

BLESSED SACRAMENT SCHOOL

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

Email: schoolinfo@bssva.org

Website: www.bssva.org



Preschool Parent Handbook 2021-2022



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	5
	Diocesan Philosophy of Catholic Education	1
	Diocesan Mission Statement.....	1
	School Mission Statement/Philosophy	1
	Student/Parent Handbook	1
	Parental Role	2
	Non-Discrimination Clause	3
	Non-Catholic Children.....	3
II.	CURRICULUM.....	5
	Supplies and Materials.....	6
	Assessment.....	6
	Parent-Teacher Communication	6
	Scheduling and Other Conference Information	7
	Progress Reports	7
	Retention/Promotion/Placement	7
III.	ADMINISTRATIVE PROCEDURES	8
	Admissions.....	8
	Diocesan Initial Admission Requirements	8
	Eligibility	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	9
	Absence.....	10
	Tardiness	10
	Medical excuses	10
	Anticipated absence	10
	Release of children.....	10
	Transferring to Another School	10
	Lunch/Milk Program.....	11
	Arrival and Dismissal	11
IV.	GENERAL SCHOOL POLICIES	13
	Administrative	13
	Child Custody and Guardianship.....	13

	Access to Records	13
	Retention of Records	14
	School Visitors.....	14
	School Communications	14
	Principal/ Director’s Communication	14
	Take-Home Communication.....	15
	Telephone Use	15
	Inclement Weather/School Closings.....	15
	Photos and Other Media	15
	Library	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	22
	Code of Conduct	22
	Discipline	22
	Use of Disciplinary Action	22
	Specific Disciplinary Policies	23
	Suspension	23
	Dismissal.....	23
	Expulsion	24
	Regulations and Procedures.....	24
	Care of School Property.....	24
	Dress Code.....	25
	Dress Code Requirements & Other Pertinent Information.....	25
	Playground Regulations.....	25
	Lunchroom Regulations.....	25
	Show & Tell.....	26
VII.	HEALTH, SAFETY, & WELFARE.....	27
	Student Health, Safety, & Welfare	27
	Prevention of Sexual Misconduct and/or Child Abuse.....	27
	Wellness Policy.....	27
	Accidents and First Aid	28
	Illness	28
	Medication Administration Overview	28
	Specialized Student Care Needs	30

Toileting/Incontinence	30
Use of Crutches	30
Use of Microwave Oven	30
Life Threatening Allergy	31
Control of Communicable Diseases.....	31
DISEASE	31
Lice	32
Bloodborne Disease	32
Fire/Emergency Drills.....	33
Sexual Harassment - Students.....	33
Bullying	34
Hazing	35
Asbestos Mandatory Yearly Notification	36
Asbestos Notification (Sample letter)	36
Video Surveillance Cameras	36
 VIII. CHILDREN WITH SPECIAL NEEDS	 38
 IX. PROGRAM INFORMATION	 39
Licensing Information.....	39
Crisis Management/Emergency Preparedness Plan.....	39
Over-the-counter Skin Products.....	39
Insurance	40
Tax Information	40
Parental Involvement	40
 X. APPENDICES	 41
School Forms	
Additional School Information	
Diocesan Forms	
Permission for Emergency Care Form (<i>Appendix F-1</i>)	
Confidential 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>)	
Inhaler Authorization Form (<i>Appendix F-3</i>)	
Asthma Action Plan (<i>Appendix F-3A</i>)	
Epipen/Twinject Authorization Form (<i>Appendix F-4</i>)	
Allergy Action Plan (<i>Appendix F-4A</i>)	
Diabetes Reference Emergency Plan: Hyperglycemia & Hypoglycemia (<i>Appendix F-5</i>)	
Diabetes Medical Management Plan (<i>Appendix F-5A</i>)	
Medication Authorization Form (<i>Appendix F-6</i>)	
Letter to Parents Regarding Possible Reimbursement of Medical Costs (<i>Appendix F-7A</i>)	
Insurance Billing Form (<i>Appendix F-7B</i>)	

Certificate of Religious Exemption CRE-1 (*Appendix F-18*)
Seizure Action Plan (*Appendix F-20*)
Photo, Press, Audio, and Electronic Media Release for Minors (*Appendix N*)
Parent Permission Form for School Sponsored Trip Participation (*Appendix R*)
Use of Personal Vehicle (*Appendix R-1*)
Preschool Handbook Agreement Form (*Appendix AG-3*)

2021-2022

Dear Parents, Guardians, and Students,

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

It is with much thought and care that this handbook has been prepared for you so that you will have ready access to the policies and procedures that will help you to understand the role we have as professional educators at Blessed Sacrament School Early Childhood Center. We ask you to read the handbook and submit the Handbook Agreement Form no later than August 31, 2021.

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

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

In Christ,
Joelle Huston
ECC Director

I. PHILOSOPHY OF EDUCATION/MISSION STATEMENT

DIOCESAN PHILOSOPHY OF CATHOLIC EDUCATION

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

Matthew 28:19-20

These words of Christ addressed to the apostles at the Ascension bestowed on the Church the office of teacher. Obedient to this divine challenge, the Church provides education permeated with the spirit of Christ and dedicated to promoting the full development of the human person.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 OCS template to develop and distribute a handbook for students and parents. All local policies and procedures must be in conformity with the Office of Catholic

Schools' policies, guidelines, and regulations.

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

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

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

PARENTAL ROLE

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

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

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

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

In the event a parent desires to discuss a problem with his/her child's teacher, the parent should

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

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

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

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

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

NON-DISCRIMINATION CLAUSE

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

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

NON-CATHOLIC CHILDREN

The presence of children from other faiths provides a wonderful diversity to the school. However, the presence of non-Catholic children in the school shall not alter the primacy of Catholic religious

formation as an integral component of the educational program in the school. As such:

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

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

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

II. CURRICULUM

The curriculum is not just the goals of the program and the planned activities but also the daily schedule, the availability and use of materials, transitions between activities and the way in which routine tasks of living are implemented 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 particular needs of the child.

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

III. ADMINISTRATIVE PROCEDURES

ADMISSIONS

DIOCESAN INITIAL ADMISSION REQUIREMENTS

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

ELIGIBILITY

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

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

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

GENERAL REQUIREMENTS FOR PRESCHOOL ADMISSION

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

- a. Presentation of an original birth certificate (schools are expected to keep a copy of the certificate on file)
- b. Baptismal certificate for Catholic students
- c. Proof of custody where applicable
- d. Progress reports (if available)
- e. Completed Diocesan Application Form (*Appendix J*)
- f. A non-refundable application fee
- g. A fully executed MCH-213G Commonwealth of Virginia School Entrance Form or equivalent, which stipulates the following must be submitted prior to the student beginning school:
 - i. Proof of exact dates of immunization as required by the Code of Virginia
 - ii. Physical examination covering all required aspects as mandated on the MCH-

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

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

GENERAL CONDITIONS OF ADMISSION

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

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

CLASS PLACEMENT

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

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

ATTENDANCE

ABSENCE/TARDINESS/LEAVING SCHOOL

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

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

ATTENDANCE/REPORTING PROCEDURES

ABSENCE

If a child is ill or cannot attend classes for 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/director's office or attendance office. A student who arrives late with an excused reason (i.e. director's note) is counted tardy.

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

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

MEDICAL EXCUSES

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

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

ANTICIPATED ABSENCE

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

RELEASE OF CHILDREN

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

TRANSFERRING TO ANOTHER SCHOOL

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

LUNCH/MILK PROGRAM

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

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

ARRIVAL AND DISMISSAL

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

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. **Children must be accompanied by an adult at all times.**

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

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.

The main office doors will not be used for the arrival and dismissal of students except in the case of inclement weather, (i.e. heavy rain, snow). For inclement weather, the 1:30 dismissal classes

will be dismissed through the main door near the school office. Parents should wait outside the doors and the children will be brought out by their teachers.

The 11:45 dismissal classes will always dismiss through the outside classroom doors.

Arrival and Dismissal procedures are subject to change.

IV. GENERAL SCHOOL POLICIES

ADMINISTRATIVE

CHILD CUSTODY AND GUARDIANSHIP

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

School communication with the appropriate guardian is essential. Accordingly:

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

ACCESS TO RECORDS

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

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

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

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

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

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

RETENTION OF RECORDS

The following student records are to be retained indefinitely:

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

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

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

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

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

SCHOOL VISITORS

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

[Insert additional school visitor procedures here as needed--optional]

SCHOOL COMMUNICATIONS

PRINCIPAL/ DIRECTOR'S COMMUNICATION

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

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

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

TAKE-HOME COMMUNICATION

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

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

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

Emergency announcements will be distributed via the School Messenger System.

TELEPHONE USE

Use of the telephone is reserved for emergencies only.

INCLEMENT WEATHER/SCHOOL CLOSINGS

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

When schools are operating in an eLearning 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.

Blessed Sacrament School follows the inclement weather-related opening and closing decisions of the Alexandria City Schools when they are in session. If Alexandria schools are closed, Blessed Sacrament School will be closed. If there is a one-hour delay for Alexandria Schools, the ECC will open one hour late. If there is a two-hour delay for the Alexandria Schools, drop off for all ECC classes is from 10:00-10:15. **All ECC classes will begin at 10:15. The half-day classes will dismiss at 12:00. The 5 day ³/₄ day classes will dismiss at the usual time.** Weather related early dismissal procedures include the use of school messenger by the office staff to alert parents of an unexpected early closing.

Emergency announcements will be distributed via the School Messenger System.

PHOTOS AND OTHER MEDIA

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

LIBRARY

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

Parents or teachers who object to reading or audio-visual/computer materials must complete an Objection to Content Form (*Appendix K*) and submit it to the school principal/director. A review committee (to include an Office of Catholic Schools member) will subsequently discuss the objection and decide the disposition of the challenged material. The parent or teacher initiating the review should be personally notified of the results of the review.

FIELD TRIPS

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

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

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

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

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

Phone calls and texting are not permitted while driving.

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

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

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

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

OVERNIGHT TRIPS

Overnight trips are not permitted for preschool children.

PARENT ORGANIZATIONS

. Parent-Teacher 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/director for approval prior to implementation and/or distribution.

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

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

principal/director.

Every school should have an effective Parent-Teacher Organization. An effective Parent-Teacher Organization helps the principal/director regarding advancement of the school's mission. It can also help mobilize the parents and legislative issues concerning the school as directed by school leadership.

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.

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

DO NOT PARK IN THE FIRE LANE AT ANY TIME.

Please drive slowly and with great caution on school grounds.

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

V. FINANCES

SCHOOL TUITION POLICIES

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

K-8 TUITION AND OTHER FEE SCHEDULES

Tuition:	1 st child	2 nd child	3 rd child
5-day ½ day class	\$6,790	\$6,123	\$5,158
5-day ¾ day class	\$7,244	\$6,530	\$5,474

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 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.)

<u>Session A (11:45 am - 3:00 pm- (Sunshines))</u>	
5 day - \$462.00/month	\$272.00/month
3 day - \$278.00/month	\$164.00/month
2 day - \$185.00/month	\$109.00/month

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

5 day - \$238.00/month	\$138.00/month
3 day - \$142.00/month	\$83.00/month
2 day - \$96.00/month	\$57.00/month

Session B (3:00 pm - 6:00 pm (Rainbows, Shooting Stars & Sunshines))

Session B (3:15- pm – 6:00 pm (K-8))

5 day - \$432.00/month	\$240.00/month
3 day - \$259.00/month	\$143.00/month
2 day - \$173.00/month	\$100.00/month

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

5 day - \$462.00/month	\$261.00/month
3 day - \$278.00/month	\$158.00/month
2 day - \$184.00/month	\$107.00/month

Early Release **only** (12:00 pm - 3:00 pm (K-8))

\$43.00	\$32.00
---------	---------

Drop-in Rates

1st child	Sibling
Sessions A & B - \$14.00/hour	\$9.00/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 \$1.00 **per minute** will be imposed for pick-ups after 6:00 p.m. Cash or check payments **will not be accepted** for late pick-ups at the time of pick up. The charge will be collected through FACTS.

VI. CHILD RESPONSIBILITIES & BEHAVIOR

CODE OF CONDUCT

In all areas of learning, discipline must be considered in the development of children. The Code of Conduct is based on the Gospel message of Jesus. Growth in self-discipline, a responsibility for Catholic moral values and a loving respect for the rights of all persons is encouraged and nourished by the Code of Conduct. To achieve these ends, parents, staff and children work together to create a Catholic school environment. Based upon the Catholic moral values and loving respect for others taught by Jesus, children:

- a. will be truthful.
- b. will be respectful and courteous toward all teachers and adults.
- c. will refrain from harassment of any kind.
- d. will use appropriate language.
- e. will speak respectfully to and about others.
- f. will respect all school and personal property.
- g. will play only in assigned playground areas with good sportsmanship and cooperation.
- h. will bring to school only appropriate show & tell items from home.

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

DISCIPLINE

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

USE OF DISCIPLINARY ACTION

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

Children who lack self-discipline or who violate the rights of others can expect disciplinary

action. Each offense will be dealt with on an individual basis according to the age of the child, the nature of the infraction and the severity of the case. Repeated infractions can result in more serious consequences, up to and including suspension and/or expulsion, but there is no requirement for progressive discipline.

SPECIFIC DISCIPLINARY POLICIES

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

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

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

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

SUSPENSION

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

The failure of the parents to execute the above referenced agreement shall preclude the child from returning to the regular program.

DISMISSAL

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

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

EXPULSION

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

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

If the principal/director believes it necessary to expel a child, the principal/director will notify the child and the child's parents about the child's actions and provide them with an opportunity to respond in accordance with the school's disciplinary hearing process before making any final decision on the matter.

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

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

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

REGULATIONS AND PROCEDURES

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

CARE OF SCHOOL PROPERTY

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

DRESS CODE

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

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

DRESS CODE REQUIREMENTS & OTHER PERTINENT INFORMATION

For 2021-2022 all students must wear a face mask when in-person school is in session as dictated by the school mitigation layer grid. The masks must cover the nose and mouth and should be washed or disposed of daily.

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

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

PLAYGROUND REGULATIONS

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

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

LUNCHROOM REGULATIONS

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

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

SHOW & TELL

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

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

VII. HEALTH, SAFETY, & WELFARE

STUDENT HEALTH, SAFETY, & WELFARE

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

PREVENTION OF SEXUAL MISCONDUCT AND/OR CHILD ABUSE

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

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

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

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

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

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

According to the *Code of Virginia*, (Section 63.2 – 1518) *Authority to Talk to a Child or Sibling*, “Any person required to make a report or conduct an investigation or family assessment, pursuant to this chapter, may talk to any child suspected of being abused or neglected or to any of his siblings without consent of and outside the presence of his parent, guardian, legal custodian or other person standing in *loco parentis* or school personnel.”

WELLNESS POLICY

The Diocese of Arlington Office of Catholic Schools Wellness Policy (2006) meets minimum federal standards and establishes goals for physical education, nutrition, and healthy environments in schools. All schools must develop, and continue to evaluate, local school wellness policies. The local policies create a framework for increased student activity, staff wellness, safe and healthy environments, and the elimination of foods of minimal nutritional value during the school day. All

schools have wellness committees to implement, sustain, and evaluate the local wellness program.

ACCIDENTS AND FIRST AID

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

If an incident results in a medical condition or injury which can be reasonably known to the appropriate supervisory faculty/staff member and/or the principal/director, the school and/or its staff are authorized to render reasonable basic first aid if such direct medical assistance would, in the opinion of the school, serve to minimize the severity of the injured person's condition. In addition, staff may secure a professional diagnosis and/or treatment if such action, in the opinion of the school, appears to be reasonably warranted. The school and school officials shall be expressly held harmless from any liability costs or expenses associated with the professional diagnosis and/or any treatment or first aid provided (including but not limited to the cost of transportation), such costs or expenses being the responsibility of the injured party or, if a student, the student's parents.

ILLNESS

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

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

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

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

MEDICATION ADMINISTRATION OVERVIEW

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

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

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

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

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

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

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

SPECIALIZED STUDENT CARE NEEDS

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

TOILETING/INCONTINENCE

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

Parents will always be contacted in incidents of soiling.

The exception to this policy is the student with a prescribed health-related treatment or procedure plan obtained in writing from a LHCP, with proper authorizations in writing by the parent or guardian.

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

USE OF CRUTCHES

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

USE OF MICROWAVE OVEN

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

LIFE THREATENING ALLERGY

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

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

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

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

CONTROL OF COMMUNICABLE DISEASES

DISEASE

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

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

- a. No daycare/preschool student may attend class without documentary proof of adequate immunization in accordance with Virginia Department of Health's school entry requirements (or modified schedule as approved by licensed health care provider) on the Virginia School Entrance Health Form (MCH-213G).
 - i. Parents or guardians who object to the administration of immunizing agents for their child on the grounds that this conflicts with their religious tenets or practices must produce a notarized Certificate of Religious Exemption 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. Children with fevers and/or contagious or infectious diseases will be sent home promptly and will be excluded from school while in that condition, according to the Virginia Department of Health regulations. Once the student is confirmed to be free of communicable illness by a health care provider, or is fever free/symptom free for 24 hours without taking anti-fever medications, the student may return to school.
- c. School health personnel will follow the Virginia Department of Health Communicable Disease Chart, found in the *Virginia School Health Guidelines*, when referring suspected cases of communicable disease to the local health department for excluding or readmitting a student.
- d. The Diocese of Arlington has comprehensive guidelines for school/parish-based influenza vaccination clinics. The liability associated with the vaccination of children is great. The Diocese of Arlington does not promote school based vaccination clinics for children during school hours, and in the absence of the parent, with the exception of a state or federal emergency. Any school wishing to offer an onsite school influenza vaccination program must comply with all aspects of the Memorandum of Agreement. Vendors wishing to serve as vaccinators must be fully vetted by the Office of Risk Management prior to the consummation of any contract for services.

LICE

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

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

BLOODBORNE DISEASE

The Christian community is called to respond to the sick in our midst with compassion and justice. The diocese recognizes its obligation to protect the rights of individual students infected

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

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

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

FIRE/EMERGENCY DRILLS

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

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

In the event of a bomb threat, the school community has made arrangements to evacuate to nearby 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. The Catholic Schools of the Diocese of Arlington endeavor to provide for their students an atmosphere free from sexual harassment.

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

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

BULLYING

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

Examples include, but are not limited to:

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

School personnel will not tolerate any bullying on Diocesan school grounds or at any school-sponsored activity (on or off school grounds). In addition, the Office of Catholic Schools expects students and parents who become aware of an act of bullying to report it to appropriate school personnel (e.g. principal/director, teacher, school counselor). The Office of Catholic Schools expects staff members who become aware of an incident of bullying 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.

HAZING

Hazing is defined as the imposition of strenuous, often humiliating, tasks as part of a program of rigorous physical training and initiation. Hazing is prohibited. School personnel will not tolerate any hazing on Diocesan school grounds or at any school-sponsored activity (on or off school grounds). In addition, the Office of Catholic Schools expects students and parents who become aware of an act of hazing to report it to appropriate school personnel (e.g. principal, teacher, school counselor). The Office of Catholic Schools expects staff members who become aware of an incidence of hazing to report the hazing to school administration for further investigation.

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

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

ASBESTOS MANDATORY YEARLY NOTIFICATION

ASBESTOS NOTIFICATION (SAMPLE LETTER)

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

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

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

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

VIDEO SURVEILLANCE CAMERAS

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

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

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

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

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

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

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

VIII. CHILDREN WITH SPECIAL NEEDS

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

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

If a child has a documented disability, a copy of the Individualized Education Plan (IEP), Individualized Services Plan (ISP), 504 plan, and/or Student 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 Special Needs.

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

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

IX. PROGRAM INFORMATION

LICENSING INFORMATION

The Commonwealth of Virginia helps assure parents that child day programs that assume responsibility for the supervision, protection, and well-being of a child for any part of a 24-hour day are safe. Title 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 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

School Forms

[Insert School Forms here as needed--optional]

Additional School Information

[Insert Additional School Information here as needed--optional]

Diocesan Forms

Permission for Emergency Care Form ([Appendix F-1](#))
Confidential Health History Update ([Appendix F-1A](#))
Virginia School Entrance Health Form ([Appendix F-2](#))
Virginia School Entrance Health Form Instructions ([Appendix F-2A](#))
Inhaler Authorization Form ([Appendix F-3](#))
Asthma Action Plan ([Appendix F-3A](#))
Epipen/Twinject Authorization Form ([Appendix F-4](#))
Allergy Action Plan ([Appendix F-4A](#))
Diabetes Reference Emergency Plan: Hyperglycemia & Hypoglycemia ([Appendix F-5](#))
Diabetes Medical Management Plan ([Appendix F-5A](#))
Medication Authorization Form ([Appendix F-6](#))
Diocesan Student Accident Report ([Appendix F-7](#))
Letter to Parents Regarding Possible Reimbursement of Medical Cost ([Appendix F-7A](#))
Insurance Billing Form ([Appendix F-7B](#))
Certificate of Religious Exemption CRE-1 ([Appendix F-18](#))
Seizure Action Plan ([Appendix F-20](#))
Wellness Policy ([Appendix F-23](#))
Pandemic Response Plan ([Appendix F-24](#))
Photo, Press, Audio, and Electronic Media Release for Minors ([Appendix N](#))
Parent Permission Form for School Sponsored Trip Participation ([Appendix R](#))
Use of Personal Vehicle ([Appendix R-1](#))
Preschool Handbook Agreement Form ([Appendix AG-3](#))

Signature Page

[Insert Signature Page here – Mandatory]



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 (<input type="checkbox"/> Feeding tube , <input type="checkbox"/> Trach , <input type="checkbox"/> Oxygen support, <input type="checkbox"/> Hearing aids, <input type="checkbox"/> Dental appliance, <input type="checkbox"/> 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">Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> <td><input type="checkbox"/> Not tested</td> </tr> <tr> <td>Distance</td> <td>Both</td> <td>R</td> <td>L</td> <td rowspan="3">Test used:</td> </tr> <tr> <td></td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<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/>

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



PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE

Check ✓ as appropriate:

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

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

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

Signature

Date

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

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

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

Virginia Asthma Action Plan

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

Asthma Severity: ☐ Intermittent ☐ 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/PA SIGNATURE: _____ DATE _____

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

Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 03/2019

Blank copies of this form may be reproduced or downloaded from www.virginiaasthmacoalition.org

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON

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

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I TO BE COMPLETED BY PARENT OR GUARDIAN			
<p>I hereby request designated school personnel to administer an epinephrine injection as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for administering this injection, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I am aware that the injection may be administered by a specifically trained non-health professional. I have read the procedures outlined on the back of this form and assume responsibility as required</p> <p>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.</p>			
Student Name (Last, First, Middle)		Date of Birth	
Allergies	School		School Year
<p>No LPN or clinic room aide shall administer inhaler or treatment, unless the principal has reviewed all the required clearances</p> <p>_____</p> <p style="text-align: center;">Parent or Guardian Signature Daytime Telephone Date</p>			
PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER WITH NO ABBREVIATIONS.			
<p>Emergency epinephrine injections may be administered by trained non-health professionals. These persons are prepared by licensed health care personnel to administer the injection. For this reason, only pre-measured doses of epinephrine (auto injector) may be given.</p> <p>After report of student exposure to _____, via (route of exposure) <input type="checkbox"/> Ingestion <input type="checkbox"/> Skin contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Insect bite or sting the following action will be taken; _____ (specific allergens)</p> <p><input type="checkbox"/> The following injectable epinephrine dosage will be given <u>immediately</u>, as prescribed below.</p> <p><input type="checkbox"/> The following injectable epinephrine dosage will be given as noted below and as detailed on the attached Allergy Action Plan (F-4A), in conjunction with the Antihistamine Authorization Form (F-4B)</p>			
<p>Check <input checked="" type="checkbox"/> appropriate boxes:</p> <p><input type="checkbox"/> EpiPen 0.3 <input type="checkbox"/> Teva Generic EpiPen 0.3 <input type="checkbox"/> Impax 0.3 <input type="checkbox"/> Auvi-Q 0.3</p> <p><input type="checkbox"/> Give the pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution (0.3cc) by auto injection intramuscularly in anterolateral thigh.</p> <p><input type="checkbox"/> Repeat the dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)</p> <p><input type="checkbox"/> EpiPen Jr. 0.15 <input type="checkbox"/> Teva Generic EpiPen 0.15 <input type="checkbox"/> Impax 0.15 <input type="checkbox"/> Auvi-Q 0.15</p> <p><input type="checkbox"/> Give the pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution (0.3 cc) by auto injection, intramuscularly in anterolateral thigh.</p> <p><input type="checkbox"/> Repeat the dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)</p>			
COMMON SIDE EFFECTS			
EFFECTIVE DATE: Start: _____ End: _____		If the student is taking more than one medication at school, list sequence in which medications are to be taken	
<p>Check <input checked="" type="checkbox"/> appropriate box:</p> <p><input type="checkbox"/> I believe that this student has received adequate information on how and when to use an epinephrine auto injector, and has demonstrated its proper use.</p> <p style="margin-left: 40px;">a. The student is to carry an auto injector during school hours with principal approval. The student can use the auto injector properly in an emergency.</p> <p style="margin-left: 40px;">b. One additional dose, to be used as backup, should be kept in clinic or other school location.</p> <p><input type="checkbox"/> The auto injector will be kept in the school clinic or other school approved location _____.</p>			
_____ Licensed Health Care Provider (Print or Type)	_____ Licensed Health Care Provider (Signature)	_____ Telephone or Fax	_____ Date
_____ Parent or Guardian (Print or Type)	_____ Parent or Guardian Signature	_____ Telephone	_____ Date
_____ Student Signature (Required if student carries Auto injector)			_____ Date

PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE

Check ✓ as appropriate:

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

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

Signature

Date

Revised 2019

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

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

Revised 2019

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

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4A



PART I - TO BE COMPLETED BY PARENT

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

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

PART II - TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

Extremely reactive to the following allergens: _____

Therefore:

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

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS

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

OR A COMBINATION of symptoms from different body areas.

MILD SYMPTOMS

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

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.

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

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

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

MEDICATIONS/DOSES:

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

Antihistamine Brand or Generic: _____ Antihistamine Dose: _____

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

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

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

Licensed Health Care Provider Authorization (Print / Signature)

Telephone

Date

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4A



PART III - PARENT SIGNATURE REQUIRED

Student _____ Date of Birth _____ Teacher/Grade _____

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

MONITORING

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

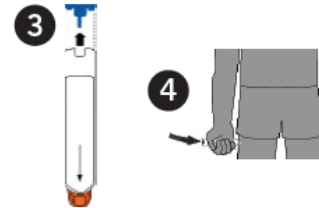
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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



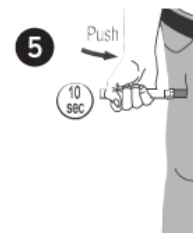
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF 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.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

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

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

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4A



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

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

EMERGENCY CONTACTS:

Name/Relationship: _____
Name/Relationship: _____
Name/Relationship: _____

Phone: _____
Phone: _____
Phone: _____

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

Parent / Guardian Authorization Signature

Telephone

Date

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN & TREATMENT AUTHORIZATION

Appendix F-4A



PARENT INFORMATION ABOUT MEDICATION PROCEDURES

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

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

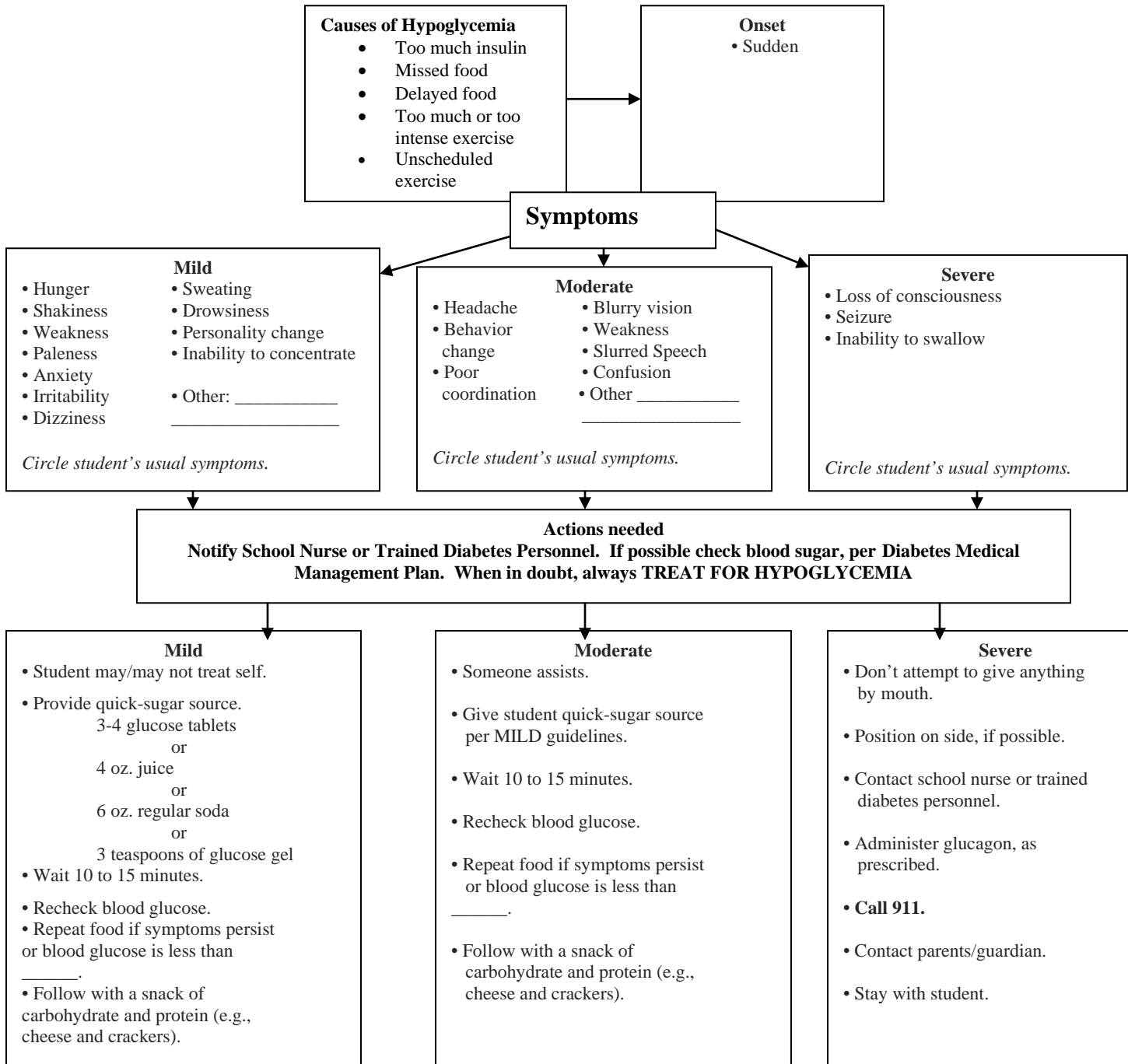
Appendix F-5

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

Trained Diabetes Personnel

Contact Number(s)

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

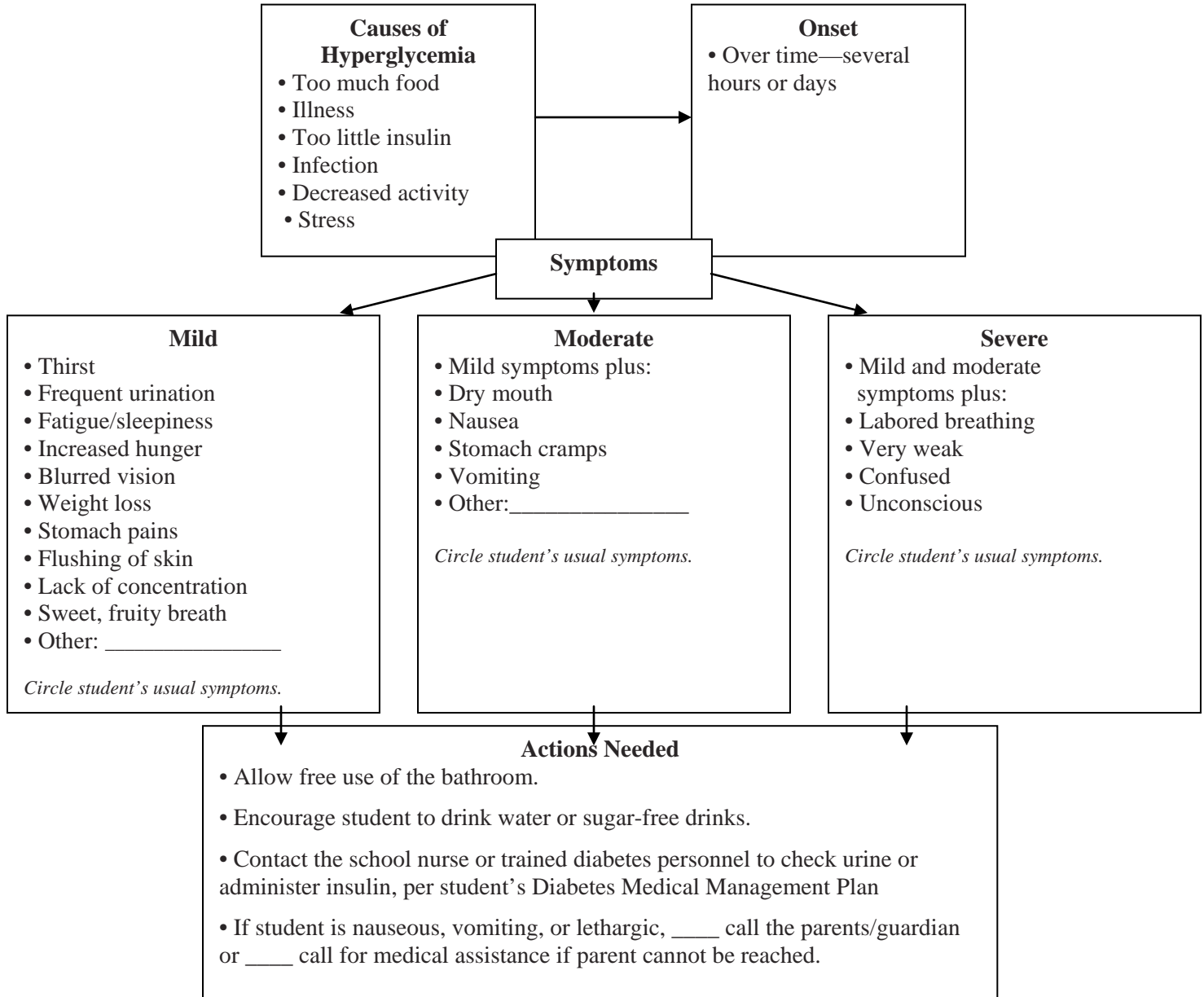


OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part B of Diabetes Medical Management Plan
HYPERGLYCEMIA
(High Blood Sugar)

Student Name

School

Teacher/grade



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

Parent Signature

Telephone

Date

School Nurse/Principal/School Health Aide Signature

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

Virginia Diabetes Medical Management Plan (DMMP)

Adapted from the National Diabetes Education Program DMMP

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

Student information

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

Contact information

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

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

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

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

Suggested Supplies to Bring to School

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

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

Student's Self-care Skills**Blood Glucose:**

- ☐ Independently checks own blood glucose
- ☐ May check blood glucose with supervision
- ☐ Requires school nurse or trained diabetes personnel to check blood glucose
- ☐ Uses a smartphone or other monitoring technology to track blood glucose values

Insulin Administration:

- ☐ Independently calculates / gives own injections
- ☐ May calculate / give own injections with direct supervision to confirm glucose and insulin dose
- ☐ Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision
- ☐ Requires school nurse or trained diabetes personnel to calculate dose and give the injection

Nutrition:

- ☐ Independently counts carbohydrates
- ☐ May count carbohydrates with supervision
- ☐ Requires school nurse/trained diabetes personnel to count carbohydrates
- ☐ Parents'/Guardians' discretion for **special event/party food**
- ☐ Student discretion for **special event/party food**

Parents / Guardians Authorization to Adjust Insulin Dose

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

Checking Blood Glucose

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

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

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

Continuous Glucose Monitoring (CGM)☐ Yes ☐ No Brand/model: _____Alarms set for: ☐ Severe Low: _____ ☐ Low: _____ ☐ High: _____Predictive alarm: ☐ Rapid Fall: _____ ☐ Rapid Rise: _____

Student/School Personnel may use CGM for insulin calculation

if glucose reading between _____ - _____ mg/dL ☐ Yes ☐ NoStudent/School Personnel may use CGM for hypoglycemia and hyperglycemia management ☐ Yes ☐ No
(Refer to Hypoglycemia and Hyperglycemia section of this document once confirmed)**Additional information for student with CGM**

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

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

Physical activity and sports

A quick-acting source of glucose must be available at the site of physical education activities and sports.

Examples include glucose tabs, juice, glucose gel, gummies, skittles, starbursts, cake icing.

Student should eat:

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

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

Avoid physical activity when blood glucose is greater than _____ mg/dL

AND / OR if urine ketones are moderate to large / blood ketones are > 1.0 mmol/L

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

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

Hypoglycemia (Low Blood Glucose)**Hypoglycemia:** Any blood glucose below _____ mg / dL checked by blood glucose meter or CGM.**Student's usual symptoms of hypoglycemia (circled):**

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

Mild to Moderate Hypoglycemia:

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

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

Severe Hypoglycemia:

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

1. Position the student on his or her side to prevent choking

2. Administer emergency medication.

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

3. **Call 911** (Emergency Medical Services)
 - AND the student's parents / guardians.
 - AND the health care provider.
4. **If on INSULIN PUMP, Stop insulin pump** by any of the following methods:
 - Place pump in "suspend" or "stop mode" (See manufacturer's instructions)
 - Disconnect pump at site**ALWAYS** send pump with EMS to hospital

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

Hyperglycemia (High Blood Glucose)**Hyperglycemia:** Any blood glucose above _____ mg/dL checked by blood glucose meter or CGM.**Student's usual symptoms of hyperglycemia (circled):**

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

Insulin Correction Dose

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

Recheck blood glucose in _____ hours

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

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

KetonesCheck ☐ Urine for ketones OR ☐ Blood for ketones:

If blood glucose is above _____ mg/ dL, two times in a row, at least one hour apart AND / OR when student complains of nausea, vomiting or abdominal pain,

Give _____ ounces of water and allow unrestricted access to the bathroom

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

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

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

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

HYPERGLYCEMIA EMERGENCY**Presence of ketones associated with the following symptoms Call 911**

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

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

Insulin therapy ☐ Insulin pen or Syringe ☐ Insulin pump (refer to page 7)☐ Adjustable Bolus Insulin Therapy ☐ Fixed Insulin Therapy ☐ Long-Acting Insulin Therapy☐ **Adjustable Bolus Insulin Therapy:**

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

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

☐ **INSULIN to CARBOHYDRATE Dose Calculation**

Total Grams of Carbohydrate to Be Eaten
_____ X "A" Units of Insulin = _____ Units of Insulin
"B" Insulin-to-Carbohydrate Ratio

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

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

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

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

OR

☐ **CORRECTION Dose Scale ((For Elevated blood sugar and ≥ 3 hours since last insulin dose. Use instead of calculation above to determine insulin correction dose)**

Blood Glucose	Insulin Dose
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units

☐ **Fixed Insulin Therapy**

Name of insulin: _____

☐ _____ Units of insulin given pre-breakfast daily☐ _____ Units of insulin given pre-lunch daily☐ _____ Units of insulin given pre-snack daily☐ Other: _____

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

☐ Long-Acting Insulin Therapy

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

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

☐ Other Diabetes Medications:

- ☐ Name: _____ Dose: _____ Route: _____ Times given: _____
☐ Name: _____ Dose: _____ Route: _____ Times given: _____
☐ Name: _____ Dose: _____ Route: _____ Times given: _____

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

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

Additional Information for Students with Insulin Pumps

Brand / model of pump: _____

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

Hyperglycemia Management:

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

Adjustments for Physical Activity Using Insulin Pump

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

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

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

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

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

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

Providers:

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

Parents:

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

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

SELF-CARRY

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

Parent authorization for student to self-monitor blood glucose ☐ YES ☐ NO

Prescriber authorization for student to self-administer insulin ☐ YES ☐ NO

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

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

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

References:

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

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
MEDICATION AUTHORIZATION
NOT FOR EPINEPHERINE OR INHALER AUTHORIZATION
 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 medication as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use medication, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required			
Medication <input type="checkbox"/> Renewal <input type="checkbox"/> New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.) First dose was given: Date _____ Time _____			
Student Name (Last, First, Middle)			Date of Birth
Allergies	School		School Year
No LPN or clinic room aide shall administer medication or treatment, unless the principal has reviewed all the required clearances.			
_____ Parent or Guardian Signature		_____ Daytime Telephone	_____ Date
PART II TO BE COMPLETED BY PARENT OR GUARDIAN FOR OCCASIONAL OVER THE COUNTER (OTC) MEDICATION. LICENSED HEALTH CARE PROVIDER (LHCP) MUST COMPLETE AND SIGN FOR ALL OTHER MEDICATIONS AND OTC'S ADMINISTERED FOR 4 OR MORE DAYS.			
The school discourages the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific situations with appropriate forms that comply with LHCP orders and are signed by parent or guardian. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.			
DIAGNOSIS:		SIGNS / SYMPTOMS:	
MEDICATION:		ROUTE:	
DOSAGE TO BE GIVEN AT SCHOOL:		TIMES OR INTERVAL TO BE GIVEN:	
EFFECTIVE DATE: Start: _____ End: _____		If the student is taking more than one medication at school, list sequence in which medications are to be taken	
COMMON SIDE EFFECTS:			
<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 PRINCIPAL OR REGISTERED NURSE			
Check <input checked="" type="checkbox"/> as appropriate:			
<input type="checkbox"/> Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the LHCP stationery or a prescription pad.)			
<input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent (Within one week after expiration of the physician order or on the last day of school).			
_____ Signature		_____ Date	

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

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



CATHOLIC DIOCESE OF ARLINGTON

Office of Risk Management

200 North Glebe Road, Suite 630 • Arlington, VA 22203
Office (703) 841-2503 • Fax (703) 778-9118
riskmanagement@arlingtondiocese.org

STUDENT INJURY ACCIDENT REPORT

***THIS FORM MUST BE FILLED OUT IF THE INJURY REQUIRES ANY PROFESSIONAL MEDICAL ATTENTION
AWAY FROM THE SCHOOL.***

INCOMPLETE FORMS WILL NOT BE PROCESSED.

******PLEASE PRINT******

Name of School: _____

Name of Injured Student: _____ Gender: ☐ M ☐ F DOB: _____
mm/dd/yyyy

Student's **Complete** Mailing Address: _____
CITY _____ STATE _____ ZIP _____

Date of Accident (mm/dd/yyyy): _____ Time: _____

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

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

Description of Aid Given:

Staff Person Giving Aid: _____

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

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

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

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

Parent Email (if known): _____

Future plans to prevent recurrence: _____

Name of Person Completing Report: _____ Phone Number: _____

Title/Position of Person Completing Report: _____

Signature of Person Completing Report _____

SUBMIT TO RISK MANAGEMENT WITHIN 72 HOURS OF THE INJURY

riskmanagement@arlingtondiocese.org

FAX: 703-778-9118



Catholic Diocese of Arlington – Volunteer/Student Accidents

RE: Recent Injury, Possible Reimbursement of Medical Cost

Dear Parent(s):

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

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

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

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

Kind regards,

Mary L. Stewart, ARM-P, CPCU

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

HOW TO FILE A CLAIM:

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

BMI Benefits, LLC. Accident Claim Form

Appendix F-7B



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

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

PART 1A: POLICYHOLDER

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

PART 1 B: INJURED PERSON'S INFORMATION

THE INJURED PERSON'S SOCIAL SECURITY NUMBER MUST BE PROVIDED AS REQUIRED BY THE CENTER FOR MEDICARE SERVICES

Injured Person's Social Security Number	
Injured Person's Home Address (Street, City, State, Zip)	
Are you covered by any other insurance policy, either as a dependent, group, individual, automobile medical or liability YES <input type="checkbox"/> NO <input type="checkbox"/>	
If Yes: Name of Insurance Carrier _____ Policy #: _____	
Is the above insurance a Medicaid Plan or a Military Insurance such as Tricare YES <input type="checkbox"/> NO <input type="checkbox"/>	

PARENT/GUARDIAN INFORMATION

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

SECTION A (INSURED/FATHER)

SECTION B (SPOUSE/MOTHER)

Employer		Employer	
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
Business Phone		Business Phone	
Insurance Company	Policy#	Insurance Company	Policy#

MEDICAL INFORMATION AUTHORIZATION ASSIGNMENT OF BENEFITS:

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

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

Claimant or Authorized Person's Signature	Date
---	------

**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

Name: _____ Birth Date: _____

Address: _____ Phone: _____

Emergency Contact/Relationship _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

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

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

First aid for any seizure

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

When to call 911

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

When to call your provider first

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



When rescue therapy may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, # or length) _____

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

How to give _____

If seizure (cluster, # or length) _____

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

How to give _____

If seizure (cluster, # or length) _____

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

How to give _____

Care after seizure

What type of help is needed? (describe) _____

When is person able to resume usual activity? _____

Special instructions

First Responders: _____

Emergency Department: _____

Daily seizure medicine

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

Other information

Triggers: _____

Important Medical History _____

Allergies _____

Epilepsy Surgery (type, date, side effects) _____

Device: ☐ VNS ☐ RNS ☐ DBS Date Implanted _____

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

Special Instructions: _____

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

My signature _____ Date _____

Provider signature _____ Date _____

Office of Catholic Schools Wellness Policy



DI OCESE OF ARLINGTON

Contents

	Page
A Vision for School Health and Wellness	3
Office of Catholic Schools Wellness Policy	4
I. Physical Education and Activity	5
II. School Nutrition	8
III. Staff Wellness and Healthy Environments	14
IV. Policy Implementation and Outcome Measurement	15
Acknowledgements	18

A Vision for School Health and Wellness

Health and success in school are interrelated. Schools have a duty to provide a safe and healthy environment, conducive to preventing injury, disease and conditions that may lead to illness, disability or even death. Schools cannot achieve their mission of education and faith formation unless students and staff are encouraged to be healthy and fit. Evidence based research strongly supports positive student academic outcomes when health and wellness strategies are utilized in the school setting.

In passing the Child Nutrition and WIC (Women, Infants and Children program) Reauthorization Act of 2004, Congress mandated that all school districts participating in federal school meal programs create and implement school wellness policies by July 2006. In 2010, the Healthy, Hunger-Free Kids Act strengthened local wellness policy requirements and added requirements for public participation, transparency and implementation. These policies must address nutrition education, nutrition standards for foods sold, and physical activity, and must include measures for evaluating the policy's effectiveness.

On February 26, 2014, the proposed rule for wellness policies was published in the Federal Register. The public comment period closed on April 28, 2014. FNS appreciates the valuable comments provided by stakeholders and the public. FNS received 57,838 public comments that included 546 distinct submissions and 57,285 form letters that were submitted through four large letter campaigns and four small letter campaigns. FNS considered all comments in the development of this final rule.

On July 21, 2016, the final rule was published in the Federal Register. The final rule strengthens the requirements on public involvement, transparency, implementation, and evaluation among other topics.

The Diocese of Arlington Office of Catholic Schools, hereafter referred to as district, Wellness Policy, has been developed using best practice resources to meet the minimum requirements of the legislation. Each diocesan school will adopt and implement this district policy. Affiliated schools may choose to adopt the district policy or may choose to formulate their own policy following federal guidelines. Schools will evaluate their individual fulfillment of the policy, and any added enhancements to the policy based on that individual school health team's assessment of needs.

The Office of Catholic Schools endeavor to provide a coordinated school health program consistent with the Centers for Disease Control's Coordinated School Health Model and practices outlined in the *Virginia School Health Guidelines*. The eight components of this framework are; a safe, health enhancing school environment, sequential health education curriculum, sequential physical education curriculum, a nutrition services program, a school health services program, a counseling/psychosocial services program, integrated family and community involvement, and a staff health promotion program. The Office of Catholic Schools wellness policy is to be implemented within this framework.

Office of Catholic Schools Wellness Policy

This policy promotes student health and fitness by creating a school environment conducive to healthy activity, lifestyle, and nutrition choices.

The Diocesan School Health Task Force, in consultation with school administrators, educators, staff, food service team, parents, community members and students, developed this policy to provide strategies to help students eat healthier, be more physically active and to help curb the epidemic of childhood obesity.

This policy meets minimum requirements, and establishes the following for diocesan schools:

- **Goals for physical education and activity;**
- **Goals for other school-based activities which promote wellness;**
- **Goals for nutrition education;**
- **Nutrition guidelines for all foods and beverages available on school campuses during the school day;**
- **Strategies for implementation;**
- **Plan to measure outcomes from policy implementation of policies;**
- **Designation by the principal of a school health team and the coordinator at the school level, who has operational responsibility for ensuring the school health team, meets the policy requirements.**

I. Physical Education and Activity

Physical Education Curriculum

To learn skills and knowledge needed to establish and sustain an active lifestyle, every diocesan student from kindergarten through grade 10 will have the opportunity to participate in quality comprehensive physical education and physical activity.

Physical education shall be taught by well-prepared specialists. All PE teachers shall regularly participate in professional development activities to effectively deliver the PE program. A quality physical education program must provide learning opportunities, appropriate instruction, meaningful and challenging content for all children recognizing their development and movement abilities. Physical education should not be compared to, or confused with, other physical activity experiences such as recess, intramurals, or recreational endeavors.

The Office of Catholic Schools physical education, health and nutrition curricula will be reviewed and revised regularly to assure a vision for healthy and balanced living. Concepts and skills in health and physical education (PE) will be integrated in a sequential, comprehensive, standards-based fashion that is developmentally appropriate. The physical education program helps students develop the knowledge, motor skills, self-management skills, attitudes and confidence to maintain physical activity throughout their lives. Classroom based health education will complement PE by reinforcing these skills, and reduce time spent on sedentary activities.

Health related fitness testing, such as the Presidential Fitness Challenge will be integrated into the curriculum as an instructional tool. Staff will maintain the confidentiality of these results, which will be available only to the students and their parents or guardians.

Diocesan schools will strive to increase the activity portion of PE instruction to periods totaling between 100 to 150 minutes per week (elementary and middle school) and 225 minutes per week (secondary school) during the school day, for the entire school year. Students should spend 50% of PE class time participating in moderate to vigorous physical activity. High schools should encourage students to participate by expanding elective health and physical education course options for juniors and seniors.

Physical Activity Recommendations for Children

The district supports the Dietary Guidelines for Americans recommendation that children and adolescents engage in at least 60 minutes of physical activity on most, preferably all, days of the week.

When activities, or events, make it necessary for students to remain indoors for long periods of time, schools should give students periodic breaks during which they are encouraged to stand and be moderately active.

Daily Recess

Quality physical education and daily recess are components of the curriculum that enable students to develop physical competence, health-related fitness, self-responsibility, and enjoyment of physical activity so that they can be physically active for a lifetime. The Office of Catholic Schools supports the National Association for Sports and Physical Education (NASPE) recommendations for recess. Recess should not replace physical education. A minimum 20-minute daily recess is to be scheduled for students who attend preschool or elementary school. Exceptions can be made to this policy on early release days where recess is at the discretion of the individual school.

Scheduling recess before lunch is recommended as an effective strategy to increase meal consumption and promote better behavior.

Other School Based Activities Involving Physical Activity

Extracurricular Physical Activity Programs Before and After School

The Office of Catholic Schools encourages opportunities for youth in regular physical activity (e., g., CYO intramural sports, walking/running clubs) beyond the school day. These opportunities can assist students with meeting daily physical activity recommendations.

Diocesan schools are in a position to support many safe opportunities, as well as provide the physical facilities, for students to participate in quality intramural and interscholastic athletic programs. Schools will continue to support structured activities like organized individual and team sports and instructional programs. Other programs can be accessed through local community and parish youth sports programs.

Physical Activity and Punishment

Physical activity provides students with positive experiences that will motivate them to pursue and develop active lifestyles. The Office of Catholic Schools prohibits withholding PE class as a consequence for negative student behavior or incomplete course work. Withholding recess should be a last resort measure as physical activity promotes release of negative energy.

Safety

Current school safety policies aim to minimize injury and illness related to physical activity. The PE instructor will regularly inspect, for health and safety hazard, all spaces, facilities, school grounds and equipment used by students for PE and recess. PE equipment hazards will be removed from use until the school corrects the safety deficiency.

When appropriate, schools can work with community partners to make it safer and easier for students to walk and bike to school.

Incorporating Physical Activity into the Classroom

The Office of Catholic Schools supports learning using a variety of techniques and modalities. Periodic physical activity should be incorporated into the classroom as part of the learning process of used as an energizing break.

II. School Nutrition

Nutrition Education

Schools will provide classroom based nutrition education to grades K through 10, as part of a sequential, comprehensive, standards-based program. Nutrition instruction will be integrated within the comprehensive school health education curriculum, with the goal to influence students' actual eating behaviors. Curriculum will be taught by educators, following diocesan health curriculum guidelines.

Health enhancing nutrition practices such as; food intake versus energy expenditure, eating more fruits and vegetables, and healthy food preparations, should be included in the curriculum. A comprehensive program will incorporate the food service program, and other academic areas such as language arts, science, and math. Instruction practices should be enjoyable, developmentally appropriate, culturally relevant, and include participatory activities for students.

School Meal Program Guidelines

All student meals will provide varied and nutritious food choices that are consistent with USDA nutrition standards and the Dietary Guidelines for Americans. Diocesan schools with full service cafeteria facilities are encouraged to offer the National School Lunch and Breakfast Programs.

School meals will:

- **Meet minimum nutrition requirements established by local, state and federal statutes and regulations;**
- **Offer a variety of fruits and vegetables;**
- **Serve only low-fat (1%) fat-free milk and nutritionally equivalent flavored or nondairy alternatives as defined by USDA;**
- **Ensure that half of the grains served are whole grain;**
- **Share information about the nutritional content with students, families and school staff members;**
- **Be appealing and attractive to children.**

Schools with less than full service cafeteria facilities will strive to meet these guidelines to the best of their ability, given their existing resources.

Menu Planning

National School Lunch menus shall be planned with input from students, parents and other school personnel, taking into account students' cultural norms and preferences.

Breakfasts

Diocesan schools with full service cafeterias are encouraged to offer breakfast at school per USDA guidelines, in order to meet student nutritional needs and enhance the student's ability to learn.

Special Dietary Needs

With appropriate medical documentation, reasonable efforts will be made to modify meals for students with food allergies or other special dietary needs. Parents will incur the additional costs which may result from such dietary requests.

Foods and Beverages Outside of School Meal Program

Food or Beverage Contracts

Agreements with food or vending companies to sell foods or beverages in schools should ensure that contractors follow the district's nutrition standards.

Cafeteria A La Carte Sales, Vending and School Stores

A variety of healthy foods and beverages will be sold at school in the cafeteria, vending machines and school stores. These foods and beverages must be consistent with the USDA and Dietary Guidelines for Americans and in keeping with the State of Virginia Action for Healthy Kids Food Health Guidelines.

During meal periods, the sale of food with minimal nutritional value is prohibited by federal regulations in areas of the schools where USDA school meals are sold or eaten. All snacks, sweets, or side dishes sold or served on school sites outside of the federal school meal programs will strive to meet all of the following guidelines:

- **Have 30% or less of its total calories from fat;**
- **Have 10% or less of its total calories from saturated plus trans fat;**
- **Have 35% or less of its weight from sugars, excluding naturally occurring sugars in fruits, vegetables and dairy ingredients;**
- **Have 200 calories or fewer;**
- **Be limited in portion size based on national competitive food standards.**

Energy Products

Energy products are beverages sold as performance-enhancing aids (containing ephedra, creatine and excessive caffeine), which impact cardiac output. There are significant health risks associated with the use of these products, including heart rhythm irregularities, nervous system disturbances, gastrointestinal problems and stroke. It is prohibited to possess and/or consume these products during school hours and school activities at both the elementary and secondary level. Product name examples may include; Red Bull, Kronik, Go Fast and others.

Closed Campus

Students are not routinely permitted to leave school grounds during the school day to purchase food or beverages. Special considerations will be given to those in 12th grade programs, where prior parental and school permission has been granted for the student to leave the campus.

School-Sponsored Events

A variety of healthy foods and beverages will be offered or sold at school-sponsored events. School-sponsored events include, but are not limited to, athletic events, dances, and performances.

Fundraising

School fundraising activities should be diverse in nature. Sales that may involve food or beverages should promote healthy product choices that meet or exceed the USDA Smart Snacks in Schools nutrition standards.

Schools should consider the use of non-food fundraisers, and encourage those promoting physical activity (such as walk-a-thons, Jump Rope for Heart, fun runs, etc.)

Lists of healthy fundraising ideas to consider are available from the Alliance for a Healthier Generation and the USDA.

Classroom Snacks

Snacks provided in extended day or enrichment programs will feature healthy choices that meet the USDA and Dietary Guidelines for Americans nutrition standards. School personnel will not withhold student access to snacks as punishment.

Schools that participate in the After-School Snack Program must provide snacks that meet USDA requirements.

Food Brought Into School

Schools will encourage families to pack healthy lunches and snacks and to refrain from including beverages and foods that do not meet the Dietary Guidelines for Americans. Parents are discouraged from providing students fast food meals at school.

It is recommended that all food to be shared with other students should be commercially prepared, prepackaged, unopened and, when possible, individually wrapped.

Celebrations

All foods offered on the school campus should meet or exceed the USDA Smart Snacks in School Nutrition standards.

Schools are encouraged to provide non-food celebrations and rewards. Healthy party ideas are available from the Alliance for a Healthier Generation and from the USDA.

Classroom snacks brought by parents should meet or exceed Smart Snacks nutrition standards.

Water

To promote hydration, free, safe, unflavored drinking water will be available to students throughout the school day. Water should be available where school meals are served during mealtimes.

Water cups/jugs will be available in the cafeteria if a drinking fountain is not present.

All water sources and containers should be maintained on a regular basis to ensure good hygiene and health safety standards. Such sources and containers may include drinking fountains, water jugs, hydration stations, water jets and other methods for the delivery of drinking water.

It is a decision on a local level to determine if students be allowed to bring and carry (approved) water bottles filled with only water with them throughout the day.

Specific Dietary Guidelines for School Meals

District schools must ensure that reimbursable USDA school meals meet the USDA School Wellness standards for nutrition, as specified by the U.S. Department of Agriculture's policy regulations for school meals, as well as all state and local requirements.

USDA reimbursable menus will support and reinforce the Dietary Guidelines for Americans. These guidelines encourage increased consumption of nutrient-dense foods and beverages, such as whole grains, vegetables, fruits and low fat dairy products, while limiting levels of cholesterol, fat, saturated fat, trans fat, sodium, and added sugars.

All non-USDA reimbursable meals served in Diocesan schools will strive to meet USDA nutrient standards, as specified in the federal regulations.

- To the extent possible, schools should offer at least two different non-fried vegetables and two different fruit options each day.
- To the extent possible, schools should offer whole-grain foods. At least half of the recommended daily servings of grains should be whole grains.
- Low-fat and non-fat dairy products, including yogurt, milk and cheese, will be offered.

Schools will make the nutritional content of meals and other foods and beverages sold available to students, families and school staff members. Nutrition information will be displayed at point of purchase in the cafeteria line.

Other School Based Activities Related to Healthy Nutrition

Schools may choose to enhance these recommendations to meet local needs, health concerns, food preferences and dietary practices of the community.

Surroundings for Eating

School meals will be served in clean and pleasant settings. Adequate time to eat meals, and access to hand washing or hand sanitizing facilities before meals shall be provided.

Scheduling of Meals

Meals shall be scheduled at appropriate times, as near the middle of the day as possible, e.g., lunch should be scheduled between 11 a.m. and 1 p.m. The U.S. Department of Agriculture's regulations specify that meals cannot be served before 10:00 a.m. or after 2:00 p.m. unless an exemption is requested from the State Department of Education.

Scheduled meal times should provide students with at least 10 minutes to eat after sitting down for breakfast and 20 minutes to eat after sitting down for lunch. This time does not include the time needed to walk to the cafeteria from the classroom, select and pay for the meal, sit down at a table and walk back to the classroom after the meal. Activities such as tutoring, clubs or organizational meetings or activities should not be scheduled during meal times unless students may eat during such activities. For elementary grades, scheduling recess before lunch is recommended as an effective strategy to increase meal consumption and promote better behavior.

Schools should take reasonable steps to accommodate the tooth-brushing regimens of students with special oral health needs (e.g., orthodontia or high tooth decay risk).

Free and Reduced-Price Meals

USDA prohibits schools from making others in the cafeteria aware of the eligibility status of children for free, reduced-price or paid meals. Diocesan schools will make every effort to eliminate any social stigma attached to, and prevent the overt identification of, students who are eligible for free and reduced-price school meals.

Financial Operation of Child Nutrition Programs

The school's food service program will strive to be financially self-supporting. Budget neutrality or profit generation should not take precedence over the nutritional needs of the

students. If additional funds are needed, they should not be from the sale of foods that have minimal nutritional value and/or compete nutritionally with program meals.

Qualifications of Food Service Staff Members

Qualified food service personnel will administer the school meal programs. All food service personnel shall have adequate pre-service training in food service operations. **Food service staff participating in the National School Lunch program will regularly participate in professional development activities that address requirements for child nutrition programs, menu planning and preparation, food safety, strategies for promoting healthy eating behaviors and other appropriate topics.**

Food Safety

All school food service operations and foods made available must comply with state and local food safety and sanitation regulations.

Federal HACCP Requirement: Section 111 of the Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265) amended section 9(h) of the Richard B. Russell National School Lunch Act by requiring school food authorities (SFA's) to implement a food safety program for the preparation and service of school meals served to children in the school year beginning July 1, 2005. The program must be based on Hazard Analysis and Critical Control Points (HACCP) principles and conform to guidance issued by the Department of Agriculture (USDA). All SFA's must have a fully implemented food safety program that complies with HACCP principles or with this optional guidance no later than the end of the 2005-2006 school year.

Sharing of Foods and Food Allergies

Students will not share foods or beverages with one another during meal or snack times; given concerns with allergies and other restrictions on some children's diets.

Food Rewards and Punishment

Schools will not routinely use foods or beverages as rewards for academic performance or good behavior. Alternative rewards shall be developed and promoted. Schools shall not withhold food or beverages (including food served through school meals) as a punishment.

III. Staff Wellness and Healthy Environments

Staff Wellness

Health promotion services for all school staff members can positively affect their eating and physical behaviors as well as their effectiveness in teaching and modeling healthy behaviors. Schools should encourage all school staff members to improve their own personal health and wellness. Successful staff wellness promotion can aid in building a commitment to help improve the school nutrition and physical activity environment.

Schools should consider incorporating staff wellness programs as part of the school health team's responsibility. Many staff wellness programs are administered through the Employee Assistance Program and local hospital based wellness programs.

Consistent Health Messages

Students shall receive positive, motivating messages, about healthy eating and physical activity throughout the school environment. Foods and beverages sold or served at school should not contradict healthy eating messages.

Engaging Families

The schools will encourage partnering with community organizations such as the Alliance for a Healthier Generation, the Healthy Schools Program, Team Nutrition, Action for Healthy Kids, the Mid-Atlantic Dairy Council. Local nutritionists, health departments, colleges and health care providers. Relationships with the American Diabetic Association, American Heart Association and other community organizations are encouraged. These partnerships should help to provide consistent health messages and support educational strategies, which promote healthy eating and physical activity.

Food Marketing in Schools

School-based marketing of food and beverages should be consistent with nutrition education and health promotion. Schools should limit such marketing to the promotion of foods and beverages that meet the USDA nutrition standards for meals or the district's nutrition standards for foods and beverages. Schools shall promote healthy food choices and not allow advertising that promotes less nutritious food and beverage choices. The promotion of healthy foods, including fruits, vegetables, whole grains and low-fat dairy products shall be encouraged.

IV. Policy Implementation and Outcome Measurement

The law requires that the district develop a plan for implementing, sustaining and measuring outcomes of the wellness policy. To ensure program success, accountability will rest on the diocesan wellness policy coordinator who will collaborate with local diocesan schools.

Diocesan Wellness Policy Coordinator

The district will designate one person, the diocesan wellness policy coordinator, with operational responsibility to ensure that all schools meet the policy. The district coordinator will provide support to the schools, to implement and sustain the wellness policy. This coordinator will communicate wellness policy, outcomes and feedback to the Office of Catholic Schools, school health advisory group, regional USDA representative, and principals.

The diocesan wellness coordinator will be responsible for guiding related curriculum developments. The district's health and physical education curriculum committees will regularly evaluate all nutrition and physical education curricula for accuracy and consistency with the district's wellness policy and current standards of practice. A professional school nurse will serve on each committee. Virginia's most recent health education standards of learning will be considered in this process.

School Health Team Formation

The school health team is responsible for providing and supporting a healthy school environment. Each school principal will designate a school health team and school health team coordinator. This coordinator will have operational responsibility for school implementation and evaluation of the diocesan wellness policy. School health team should include an administrator, food service team member, health education teacher, physical education teacher, school nurse parent representative from the PTO, a student, and a community representative. The school health team coordinator will report to the diocesan wellness policy coordinator.

It is recommended that each school utilize cited online resources to implement this policy such as:

Virginia Action for Healthy Kids (<http://www.actionforhealthykids.org>), Health Smart Virginia (<http://healthsmartva.pwnet.org>), and Eat Smart Move More North Carolina (www.eatsmartmovemorenc.com).

Schools should utilize TEAM Nutrition resources for education and meal program support at <http://teamnutrition.usda.gov/library.html>.

A free School Food Allergy Program manual should be obtained at <http://www.foodallergy.org>, and kept in the school health office, as a guide in managing life threatening food allergies in school.

School Needs Assessment

An annual evaluation of local program progress shall be conducted to review program progress, recognize success and overcome obstacles that may arise. During this process the school health team may need to revise its individual action plan to accomplish goals. Evaluation tools may be used at the team's discretion.

Implementation

Each school health team will formulate an individual action plan to achieve the desired improvements. The action plan should identify; the specific actions needed to meet all policy objectives, the materials, resources and personnel needed for implementing each action, timelines for achieving each action, and methods to document accomplished actions.

For example;

- Students could be surveys on changes in healthy habits, eating choices, and a la carte options.
- Students could receive pre-and post-tests on health knowledge.
- Student body mass index data may be collected, keeping personally identifiable student health information confidential.

Evaluation and Measurable Outcomes

It is important to review program progress, recognize success and overcome obstacles that may arise. During this process the school health team may need to revise its individual action plan to accomplish goals. Evaluation tools may be used at the team's discretion. The school health team will also respond to the survey questions below regarding the implementation process. The team will summarize activities that took place, and describe how well the process worked. The questions below will provide a summary framework.

What changes to nutrition education, physical activity, the nutritional quality of foods available to students, and other aspects covered by the policy occurred in the school as a result of the district wellness policy?

- a. Did the number of students participating in nutrition education change?
- b. Did the students have a different number of minutes or physical activity?
- c. Did any of the campuses change available food options?
- d. Did participation in the National School Breakfast or Lunch Program change?

Did the policy and implementation address the issues identified in the needs assessment?

- a. Is it making a positive difference?
- b. What is working?
- c. What is not working?

How can the impact of the policy be increased to enhance its effect on student health and academic learning? Staff wellness and healthy environments?

The schools may also identify future plans to sustain policy implementation efforts. Specifics might include staff training, planning events and activities for the school community, expanding the team to include additional members, and addressing new issues.

An annual wellness program evaluation will be due to the district wellness coordinator by the 10th business day after the end of school in June. The Diocesan Wellness Coordinator will report its cumulative evaluation to the Office of Catholic Schools, school health advisory team, and principals. Details on district wide progress achieved, policy impact and future recommendations for policy revisions will be provided. The district coordinator will be the district liaison to the USDA, completing all USDA Food and Nutrition Service Mid-Atlantic Regional Office questionnaires and required communications.

Communication

Schools will help win support for healthy school environment strategies by informing the parents and community about its activities. Invite parents and families to participate as often as possible. Effective communication will also help the school gain recognition and encourage others to join the wellness team. Sustaining change requires a full team commitment to action from the school, district, parents and the community.

Leadership, commitment, communication and support are keys to local program success. A sustained effort will be necessary to meet the above guidelines in accordance with federal law.

Acknowledgements

The Office of Catholic Schools Diocese of Arlington acknowledges the following for their policy guidance in this process: National Association of State Boards of Education; National Alliance for Nutrition and Activity; USDA and its local representative, Mark Durma; Action for Healthy Kids; Gillian Davis, Registered Dietitian Mid-Atlantic Dairy Council; TEAM Nutrition; National Association for Sports and Physical Education; Connecticut's *Action Guide for School Nutrition and Physical Activity Policies*; Arlington Virginia Public Schools; Sherry Shrader, RN, BSN, School Health Specialist; Virginia Department of Health; Gwen Smith, RN, MSN, School Health Specialist, Virginia Department of Education; Timothy McNiff, PhD, Superintendent of the Office of Catholic Schools. The Office of Catholic Schools extends its appreciation to the School Health Task Force for their extensive collaboration in the development of this policy, as well as the many other consultants who advised them.

School Health Task Force Members (Past and Present) responsible for initial Policy Development:

Maureen Blackwell, RN, Queen of Apostles Catholic School
 Theresa Ferlotti, RN, MSN, St. Leo the Great Catholic School
 Julie Hayden, RN, Bishop O'Connell High School
 Sr. Karl Ann Homberg, SSJ, Assistant Superintendent, Office of Catholic Schools
 Lisa Pannoni, RN, St. Bernadette Catholic School
 Jane Uperti, RN, St. Thomas Aquinas Regional School
 Collette White, RN, BSN, St. Thomas Aquinas Regional School
 Andra Wild, RN, BS, Task Force Secretary, Holy Spirit Catholic School
 Deborah Zeller, RN, BSN, Task Force Chair, St. Andrew the Apostle Catholic School

Special thanks go to Janet Vetrano, Administrative Assistant, Office of Catholic Schools, for her administrative support during the initial implementation of these efforts.



PANDEMIC RESPONSE PLAN FOR INFLUENZA OR OTHER HEALTH CRISIS

Introduction:

This plan provides guidance to parents, students, faculty and staff in the event normal school activities are suspended due to a pandemic flu or other health related crisis. A decision to implement this plan will be based on the best available information supplied by the appropriate Federal, state and local governmental agencies, and by the Diocese of Arlington Office of Catholic Schools. This plan is intended to be fluid in nature, and will be modified, at the direction of the Principal, to respond to the circumstances dictated by a particular health crisis.

Guidance to Faculty:

- Communicate to students the appropriate strategies for reducing the spread of a virus (for example, covering sneeze or cough, hand washing, and telling parents or teacher of flu related symptoms).
- Maintaining in the classroom an adequate supply of materials (tissues, ant-bacterial wipes or hand sanitizer) to prevent the spread of a virus.
- In the event the school must be closed for an extended period of time:
 - Prepare and maintain a contingency education plan and learning packets that can be supplied to parents and students by the most appropriate form of communication. These materials should include grade-appropriate reading lists, math packets, research and writing exercises;
 - Utilize appropriate learning tools (for example, educational websites, educational television channels, like the History Channel, Discovery Channel and Animal Planet).
 - Communicate on a daily basis with the students and parents on homework assignments or other learning activities relating to the teacher's areas of responsibility.

Guidance to Staff:

- Communicate to parents the appropriate strategies to prevent or reduce the spread of a virus.
- Keep parents and faculty informed of relevant information supplied by Federal, state or local agencies and the Office of Catholic Schools.
- Maintain appropriate health and attendance records and be prepared to provide on a timely basis any reports requested by an appropriate governmental agency or the Office of Catholic Schools.
- Identify students most vulnerable to a health crisis because of a compromised immune system or chronic illness.
- Ensure that maintenance staff, food handlers and after school staff are adequately trained in infection control and disinfection procedures.
- Create a contingency plan for faculty/staff absences. Identify substitute teachers/staff and alternate procedures in support of essential operations.
- Implement cross-training in support of essential operations.

- In the event of a school closure:
 - Immediately activate the school emergency communications system to provide information on the closure. Notify other news agencies of the closure as appropriate and necessary;
 - Update the school website to provide the most recent and relevant information to parents and the community relating to a school closure;
 - Maintain constant communication with the faculty to ensure that a learning environment is provided that takes into account the nature and magnitude of the health crisis;
 - Ensure that the school is properly cleaned and disinfected prior to the resumption of any in-school activities; and,
 - Establish a symptom free protocol for the return of students.

Guidance to Parents:

- Ensure that your most recent contact information (home phone, cell phone, and email addresses) are on file with the schools in the event the school emergency system must be activated.
- Practice and educate your children on appropriate strategies to prevent or reduce the spread of a virus.
- Monitor governmental agencies' websites for updated information on any health crisis.
- Continually monitor the school website for updates.
- Check on a daily basis for communications from teachers on assignments and homework.
- Provide a good learning atmosphere during a school closure, taking into account the effects the crisis is having on your family.
- Strictly follow any guidance provided by the school on when a sick student can return to school once the school is reopened.

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

Student Name: _____

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

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

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

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

Signature of parent/guardian _____ Date _____

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

Signature of parent/guardian _____ Date _____

OR

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

Signature of parent/guardian _____ Date _____

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

Signature of parent/guardian _____ Date _____



Office of Communications

200 North Glebe Road, Suite 914 • Arlington, VA 22203
Office (703) 841-2505 • Fax (703) 524-5028
communications@arlingtondiocese.org

Website and Social Media Policy for the Catholic Diocese of Arlington

For All Personnel and Volunteers

Released June 25, 2018
(Takes effect in all diocesan entities September 3, 2018)

TABLE OF CONTENTS

I. PURPOSE AND APPLICATION.....1

II. OFFICIAL DIOCESAN WEBSITES AND SOCIAL MEDIA ACCOUNTS1

 A. Establishing a Diocesan Entity Website or Social Media Account 1

 B. Diocesan Entity Account Management..... 1

 C. Standards for Diocesan Websites and Social Media Accounts..... 2

 D. Commenting Policy and Disclaimer for Diocesan Websites and Social Media
 Accounts 3

 E. Transparency of Diocesan Websites and Social Media Accounts 3

III. GUIDELINES FOR PERSONAL WEBSITES AND SOCIAL MEDIA ACCOUNTS4

IV. OTHER POLICIES OF THE CATHOLIC DIOCESE OF ARLINGTON5

V. DEFINITIONS.....6

VI. ADDENDUM FOR ADDITIONAL POLICIES6

VII. OFFICIAL RECEIPT8

NOTE: Some words and phrases used throughout the Guidelines correlate with definitions listed on the last page.

I. Purpose and Application

This policy is designed to aid all Diocesan Entities in implementing specific standards and ensuring that personnel adhere to appropriate usage, boundaries, and best practices related to websites and social media.

All employees and volunteers of the Diocese must 1) review this policy 2) return the “Official Receipt” to his or her respective pastor/administrator, school principal, or the Diocesan HR Director.

II. Official Diocesan Websites and Social Media Accounts

A. Establishing a Diocesan Entity Website or Social Media Account

A website or social media account officially associated with any Diocesan Entity, or that will be published on behalf of any Diocesan Entity, shall not be established without the written approval of the entity’s pastor/administrator or director.

An account’s location (i.e. URL), name or handle may not be changed without the express approval of the pastor or director.

Personal email addresses must not be used in the creation of any Diocesan Entity website or social media account. Any email address used as a login credential to obtain administrative access to a Diocesan Entity website or social media account should be generated through a corporately-owned domain that is controlled by the Diocese or the respective Diocesan Entity. All accounts must be created and maintained with diocesan email addresses, preferably the office or ministry’s main email address. This protects the sensitive information that may be received and affords the Diocesan Entity transparent access to the account.

B. Diocesan Entity Account Management

A Diocesan Entity must ensure that it establishes and maintains control over any website or social media account it creates or manages. The Diocese of Arlington or an appropriate entity controlled by the Diocese of Arlington must, whenever possible, be the registered owner of the domain. *Note:* In some cases, it may not be possible to obtain ownership over a website, such as a Diocesan Entity’s Facebook page, because some social media organizations will insist on retaining ownership rights.

Only Diocesan Entity pastors/administrators and directors, appropriate information technology personnel, and account managers may have administrative access to a Diocesan Entity website or social media account or access to administrative login credentials. Diocesan Entity pastors/administrators and directors must retain administrative access to their respective Diocesan Entity’s website(s) and social media account(s). In the event that a Diocesan Entity does not have adequate staff to meet its social media needs, a volunteer cleared through the Safe Environment Program may operate under the same conditions and responsibilities within this Policy as those of an employee.

Diocesan Entity pastors/administrators and directors must ensure that, acting alone or through information technology personnel, they can terminate the administrative access of any designated account manager. Diocesan Entity heads, information technology personnel, and account managers must ensure that login credentials are secured against unauthorized access, such as by storing them in an encrypted file. In the event that an account administrator ends employment with the Diocese, administrative access must be ensured by the respective Diocesan Entity and account passwords should change.

Any email address used as a login credential to obtain Administrative Access to a Diocesan Entity website or social media account should be generated through a corporately-owned domain that is controlled by the Diocese or the applicable Diocesan Entity. For instance, the email address should not be a Gmail or Yahoo email address—rather, it should be through @arlingtondiocese.org or @[parishname].org. Exceptions can be made for social media platforms that require a non-diocesan email address. For instance, YouTube requires a Gmail email address for the primary login to a YouTube account. However, the verification email address used in the creation of the account should be a Diocesan Entity email address.

Social media activity conducted on behalf of a Diocesan Entity in an official capacity should emanate from accounts issued and branded by the Diocese or a Diocesan Entity. For example, if Amy Smith works in the Diocesan Office of Youth, Campus, and Young Adult Ministries, she should use a Twitter handle similar to “@YouthDirectorCDA.” This affords the Diocese ownership over the account and its content, and the account can be passed on to successive employees who serve in the role.

C. Standards for Diocesan Websites and Social Media Accounts

The *Code of Conduct for Church Personnel of the Diocese of Arlington* applies to activity on social media and Diocesan Entity websites. All content published on behalf of a Diocesan Entity must be consistent with the teachings and tenets of the Roman Catholic Church, for which the Bishop of the Diocese of Arlington has responsibility and authority, and must not otherwise be inappropriate, create a risk of reputational harm to the Diocese or any Diocesan Entity, or compromise the Diocese or any Diocesan Entity legally or morally. Examples of Diocesan Entity-published content this standard prohibits include, but are not limited to, content that would reasonably be considered dishonest, derogatory, sexually suggestive, sexually explicit, defamatory, fraudulent, degrading, malicious, disrespectful, or threatening. Personnel must maintain an appropriate, professional demeanor when communicating on or through a Diocesan Entity website or social media account.

Social media content should be monitored frequently. The Diocesan Office of Communications recommends monitoring website and social media accounts periodically over weekends and holidays to ensure immediate response to any inappropriate content. When the primary administrator of the social media account is absent, either a supervisor or another administrator of the account must monitor the account. Individual site administrators are responsible for adequate monitoring and responding to content on their sites. Conflicts over posted content that are not resolved at the local ministry site are to be referred to the Diocesan Office of Communications for resolution.

D. Commenting Policy and Disclaimer for Diocesan Websites and Social Media Accounts

Every Diocesan Entity website or social media account that offers the ability to “comment” should be frequently checked to ensure that all comments are appropriate and in keeping with the standards for Diocesan websites and social media accounts set forth in this policy. Comments may be subject to deletion at the discretion of the Diocese or its entities.

Additionally, whenever commenting is available, a clearly visible “Commenting Policy” should be displayed if possible.

Note: Displaying the policy, or the full policy, may not always be possible. In cases where it is possible to post a Commenting Policy, here is a sample text that could be used:

Readers and patrons of this site are welcome to comment. Discussion is encouraged, but proper etiquette must be followed. Obscenities, spam, bashing, bullying, verbal abuse, insults, link solicitations, repetitive or fraudulent comments, and off-topic comments will be removed. It may be decided that comments will require approval prior to publication. We reserve the right to block a user at any time.

Diocesan Entity websites should clearly display a disclaimer that communicates, “Users of this website should have no expectation of privacy.”

Diocesan Entity publications, social media sites, and similar websites or platforms that promote interactive dialogue should clarify that the conversation is not *intended* to represent the views of the Diocese or any Diocesan Entity. An example of such a disclaim could be, “The opinions expressed are those of the author/commenter and do not necessarily reflect the views of the Catholic Diocese of Arlington or its entities.”

It is the responsibility of the administrator of the Diocesan Entity account and his or her supervisor to block and remove obscene, indecent or off-topic/irrelevant content as soon as possible. Content is considered indecent if it attacks a specific person or group of persons, uses expletives, or could be interpreted as insulting or inappropriate. When disputed, final determination of whether content should be removed is up to the Diocesan Entity supervisor or the Diocesan Chief Communications Officer.

E. Transparency of Diocesan Websites and Social Media Accounts

Websites and social media accounts should clearly display the contact information of the account manager and declare that they are an “Official” website or account of the Diocesan Entity whenever reasonable.

Any website or social media account operating under the guise of the Diocese of Arlington or of one of its entities, without proper approval and refusing to remove the page/account, should be reported to the Diocesan Chief Communications Officer immediately.

III. Guidelines for Personal Websites and Social Media Accounts

These guidelines (Section III) apply to personal websites, social media accounts, and online content (i.e., websites, social media accounts, and content owned, managed, and/or created by Diocesan Entity personnel and volunteers other than on behalf of a Diocesan Entity). Personnel and volunteers are solely responsible for content they make available online, including, but not limited to, posts, comments, tweets, and “likes” (which may suggest approval of a post or other related content). Before creating online content, Diocesan Entity personnel and volunteers should consider the risks and rewards that are involved. They should keep in mind that any conduct, including failure to adhere to these guidelines, that adversely affects their job performance, the job performance of other personnel or volunteers, or that otherwise adversely affects other persons, the legitimate interests of the Diocese of Arlington or any Diocesan Entity, or that is inconsistent with the moral and ethical teaching of the Roman Catholic Church, may result in disciplinary action up to and including termination of employment and/or his or her ability to serve as a volunteer.

Members of the clergy and/or consecrated men and women serving in any Diocesan Entity must consider that their social media and website activity is often viewed as representing the Diocese and the Office of the Bishop in an official and direct manner. As such, the utmost caution should be taken to avoid even the appearance of scandal, disunity, immorality, partisanship, imprudence, or the taking of a position contrary to the teachings of the Catholic Church. This protects one’s sacred ministry and credibility as a representative of a Diocesan Entity, as well as the reputation of all Diocesan Entities.

Despite privacy setting options, all content posted or communicated via any website or social media account will be treated as though it is universally or publicly available. At no time should Diocesan Entity personnel or volunteers publicly stand in opposition to the teachings of the Catholic Church, over which the Bishop of Arlington has responsibility and authority. Such a public stance could impact the ability of that person to continue in their role.

All personnel represent the Diocese, even in personal use of social media. Personal online postings should be in line with Catholic values, should not offend or contradict the faith, morals, and teachings of the Catholic Church, and should not be otherwise inappropriate. Efforts to adhere to this standard should include the following:

- Personnel and volunteers should not post discriminatory remarks, harassment, or threats of violence or similar inappropriate or unlawful conduct.
- Personnel and volunteers should always be fair and courteous to others, whether or not they are personally Catholic.
- Personnel should keep in mind that work-related complaints are best resolved by speaking directly with their co-workers or through their supervisor, rather than by posting complaints online.
- If personnel decide to post online content, they should avoid posting anything that reasonably could be viewed as malicious, obscene, threatening, or intimidating, or

that disparages clergy, personnel, volunteers, parishioners, or other persons associated with the Catholic Church.

- Personnel and volunteers should not post sensitive or confidential information obtained in connection with their employment or volunteer status.
- Personnel and volunteers should be honest and accurate when posting content online.
- Personnel and volunteers should never represent themselves as spokespeople for the Diocese or a Diocesan Entity. If they post content related to their position with a Diocesan Entity, they should make clear that their views do not represent those of the Diocese or any Diocesan Entity, such as by including a disclaimer such as “Posts are my own and do not necessarily reflect the views of the Diocese of Arlington or [the relevant Diocese Entity, such as a school, if appropriate].” Such a disclaimer does not exempt personnel and volunteers from accountability and responsibility for what they communicate.

Personal websites should not be used to conduct business for any Diocesan Entity, nor should it appear as though diocesan business is conducted through that website. All materials, resources, and electronic media created on behalf of a Diocesan Entity that are intended for public consumption should be made available on diocesan websites and not solely on a personal website. If the domain of a website is owned by the Diocesan Entity, it is a diocesan website and should be consistent with the rest of this policy. If the domain of a website is owned by the personnel, it is a personal website. For example, if www.mylocalparish.com is registered to “St. Ignatius Catholic Church,” it is a Diocesan Entity website and should be consistent with the rest of this policy. If the website is registered in the name of the Director of Religious Education, regardless of who manages it and how it is used, it is a personal website.

There should be no linking from Diocesan Entity content or websites to personal social media accounts or websites. This would create confusion for some as to which account is the official account of the Diocesan Entity. Personnel are welcome to post or repost diocesan content on their personal social media accounts.

IV. Other Policies of the Catholic Diocese of Arlington

All Diocesan Entity websites and social media, as well as personal websites, must be in accord with all Diocese of Arlington policies. This document in no way contradicts what is stated in other CDA Policies, including, but not limited to, those listed below. *Please note: some policies require being logged in to the Diocesan Intranet for access.*

The *Code of Conduct for Clergy in the Diocese of Arlington* is published here:
arlingtondiocese.org/Child-Protection/bgc-code-of-conduct-clergy.pdf

The *Code of Conduct for Volunteers in the Diocese of Arlington* is published here:
arlingtondiocese.org/Child-Protection/bgc-code-of-conduct-laity.pdf

The Office of Child Protection’s *Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse* is published here:
arlingtondiocese.org/Child-Protection/policy-child-protection-smca.pdf

The Office of Human Resources' *Employee Policy Manual* is published here:
arlingtondiocese.org/employeepolicy/

V. Definitions

The term “**administrative access**” shall mean access to website management tools or a social media account/profile that allows a person to modify, create, delete, or publish content.

The term “**content**” shall mean any digital information that communicates a message, including, but not limited to, text, photos, audio files, and video files.

The term “**diocesan entity**” or “**Diocese**” shall mean any organization, department, office, ministry, outreach, parish, school, agency, committee, task force, advisory board, or institution by, or with the supervision of, the Diocese of Arlington. This shall include Catholic Charities of the Diocese of Arlington and the Arlington Catholic Herald and their respective entities as well.

The terms “**Diocese Entity Website**,” “**Diocese Entity Social Media Account**,” and “**Diocese Entity Website [and/or] Social Media Account**” shall mean a website and/or social media account that is owned or managed by or on behalf of the Diocese or a Diocese Entity. This term does not include personal websites or social media accounts.

The term “**personnel**” or “**employee**” shall mean the bishop, priests, deacons, seminarians, non-ordained consecrated men and women, lay employees, and lay volunteers who are involved in work for the Diocese of Arlington, its parishes and agencies and who represent the Church by virtue of office, designated position, employment or contract.

The term “**personal**” shall refer to any website, social media account, or online content, the website, social media account, or content of an individual or external group that is not owned, managed, or published by or on behalf of the Diocese of Arlington or a Diocese Entity. This term does not include Diocese Entity websites or social media accounts.

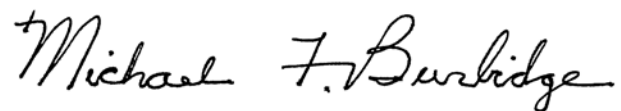
The term “**social media**” shall mean an account associated with a social media service including, but not limited to, Facebook, Twitter, YouTube, Instagram, Pinterest, Google +, LinkedIn, Snapchat, Reddit, etc.

The term “**website**” shall mean any web presence, including any website that displays social media content or features

VI. Addendum for Additional Policies

Parish pastors/administrators, school principals, regional directors, and similar management personnel may develop written directives particular to their Diocesan Entity’s mission and operation that provide additional guidance to personnel in the use and management of websites and social media. No such directive should contradict the contents of this policy. If such an addendum is created, it should be included with this policy when presented to the personnel so that they understand their full responsibilities and accountability when they sign the “Official Receipt” below.

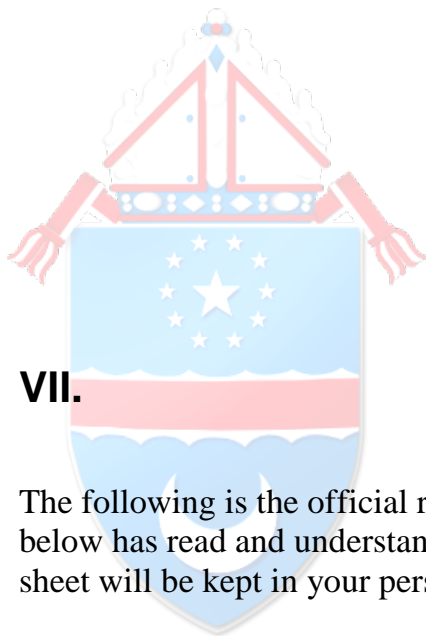
Approved by the Office of the Bishop of the Diocese of Arlington on June 22, 2018

A handwritten signature in black ink that reads "Michael F. Burbidge". The signature is written in a cursive style with a large, stylized 'M' and 'B'.

Most Reverend Michael F. Burbidge

Bishop of the Diocese of Arlington

Catholic Diocese of Arlington
Office of Communications
Social Media Policy
Released FY 2018-2019



VII.

OFFICIAL RECEIPT

The following is the official receipt denoting that the individual whose signature appears below has read and understands the guidelines contained in the attached document. This sheet will be kept in your personnel file.

While updated versions of this policy will be shared with personnel and Diocesan Entities, it is the responsibility of the personnel to ensure they are aware of the most recent version and adhere to it.

Please complete and return this sheet to your parish/school/office location.

I have read and understand the guidelines contained in the Policy for the Diocese of Arlington as well as any Addendums provided by my respective Diocesan Entity. I promise to follow these guidelines in my service to the Church.

Full Legal Name (Please Print)

Signature

Date

Position/Title

Parish/School/Ministry/Organization

Email

Phone Number

PARENT PERMISSION FOR SCHOOL-SPONSORED TRIP PARTICIPATION

Appendix R

Dear Parent or Legal Guardian:

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

_____ School. A brief description of the activity follows:

Curriculum Goal: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____ Student Cost: _____

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

STATEMENT OF CONSENT

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

Parent's Name (Please Print) _____ Home Phone # _____ Work Phone # _____

Parent's Signature _____ Cell Phone # _____

I accept responsibility for my behavior: _____
Signature of Student

Emergency Contact (Print): _____ Emergency Phone: _____

MEDICAL INFORMATION

Student's Current Medical Conditions: _____

Name of Physician: _____ Phone: _____

Insurance Company: _____ ID: _____

Allergies (Including to medications): _____

Indicate any medication student should take during trip: _____

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

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



CATHOLIC DIOCESE OF ARLINGTON

USE OF PERSONAL VEHICLE

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

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

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

Name of Driver (please print)

Address

City

State

ZIP

Home Phone

Work Phone

Cell Phone

Insurance Carrier

Policy Number

Signature of Driver

Date

PRESCHOOL HANDBOOK AGREEMENT FORM

PARENT/GUARDIAN

I have received a current copy of the Parent/Student Handbook. In doing so, I have explained the content of this document to my child(ren). I acknowledge and agree to the policies obtained therein, and will require my child(ren) to comply with the policies which apply to students.

I also realize during my child's enrollment at the school I will be informed from time to time, formally or informally, of various changes in school and/or Diocesan policies. I understand the school and/or Diocese reserves the right to change policies at any time with or without advance notice. I further understand it is required for me to sign this form in order to continue my child's enrollment at the school.

(Parent's Signature)

(Printed Name)

(Date)