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625 - HEALTH SERVICES PROGRAM POLICY

PHILOSOPHY

The primary purpose of the School Health Program is to assist each child to achieve the highest potential of which he is capable. This implies a healthy child is a better learner. To accomplish this goal, the school must:

- Practice and promote optimal health
- Provide factual and scientific health information.
- Maintain a safe and healthful environment
- Through health appraisals, assess and refer for evaluation children who demonstrate special health needs that prevent him from taking advantage of the educational opportunities available to the child now and in the future.

To provide these opportunities to each student, it shall be the obligation of the school to:

- Maintain the pupils' optimum fitness to learn.
- Maintain conditions that promote healthful living while children are under the schools jurisdiction.
- Assure optimum health for each individual.
- Develop individuals capable of making intelligent decisions about personal, family, and community health.

The following phases of the health program shall be administered through the school nursing staff and under the direction of the district administrative staff:

CURRICULUM

Health and safety education shall be an integral part of the K-12 curriculum. The curriculum shall be designed to meet the needs of the student and shall include instructional units as developed through Comprehensive School Health Education designed to meet Graduation Standards.

HEALTH RECORDS

Health records shall be maintained on all pupils as part of their records. All federal and state regulations regarding data privacy shall be enforced. In addition to the results of vision, hearing, and scoliosis screening; immunization statistics; dental records; height and weight records, and any special examinations or specialized services provided to the child may be included on the health records.

MEDICAL EXAMINATIONS

It is recommended that parents arrange for a physical examination by the family's physician or community health service prior to entering school in kindergarten (this can be accomplished through the Early Childhood Screening Program); prior to the student entering seventh grade, and prior to the student's entry into tenth grade. Physical examination is mandated for athletics and cheerleading at any Middle School and High School grade level. All information provided is recorded on the student's health record.

The Early Childhood Screening Program for the Detroit Lakes Public Schools shall be conducted in compliance with the regulations as set forth by the Minnesota State Legislature and the Minnesota State Department of Education/Health.

Participation in the screening program by children is mandatory as legislated by Minnesota State Law for entry into school. Referral procedures shall be utilized for further screening when condition is identified and is in need of further evaluation.

IMMUNIZATIONS

Minnesota Statutes 1980, Section 123.70 requires that all children enrolled in any public or non-public elementary or secondary school submit to the building principal or other designated person a statement indicating appropriate immunization against measles, mumps, polio, diphtheria, tetanus, and pertussis or legal exemptions and signatures required upon entry including kindergarten and grade 7-12 or within 0-30 days of transfer. The district shall complete the annual immunization status report to the Minnesota Department of Health.

HEALTH SCREENING

The following screening and/or examinations are to be provided according to the Minnesota Department of Health protocol.

Vision: provide and record annual screening for students in grades K-1-3-5-7-10, including teacher, parent, and student referral.

Hearing: provide and record annually in coordination with speech clinicians for students in grades K-1-2-3-5-8-11, including teacher, parent, and student referrals.

Scoliosis: provide and record screening annually usually during the physical education classes following Minnesota Department of Health protocol for female students in grades 5 & 7 and males in grades 8 or 9.

MEDICATION ADMINISTRATION POLICY

In the event that it is necessary (doses cannot be spaced for administration at home only) for a student to take prescription medication during school hours, it is necessary to have a signed statement by a physician and parent with medication name, dosage, and reason (problem) for administration along with an authorization for school personnel to administer the medication to the student. The medication should be brought to the office of the principal or the school nurse in the original labeled container. No over-the-counter medications will be administered without written request and provision of same by the parent. Following Minnesota Department of Health guidelines, no school shall stock any medications to be administered (i.e. ASA, Tylenol, etc.)

COMMUNICABLE DISEASES

Any child demonstrating the signs/symptoms of a communicable disease, shall be sent home as soon as possible, being detained at home consistent with the recommended period of isolation. Treatment and time of exclusion shall be that as recommended by the State Health Department and/or local physicians.

ILLNESS/ACCIDENTS OCCURRING AT SCHOOL

Illness or emergency care needed because of an accident occurring at school should be reported to the parent immediately. The emergency telephone number shall be available for each family in the case the family cannot be reached.

All injuries to students and/or accidents shall be reported to the office the day the injury occurs. An accident report form should be completed with one copy being sent to the Business Office and one kept on file by the building administrator and in student health folder.

DETROIT LAKES PUBLIC SCHOOLS STUDENT ACCIDENT REPORT

This report is to be filled out on the day of the accident and kept on file in either the Building Principal's or the School Nurse's Office.

Student _____ Sex _____ M _____ F _____ Grade _____ School _____

Parent _____ Address _____

Faculty Supervisor at Time of Accident _____

Staff Member of Other Student Witnessing Accident _____

Date and Time of Accident _____

Was Parent or Guardian Notified _____ Yes _____ No. Person Notified _____

By Whom _____

Nature of Injury: (Give details as to part of body injured, how, where, etc.)

Action Taken: _____

Name of Person Making Report _____ Date _____