

The Board of Education recognizes that good student health is vital to successful learning and acknowledges its responsibility, along with that of parent(s) or guardian(s), to protect and foster a safe and healthful environment for the students.

The school shall work closely with students' families to provide detection and preventive health services. In accordance with law, the school will provide vision, hearing, dental inspection and scoliosis screening. Problems shall be referred to the parent(s) or guardian(s) who shall be encouraged to have their family physician/dentist provide appropriate care.

In order to be enrolled in school a student must submit a health certificate within 30 calendar days after entering school, and upon entering second, fourth, seventh and tenth grades. The examination, which must conform to state requirements, must have been conducted no more than 12 months before the first day of the school year in question. If a student is unable to furnish the health certificate, the school will provide a physical examination by a licensed provider. A request for exemption from the physical examination, or the requirement to provide a health certificate, must be made in writing to the school principal or designee, who may require documents supporting the request. The only basis for exemption is a claim that the physical examination is in conflict with the parent or guardian's genuine and sincere religious belief.

In order to be enrolled in school, students must also furnish documentation of required immunizations against certain communicable diseases, as set forth in state law and regulations, unless exempted from immunizations for medical or religious reasons as permitted by state law and regulation.

The Board recognizes that the State of New York may authorize and require the collection of data from health certificates in furtherance of tracking and understanding health care issues that affect children. The Board supports these efforts and expects administrators to cooperate and to observe the appropriate laws and regulations in carrying out those responsibilities, including those that relate to student privacy.

In addition, students will be asked to provide a dental health certificate when they enroll in school and in accordance with the same schedule as the health certificate.

A permanent student health record shall be part of a student's cumulative school record and should follow the student from grade to grade and school to school along with his/her academic record. This record folder shall be maintained by the school nurse.

Emergency Care

Schools shall also provide emergency care for students in accidental or unexpected medical situations. The district will stock epinephrine auto-injectors. Pursuant to Public Health Law §3000-c, the district will establish a collaborative agreement with an emergency health care provider to institute written protocols and procedures for the use of non-patient specific epinephrine auto-injectors. Each school in the district will include in its emergency plan a protocol for responding to health care emergencies, including anaphylaxis, and head injury. Parents/guardians will be notified of any emergency medical situation as soon as is practicable. Parents/guardians will receive notification of non-emergent medical situations that have been reported to the nurse in a timely manner.

The district permits emergency administration of opioid antagonists, such as naloxone, by the school nurses to prevent opioid overdose.

Communicable Diseases

It is the responsibility of the Board to provide all students with a safe and healthy school environment. To meet this responsibility, it is sometimes necessary to exclude students with contagious and infectious diseases, as defined in the Public Health Law, from attendance in school. Students will be excluded during periods of contagion for time periods indicated on a chart developed by the school nurse.

During an outbreak of these communicable diseases, if the Commissioner of Health or his/her designee so orders, the district will exclude students from school who have an exemption from immunization or who are in the process of obtaining immunization.

It is the responsibility of the Superintendent of Schools, working through district health personnel, to enforce this policy and to contact the county or local health department when a reportable case of a communicable disease is identified in the student or staff population.

Administering Medication to Students

Neither the Board nor district staff members shall be responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours shall be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to him/her during school hours, or where it is done pursuant to law requiring accommodation to a student's special medical needs (e.g., Section 504 of the Rehabilitation Act of 1973). "Medication" will include all medicines prescribed by an authorized medical provider.

Before any medication may be administered to or by any student during school hours, the Board requires:

1. the written request of the parent(s) or guardian(s), which shall give permission for such administration and relieve the Board and its employees of liability for administration of medication;
2. the written order of the prescribing authorized medical provider, which will include the purpose of the medication, the dosage, the time at which or the special circumstances under which medication shall be administered, the period for which medication is prescribed, and the possible side effects of the medication; and
3. that in order for a student to carry and use a rescue inhaler, an epinephrine auto-injector, insulin, or glucagon and associated testing supplies, written permission must be provided both by the parent and the prescribing authorized medical provider in accordance with state law and regulation.

Students are allowed to carry and apply parentally provided sunscreen without a prescription from a medical provider, assuming that the sunscreen is FDA approved and that the sunscreen is not treating a medical condition.

Life-Threatening Allergies and Anaphylaxis Management

The Board recognizes its role and responsibility in supporting a healthy learning environment for all students, including those who have, or develop, life-threatening allergies. The district will work cooperatively with the student, their parent/guardian and healthcare provider to allow the child to participate as fully and as safely as possible in school activities. When a student has a known life-

threatening allergy reported on their health form or if the district has been informed by the parent of the presence of a life-threatening allergy, the district will assemble a team, which may include the parent, the school nurse, the child's teacher, the building principal and other appropriate personnel, which will be charged with developing an individual health care plan and/or an emergency action plan. The plan(s) will be maintained by the school nurse. The plan(s) will guide prevention and response. If the student is eligible for accommodations based upon the IDEA, Section 504 or the Americans with Disabilities Act, the appropriate procedures will be followed regarding identification, evaluation and implementation of accommodations.

Training

Training to support the fulfillment of staff responsibilities in regard to student health services will be provided as part of the district's ongoing professional development plan and in conformity with Commissioner's regulations.

Regulations

The Superintendent shall develop comprehensive regulations governing student health services. Those regulations shall include the provision of all health services required by law, procedures for the maintenance of health records, and procedures for the administering of medication to students. The Superintendent shall also develop protocols, in consultation with the district medical director and other appropriate district staff, for the management of injury, with particular attention to concussion.

Attachments (P5420.E.1, P5420.E.2)

**FAMILY PHYSICIAN'S REQUEST FOR
THE ADMINISTRATION OF MEDICATION***

P5420.E.1

Under certain unusual circumstances when it is necessary for a student to take medication during school hours, the school nurse, or a designated member of the school staff may cooperate with the family physician and with the parents. If the parent submits a written request to the school nurse, which is accompanied by a written request from the family physician indicating the frequency and dosage of the prescribed medication, then the school nurse, or the designated member of the school staff, may administer this medication.

In compliance with the above, please submit the following information:

STUDENT'S NAME _____

ADDRESS _____

MEDICATION _____ DOSAGE _____ FREQUENCY _____

DOES THIS MEDICATION REQUIRE REFRIGERATION? (Please circle) YES NO

POSSIBLE SIDE EFFECTS _____

(Name of Physician)

(Signature of Physician)

(Address)

(Phone number)

(City, State, Zip)

Note: The school requires that the medication be brought to the school by a parent, guardian, or substitute parent.

* Use of this form is not required if the physician provides similar information on the physician's own form or in a letter.

MEDICAL RELEASE FORM

P5420.E.2

I, _____, hereby request that _____
(Name of Designated School Staff Member)

administer such medication during the school day as prescribed to _____ .
(Name of Student)

In cases of continued medication, the medication is to be administered as prescribed by the family physician during the present school year, or until terminated by written notice.

I hereby release the designated school personnel and the Board of Education of any liability relative to the administration and/or reaction of the medication on the above- named student.

(Signature of Parent or Guardian)

(Date)

Cross-ref: 4321, Programs for Students with Disabilities
5020.3, Students with Disabilities and Section 504
5280, Interscholastic Athletics
5550, Student Privacy
8121.1, Opioid Overdose Prevention
8130, School Safety Plans and Teams
9700, Staff Professional Development

Ref: Education Law §§310 (provisions for appeal of child denied school entrance for failure to comply with immunization requirements); 901 et seq. (medical, dental and health services, BMI reporting); 916 (student self-administration of rescue inhalers); 916-a (student self-administration of epinephrine); 916-b (students with diabetes); 919 (provide and maintain nebulizers); 921 (epinephrine auto-injectors; training of unlicensed personnel); 922 (naloxone); 6527 (emergency treatment: anaphylaxis; naloxone); 6909 (emergency treatment: anaphylaxis; naloxone) Public Health Law §§613 (annual survey); 2164 (immunization requirements); 3000-c (collaborative agreements with emergency health care providers); 3309 (naloxone) 8 NYCRR §§ 64.7 (anaphylaxis; naloxone); 135.4 (Physical Education); Part 136 (school health services program; concussion, anaphylaxis, medication, naloxone) 10 NYCRR Part 66-1 (immunization requirements); § 80.138 (naloxone)
Guidelines for Medication Management in Schools, State Education Department, September 2015, www.p12.nysed.gov/sss/documents/MedicationManagement-final2015.pdf
Immunization Guidelines: Vaccine Preventable Communicable Disease Control, State Education Department, revised August 2000
Making the Difference: Caring for Students with Life-Threatening Allergies, New York State Department of Health, New York State Education Department, New York Statewide School Health Service Center, June 2008
Concussion Management Guidelines and Procedures, www.nysphsaa.org
New Policy for Stocking Albuterol Metered Dose Inhalers (MDIs), State Education Department, August 2011,
www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/Albuterol2011memo.pdf.

Reviewed January 2011
Renumbered from P5410 – September 2015

Revised October 2007
Renumbered from P5411 – September 2015

Reviewed January 2011
Renumbered from P5412 – September 2015

Replaced with NYSSBA Policy – November 2016