes, date of last event:

5. GLUCOSE MONITORING AT SCHOOL

Monitor Glucose:

Before Meals With Physical Complaints/Illness (include ketone testing) High or Low Glucose Symptoms
Before Exams Before Physical Activity After Physical Activity Before Leaving School Other:

CONTINUOUS GLUCOSE MONITORING (CGM)

(Specify Brand & Model:

Specify Viewing Equipment: Device Reader Smart Phone
Insulin Pump Smart Watch iPod/iPad/Tablet

CGM is remotely monitored by parent/guardian.

Document individualized communication plan in Section 504 or other plan to minimize interruptions for the student.

May use CGM for monitoring/treatment/insulin dosing unless symptoms do not match reading.

CGM Alarms:



Low alarm mg/dL

High alarm mg/dL if applicable

Please:

- Permit student access to viewing device at all times
- Permit access to School Wi-Fi for sensor data collection and data sharing
- Do not discard transmitter if sensor falls

Perform finger stick if:

- Glucose reading is below mg/dL or above mg/dL
- If CGM is still reading below mg/dL (DEFAULT 70 mg/dL) 15 minutes following low treatment
- CGM sensor is dislodged or sensor reading is unavailable.  (see CGM addenda for more information) 
- Sensor readings are inconsistent or in the presence of alerts/alarms
- Dexcom does not have both a number and arrow present
- Libre displays Check Blood Glucose Symbol
- Using Medtronic system with Guardian sensor

Notify parent/guardian if glucose is:

below mg/dL (<55 mg/dL DEFAULT)

above mg/dL (>300 mg/dL DEFAULT)

Section 1-5 completed by Parent/Guardian

Name of Health Care Provider/Clinic:

Email Address (non-essential communication):

Contact #:

Other:

Fax #:

STUDENT LAST NAME:

FIRST NAME:

DOB:

6. INSULIN DOSES AT SCHOOL - HEALTHCARE PROVIDER TO COMPLETE

Insulin Administered Via:

Syringe	Insulin Pen (Whole Units	Half Units)	Insulin Pump (Specify Brand & Model: _____)
i-Port	Smart Pen			Insulin Pump is using Automated Insulin Delivery (automatic dosing) using an FDA-approved device
Other				Insulin Pump is using DIY Looping Technology (child/parent manages device independently, nurse will assist with all other diabetes management)

DOSING to be determined by Bolus Calculator in insulin pump or smart pen/meter unless moderate or large ketones are present or in the event of device failure (provide insulin via injection using dosing table in section 6A).

Insulin Administration Guidelines

Insulin Delivery Timing: Pre-meal insulin delivery is important in maintaining good glucose control. Late or partial doses are used with students that demonstrate unpredictable eating patterns or refuse food. Provide substitution carbohydrates when student does not complete their meal.

Prior to Meal (DEFAULT)

After Meal as soon as possible and within 30 minutes

Snacking avoid snacking _____ hours (DEFAULT 2 hours) before and after meals

Partial Dose Prior to Meal: (preferred for unpredictable eating patterns using insulin pump therapy)

Calculate meal dose using _____ grams of carbohydrate prior to the meal

Follow meal with remainder of grams of carbohydrates (may not be necessary with advanced hybrid pump therapy)

May advance to Prior to Meal when student demonstrates consistent eating patterns.

For Injections, Calculate Insulin Dose To The Nearest:

Half Unit (round down for < 0.25 or < 0.75 and round up for ≥ 0.25 or ≥ 0.75)

Whole Unit (round down for < 0.5 and round up for ≥ 0.5)

Supplemental Insulin Orders:

Check for **KETONES** before administering insulin dose if BG > _____ mg/dL (DEFAULT >300 mg/dL or >250 mg/dL on insulin pump) or if student complains of physical symptoms. Refer to section 9. for high blood glucose management information.

Parents/guardians are authorized to adjust insulin dose +/- _____ units

Insulin dose +/- _____ units

Insulin dose +/- _____ %

Insulin to Carb Ratio +/- _____ grams/units

Insulin Factor +/- _____ mg/dL/unit

Additional guidance on parent adjustments:

Name of Health Care Provider/Clinic:

Email Address (non-essential communication):

Contact #:

Other:

Fax #:

STUDENT LAST NAME:

FIRST NAME:

DOB:

6A. DOSING TABLE – HEALTHCARE PROVIDER TO COMPLETE – SINGLE PAGE UPDATE ORDER FORM

Insulin: (administered for food and/or correction)

Rapid Acting Insulin: Humalog/Admelog (Lispro), Novolog (Aspart), Apidra (Glulisine) Other:

Ultra Rapid Acting Insulin: Fiasp (Aspart) Lyumjev (Lispro-aabc) Other:

Other insulin: Humulin R Novolin R

Meal & Times	Food Dose		Glucose Correction Dose Use Formula See Sliding Scale 6B		PE/Activity Day Dose	
	Select if dosing is required for meal	Carbohydrate Ratio: Total Grams of Carbohydrate divided by Carbohydrate Ratio = Carbohydrate Dose	Fixed Meal Dose	Formula: (Pre-Meal Glucose Reading minus Target Glucose) divided by Correction Factor = Correction Dose May give Correction dose every _____ hours as needed (DEFAULT 3 hours)		Adjust: Carbohydrate Dose Total Dose Indicate dose instructions below:
Breakfast	Breakfast Carb Ratio = _____ g/unit	Breakfast units	Target Glucose is: _____ mg/dL & Correction Factor is: _____ mg/dL/unit <hr/> No Correction dose		Carb Ratio	g/unit
					Subtract	%
					Subtract	units
AM Snack	AM Snack Carb Ratio = _____ g/unit	AM Snack units	Target Glucose is: _____ mg/dL & Correction Factor is: _____ mg/dL/unit <hr/> No Correction dose		Carb Ratio	g/unit
	No Carb Dose	No Insulin if < _____ grams			Subtract	%
					Subtract	units
Lunch	Lunch Carb Ratio = _____ g/unit	Lunch units	Target Glucose is: _____ mg/dL & Correction Factor is: _____ mg/dL/unit <hr/> No Correction dose		Carb Ratio	g/unit
					Subtract	%
					Subtract	units
PM Snack	PM Snack Carb Ratio = _____ g/unit	PM Snack units	Target Glucose is: _____ mg/dL & Correction Factor is: _____ mg/dL/unit <hr/> No Correction dose		Carb Ratio	g/unit
	No Carb Dose	No Insulin if < _____ grams			Subtract	%
					Subtract	units
Dinner	Dinner Carb Ratio = _____ g/unit	Dinner units	Target Glucose is: _____ mg/dL & Correction Factor is: _____ mg/dL/unit <hr/> No Correction dose		Carb Ratio	g/unit
					Subtract	%
					Subtract	units

6B. CORRECTION SLIDING SCALE

Meals Only	Meals and Snacks	Every	hours as needed
to _____ mg/dL = _____ units	to _____ mg/dL = _____ units	to _____ mg/dL = _____ units	to _____ mg/dL = _____ units
to _____ mg/dL = _____ units	to _____ mg/dL = _____ units	to _____ mg/dL = _____ units	to _____ mg/dL = _____ units
to _____ mg/dL = _____ units	to _____ mg/dL = _____ units	to _____ mg/dL = _____ units	to _____ mg/dL = _____ units

6C. LONG ACTING INSULIN

Time	Lantus, Basaglar, Toujeo (Glargine) Levemir (Detemir) Tresiba (Degludec) Other	units	Daily Dose Overnight Field Trip Dose Disaster/Emergency Dose	Subcutaneously
------	---	-------	--	----------------

6D. OTHER MEDICATIONS

Time	Metformin Other	units	Daily Dose Overnight Field Trip Dose Disaster/Emergency Dose	Route
------	--------------------	-------	--	-------

Signature is required here if sending
ONLY this one-page dosing update.

Diabetes Provider Signature:

Date:

Name of Health Care Provider/Clinic:

Contact #:

Fax #:

Email Address (non-essential communication):

Other:

STUDENT LAST NAME:

FIRST NAME:

DOB:

7. LOW GLUCOSE PREVENTION (HYPOGLYCEMIA)

Allow Early Interventions

Allow Mini-Dosing of carbohydrate (i.e., 1-2 glucose tablets) when low glucose is predicted, sensor readings are dropping (down arrow) at mg/dL (DEFAULT 80 mg/dL or 120 mg/dL prior to exercise) or with symptoms.

Allow student to carry and consume snacks School staff to administer

Allow Trained Staff/Parent/Guardian to adjust mini dosing and snacking amounts (DEFAULT)

Insulin Management (Insulin Pumps)

Temporary Basal Rate Initiate pre-programmed rate as indicated below to avoid or treat hypoglycemia.

Pre-programmed Temporary Basal Rate Named _____ (Omnipod)

Temp Target (Medtronic) Exercise Activity Setting (Tandem) Activity Feature (Omnipod 5)

Start: minutes prior to exercise for minutes duration (DEFAULT 1 hour prior, during, and 2 hours following exercise).

Initiated by: Student Trained School Staff School Nurse

May disconnect and suspend insulin pump up to minutes (DEFAULT 60 minutes) to avoid hypoglycemia, personal injury with certain physical activities or damage to the device (keep in a cool and clean location away from direct sunlight).

Exercise (Exercise is a very important part of diabetes management and should always be encouraged and facilitated).

Exercise Glucose Monitoring

prior to exercise every 30 minutes during extended exercise following exercise with symptoms

Delay exercise if glucose is < mg/dL (120 mg/dL DEFAULT)

Pre-Exercise Routine

Fixed Snack: Provide grams of carbohydrate prior to physical activity if glucose < mg/dL

Added Carbs: If glucose is < mg/dL (120 DEFAULT) give grams of carbohydrates (15 DEFAULT)

TEMPORARY BASAL RATE as indicated above

Encourage and provide access to water for hydration, carbohydrates to treat/prevent hypoglycemia, and bathroom privileges during physical activity

8. LOW GLUCOSE MANAGEMENT (HYPOGLYCEMIA)

Low Glucose below mg/dL (below 70 mg/dL DEFAULT) or below mg/dL before/during exercise (DEFAULT is < 120 mg/dl).

1. If student is awake and able to swallow give grams of fast acting carbohydrate (DEFAULT 15 grams). Examples include 4 ounces of juice or regular soda, 4 glucose tabs, 1 small tube glucose gel.

School nurse/parent may change amount given

2. Check blood glucose every 15 minutes and re-treat until glucose > mg/dL (DEFAULT is 80 mg/dL or 120 mg/dL before exercise).

SEVERE LOW GLUCOSE (unconscious, seizure, or unable to swallow)

Administer Glucagon, position student on their side and monitor for vomiting, call 911 and notify parent/guardian. If BG meter is available, confirm hypoglycemia via BG fingerstick. Do not delay treatment if meter is not immediately available. If wearing an insulin pump, place pump in suspend/stop mode or disconnect tubing from infusion site. Keep pump with student.

Gvoke PFS (prefilled syringe) by SC Injection 0.5 mg 1.0 mg

Gvoke HypoPen (auto-injector) by SC Injection 0.5 mg 1.0 mg

Gvoke Kit (ready to use vial and syringe, 1mg/0.2 ml) by SC injection

Zegalogue (dasiglucagon) 0.6 mg SC by Auto-Injector Zegalogue (dasiglucagon) 0.6 mg SC by Pre-Filled Syringe

Baqsimi Nasal Glucagon 3 mg

Name of Health Care Provider/Clinic:

Contact #:

Fax #:

Email Address (non-essential communication):

Other:

STUDENT LAST NAME:

FIRST NAME:

DOB:

9. HIGH GLUCOSE MANAGEMENT (HYPERGLYCEMIA)

Management of High Glucose over _____ mg/dL (Default is 300 mg/dL OR 250 mg/dl if on an insulin pump).

1. Provide and encourage consumption of water or sugar-free fluids. Give 4-8 ounces of water every 30 minutes. May consume fluids in classroom. Allow frequent bathroom privileges.
2. Check for Ketones (before giving insulin correction)
 - a. If Trace or Small Urine Ketones (0.1 – 0.5 mmol/L if measured in blood)
 - Consider insulin correction dose. Refer to the “Correction Dose” Section 6.A-B. for designated times correction insulin may be given.
 - *Can return to class and PE unless symptomatic*
 - Recheck glucose and ketones in 2 hours
 - b. If Moderate or Large Urine Ketones (0.6 – 1.4 mmol/L or >1.5 mmol/L blood ketones). This may be serious and requires action.
 - Contact parents/guardian or, if unavailable, healthcare provider
 - **Administer correction dose via injection.** If using Automated Insulin Delivery contact parent/provider about turning off automatic pump features. Refer to the “Blood Glucose Correction Dose” Section 6.A-B
 - If using insulin pump change infusion site/cartridge or use injections until dismissal.
 - No physical activity until ketones have cleared
 - Report nausea, vomiting, and abdominal pain to parent/guardian to take student home.
 - Call 911 if changes in mental status and labored breathing are present and notify parents/guardians.

Send student's diabetes log to Health Care Provider (include details): If pre-meal blood glucose is below 70 mg/dL or above 240 mg/dL more than 3 times per week or you have any other concerns.

SIGNATURES

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider:

Date:

I, (parent/guardian) _____ give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school) _____ to perform and carry out the diabetes care tasks as outlined in this Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to collaborate with my child's physician/health care provider.

Acknowledged and received by:

Student's Parent/Guardian:

Date:

Acknowledged and received by:

School Nurse or Designee:

Date:

Name of Health Care Provider/Clinic:

Email Address (non-essential communication):

Contact #:

Other:

Fax #:



OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
MEDICATION AUTHORIZATION
 Release and indemnification agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I TO BE COMPLETED BY PARENT OR GUARDIAN			
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
PART II TO BE COMPLETED BY PARENT OR GUARDIAN FOR OCCASIONAL OVER THE COUNTER (OTC) MEDICATION. LICENSED HEALTH CARE PROVIDER (LHCP) MUST COMPLETE AND SIGN FOR ALL OTHER MEDICATIONS AND OTC'S ADMINISTERED FOR 4 OR MORE CONSECUTIVE DAYS.			
<p>I hereby request designated school personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use medication, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.</p> <p>The school discourages the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed.</p> <p>Injectable medications are not administered in schools except in specific situations with appropriate forms that comply with LHCP orders and are signed by parent or guardian. School personnel will when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.</p>			
DIAGNOSIS:			
MEDICATION:		SIGNS / SYMPTOMS:	
DOSAGE TO BE GIVEN AT SCHOOL:		ROUTE:	
EFFECTIVE DATE: Start: _____ End: _____		TIMES OR INTERVAL TO BE GIVEN:	
COMMON SIDE EFFECTS:	If the student is taking more than one medication at school, list sequence in which medications are to be taken		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Licensed Health Care Provider (Print or Type)</div> <div>_____ Licensed Health Care Provider (Signature)</div> <div>_____ Telephone and Fax</div> <div>_____ Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Parent or Guardian Name (Print or Type)</div> <div>_____ Parent or Guardian (Signature)</div> <div>_____ Telephone</div> <div>_____ Date</div> </div>			
PART III – TO BE COMPLETED BY LICENSED NURSE OR INDIVIDUAL TRAINED IN ADMINISTRATION OF MEDICATION			
<p>Check ✓ as appropriate:</p> <ul style="list-style-type: none"> <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. <input type="checkbox"/> If alternate Medication Administration Form is completed, All items on this form are noted on the alternate form with a LHCP signature, and form is attached to this form with parent signature. <p>_____ Date any unused medication was collected by the parent or properly disposed. (Within one week after expiration of the physician order or on the last day of school).</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Signature</div> <div>_____ Witness (if needed)</div> <div>_____ Date</div> </div>			

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

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

Student Injury Accident Report Link

<https://www.arlingtondiocese.org/risk-management/physical-injury/>



Wind Chill Factors/Heat Stress Index

Part I WIND CHILL FACTORS

WIND CHILL DETERMINATION CHART

Temperature	Winds calm	5 mph	10 mph	15 mph	20 mph	25 mph	30 mph	35 mph
50°								
40°				32	30	29	28	28
30°	30	25	21	19	17	16	15	14
20°	20	13	9	6	4	3	1	0
10°	10	1	-4	-7	-9	-11	-12	-14
0°	0	-11	-16	-19	-22	-24	-26	-27

National Weather Service

How cold is too cold to allow outdoor play?

Factors such as; temperature, wind chill, frozen ground, and sunshine all need to be taken into account when considering outdoor activities.

- ☐ Wind chills of 15° to 30° are **gold**; no students should be permitted outside in these conditions without appropriate clothing (coats, hats, mittens).
- ☐ Wind chills of 0° to 15° are **very cold**, older students may play outside for short periods of time **only with appropriate clothing**.
- ☐ Wind chills between -20° and 0° are **bitter cold** with a significant risk of frostbite; students **should not go outside** for play.
- ☐ Wind chills less than -20° are **extreme** and frostbite is likely. Students **should not be outside for play or dismissal**.

Consult your local weather to determine actual wind speeds and temperatures in your school area. www.wrc.weatherplus.com is an excellent site that can be tailored to your location.

Part II

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON

HEAT STRESS INDEX

RELATIVE HUMIDITY (%)													
T	40	45	50	55	60	65	70	75	80	85	90	95	100
110	136												
108	130	137											
106	124	130	137										
104	119	124	131	137									
102	114	119	124	130	137								
100	109	114	119	124	130	137							
98	105	109	113	117	123	128	134						
96	101	104	108	112	116	121	126	132					
94	97	100	103	106	110	114	119	124	129	135			
92	94	96	99	101	105	108	112	116	121	126	131		
90	91	93	95	97	100	103	106	109	113	117	122	127	132
88	88	89	91	93	95	98	100	103	106	110	113	117	121
86	85	87	88	89	91	93	95	97	100	102	105	108	112
84	83	84	85	86	88	89	90	92	94	96	98	100	103
82	81	82	83	84	84	85	86	88	89	90	91	93	95
80	80	81	81	82	82	82	83	83	84	85	86	86	87

Schools without air conditioning may dismiss early when the heat index exceeds 100.

How hot is too hot to allow outdoor activities?

- ☐ Heat index of **130 or higher** is **extremely dangerous**. Heat stroke is highly likely with continued exposure.
- ☐ Heat index of **105-129** is **dangerous**. Heat stroke, heat cramps or heat exhaustion is likely; heat stroke is possible with prolonged exposure and/ or physical activity.
- ☐ Heat index of **90 – 104** **requires extreme caution**. Heat stroke, heat cramps and heat exhaustion are possible with prolonged exposure and/ or physical activity.
- ☐ Heat index of **80 – 89** **requires caution**. Fatigue is possible with prolonged exposure and or physical activity.

Heat Cramps - may occur after prolonged exposure to heat. They are the painful intermittent spasms of the abdomen and other voluntary muscles.

Heat Exhaustion - may result from physical exertion in hot environments. Symptoms may include profuse sweating, weakness, pale skin, rapid pulse, dizziness, nausea, headache, vomiting, and unconsciousness. The skin is cool and clammy with sweat. Body temperature may be normal or subnormal.

Heat Stroke - is a serious medical condition that urgently requires medical attention. Sweating is diminished or absent, which makes the skin hot and dry. Body temperature is very high (106 degrees F. and rising), and if uncontrolled, may lead to delirium, convulsions, coma, and even death.

COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION



Name of Student _____ Date of Birth _____

Student I.D. Number _____

The administration of immunizing agents conflicts with the above-named student's/my religious tenets or practices. I understand that, in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

Signature of parent/guardian/student

Date

AFFIRMATION

State/Commonwealth of _____ }
County/City of _____ } to-wit:

This ____ day of _____, 20____, personally appeared before me, a Notary Public in and for the County/City and State aforesaid, _____, who did swear or affirm that there are no falsifications or willful misrepresentations in the above statements.

Notary Public

S E A L

My commission expires: _____

Registration number: _____

SEIZURE ACTION PLAN (SAP)



END EPILEPSY

Student Name: _____ Grade/Teacher: _____ Birth Date: _____

Address: _____ Phone: _____ Effective Date of Order and Plan: _____

Emergency Contact/Relationship _____ Phone: _____

Seizure Information

How to respond to a seizure (check all that apply) ☒

- ☐ First aid – **Stay. Safe. Side.**
- ☐ Give rescue therapy according to SAP
- ☐ Notify emergency contact
- ☐ Notify emergency contact at _____
- ☐ Call 911 for transport to _____
- ☐ Other _____

First aid for any seizure

- ☐ **STAY** calm, keep calm, **begin timing seizure**
- ☐ Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- ☐ **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- ☐ **STAY** until recovered from seizure
- ☐ Swipe magnet for VNS
- ☐ Write down what happens _____
- ☐ Other _____

When to call 911

- ☐ Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- ☐ Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- ☐ Difficulty breathing after seizure
- ☐ Serious injury occurs or suspected, seizure in water

When to call your provider first

- ☐ Change in seizure type, number or pattern
- ☐ Person does not return to usual behavior (i.e., confused for a long period)
- ☐ First time seizure that stops on its' own
- ☐ Other medical problems or pregnancy need to be checked



When rescue therapy may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

Care after seizure

What type of help is needed? (describe) _____

When is person able to resume usual activity? _____

Special instructions

First Responders: _____

Emergency Department: _____

Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

Other information

Triggers: _____

Important Medical History _____

Allergies _____

Epilepsy Surgery (type, date, side effects) _____

Device: ☐ VNS ☐ RNS ☐ DBS Date Implanted _____

Diet Therapy ☐ Ketogenic ☐ Low Glycemic ☐ Modified Atkins ☐ Other (describe) _____

Special Instructions: _____

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

Parent signature _____ Date _____

Licensed Healthcare Provider signature _____ Date _____

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
SEIZURE TREATMENT AUTHORIZATION
FOR USE WITH SEIZURE ACTION PLAN
 Release and indemnification agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I TO BE COMPLETED BY PARENT OR GUARDIAN

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

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

Last known seizure: Date _____ Time _____

Student Name (Last, First, Middle)

Date of Birth

Allergies

School

School Year

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

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

Additional Notes:

 Parent or Guardian Name (Print or Type)

 Parent or Guardian (Signature)

 Telephone

 Date

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

Check ✓ as appropriate:

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

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

 Signature

 Date

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

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

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

Student Name: _____

The Diocese of Arlington and any of its schools and/or the Arlington Catholic Herald may produce or participate in video tape, audio recording, website or still photographic productions that may involve the use of students' names, likenesses, or voices. Such productions may be used for educational and/or official school marketing purposes and may be copied or copyrighted with the school retaining any and all rights to such productions.

Keep in mind that this also includes photographs, video, or audio, such as those taken on field trips and during typical school activities, and that, if you provide your permission, these may be used for school/diocese marketing materials as well as end of the year video montages and other school-based production. Some of these productions are illustrated in the attachment. (*see attachment*)

You have the right to prohibit the use of your child's name, while still giving permission for the use of their picture and/ or voice in these productions. Please read the options below carefully as you consider your decision and sign and return this form to the school office. **This agreement is binding for the period in which the student is enrolled. No adaptations, changes or alterations may be made for the current academic year.**

Image and Audio: I **DO** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.

Signature of parent/guardian _____ Date _____

Identity: I **DO** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use MY Child's Name identifying them in photographs, videos and/or audio recordings for educational, news stories, illustration and/or marketing purposes.

Signature of parent/guardian _____ Date _____

OR

I **DO NOT** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes **EXCEPT for the school yearbook.**

Signature of parent/guardian _____ Date _____

I **DO NOT** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.

Signature of parent/guardian _____ Date _____



PARENT PERMISSION FOR SCHOOL-SPONSORED TRIP PARTICIPATION

Appendix R – Policy 609A and 609B

Dear Parent or Legal Guardian of _____ grade student:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from

_____ School. A brief description of the activity follows:

Curriculum Goal: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____ Student Cost: _____

If you would like your child to participate in this event, please complete and sign the statement of consent below and return the form to school. As parent or legal guardian, you remain fully accountable for any legal responsibility which may result from any personal actions taken by the named student. Please be advised that parents retain the right to opt-out of any field trip planned for their children. It should also be understood, in light of world conditions, in particular threats of terrorism to Americans, it may be necessary to cancel any school-sponsored trip due to world and national developments. If restrictions are imposed, the school/Diocese will not be responsible for the loss of any monies advanced for the planned trip.

STATEMENT OF CONSENT

I hereby request that my child, _____, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. If I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child. I understand it may be necessary to cancel any school-sponsored trip due to world and national developments and the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

Parent's Name (Please Print)

Home Phone #

Work Phone #

Parent's Signature

Cell Phone #

I accept responsibility for my behavior: _____
Signature of Student (Grade 3-12)

Emergency Contact (Print): _____ Emergency Phone: _____

MEDICAL INFORMATION

Student's Current Medical Conditions: _____

Allergies (Including to medications): _____

Does your child require medications, that are regularly administered or kept for emergency use, at school, to be taken on this trip? ☐ Yes ☐ No

Please indicate the regular medication or emergency medication, from school, to be taken on the trip:

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



PERMISO DE LOS PADRES PARA EXCURSIONES PATROCINADOS POR LA ESCUELA

Appendix R-A- Policy 609A and 609B

Estimado Padre o tutor legal:

Su hijo/hija es elegible para participar en una actividad patrocinada por la escuela que requiere transporte a un lugar fuera del edificio de la escuela. Esta actividad se llevará a cabo bajo la dirección y supervisión de empleados de

La meta curricular _____

El destino _____

Supervisor de la actividad _____

Fecha y hora de salida _____

Hora de regreso _____

Método de transporte _____ Costo _____

Si desea que su hijo participe en este evento, complete y firme la declaración y devuélvalo a la escuela. Como padre o tutor legal, usted sigue siendo totalmente responsable de cualquier responsabilidad legal que pueda resultar de cualquier acción personal realizada por el estudiante mencionado. Tenga en cuenta que los padres conservan el derecho de optar por no participar en cualquier excursión planeada para sus hijos. También debe entenderse que las eventualidades ajenas mayores, en particular las amenazas de terrorismo a los estadounidenses, puede ser necesario la cancelación de cualquier viaje patrocinado por la escuela. Si se imponen restricciones, la escuela/Diócesis no será responsable por la pérdida de dinero de dicha excursión.

DECLARACIÓN DE CONSENTIMIENTO

Mi hijo tiene permiso para participar en el evento descrito anteriormente. Entiendo que este evento ocurre afuera de la escuela y que mi hijo estará bajo la supervisión del empleado escolar designado en las fechas indicadas. Además, doy mi consentimiento a las condiciones establecidas anteriormente sobre la participación de mi hijo/hija en este evento, incluido el método de transporte. Si no me pueden contactar en caso de una emergencia, la escuela tiene mi permiso para llevar a mi hijo(a) a la sala de emergencias del hospital más cercano y esta autorizo a recibir asistencia médica que se considere necesario para el bienestar de mi hijo(a). Entiendo que excursiones escolares pueden ser canceladas por eventualidades ajenas al control de la escuela/Diócesis no será responsable de la pérdida de dinero adelantado para dichas excursiones.

Nombre de padre(s) (*manuscrita*) _____

número de teléfono celular _____

número de teléfono de trabajo _____

Nombre de padre(s) (firmada) _____

número de teléfono en casa _____

Accepto responsabilidad por mis acciones _____

Firma del estudiante (*grado 3-12*) _____

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

INFORMACIÓN MÉDICO

Condiciones médicas del estudiante _____

Alergias _____ alergias a medicina _____

Su hijo/hija necesita medicina que recibe regularmente o guardada en la escuela para usar en una emergencia, que tomará durante de esta excursión? Si _____ No _____

Que son las medicinas que toma su hijo/hija regularmente o en caso de emergencia durante la excursión?

Das permiso al supervisor designado en esta excursión a administrar las medicinas a su hijo/hija? Si _____ No _____



USE OF PERSONAL VEHICLE

Individuals who operate a personal vehicle for transporting passengers to or from a parish or school must:

- 1) Possess a valid US driver's license
- 2) Must be in compliance with all driving and motor vehicle laws
- 3) Maintain current automobile insurance as required by the Commonwealth of Virginia

I understand and acknowledge that my personal automobile insurance is the primary coverage for both liability and physical damage to my vehicle. In the event of an automobile accident, I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of the accident, including the cost of any medical care or lost-time wages or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my driving in the course of using my personal vehicle.

Name of Driver (please print)

Address

City

State

ZIP

Home Phone

Work Phone

Cell Phone

Insurance Carrier

Policy Number

Signature of Driver

Date



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)