

## Registration Health Information for Parents of Secondary School Students

### **Health information**

List any health information relevant to a school setting on your students' registration material in the "Health Problem" box. Please contact a secondary school nurse\* if you think your child may benefit from an "Individualized Health Care Plan".

### **Medication policies at school**

Most medications (OTC and prescription) can be **stored and/or administered by school staff**. These medications must also accompany proper authorization forms signed by a medical provider and guardian. Training on administration of these medications is provided to school staff by the school nurse. State law and district policy allow responsible students to carry their own inhalers, epinephrine and insulin **IF** they have an authorization form signed by their medical provider and parent. Contact a secondary school nurse\* for questions or concerns.

Medication forms are found on the DSD website.

**Vision Screenings** – The state of Utah now mandates that secondary school students have their vision screened. These screenings may be conducted any time during the school year throughout the district for any student. Various methods such as eye charts and instrument-based screening devices may be used. If you do not want your student to participate in vision screening, please notify the school in writing every year. Opt-out forms are available on the DSD Website.

<https://www.davis.k12.ut.us/departments/nursing-services>

### VISION SCREENING OPT-OUT FORM

As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening.		
Student name:	DOB:	School Year:
School:	Grade:	Teacher:
<b>Parent to Complete</b>		
As parent of the above-named student, I do not wish for my student to have a vision screening during this school year. I understand that I may change my mind at any time and will do so in writing.		
I understand that this request is for the current school year only. This form may be re-submitted each school year.		
Parent/Guardian Name:		
Parent/Guardian Signature:	Date:	