



Registration Health Information for Parents of Secondary School Students

Health information

Please list any health information relevant to a school setting on your students' registration material in the "Health Problem" box. Please contact the school nurse (see below) if you think your child may benefit from an "Individualized Health Care Plan".

Medication policies at school

Responsible students may keep a one-day dose of most medications with them. Certain medications have special policies for school use. As per UCA 26-41-104 and UCA 53G-9-503-504, students that carry **inhalers, EpiPens, and diabetes medications** must have a signed form indicating the student is responsible to carry and administer those medications independently. Completion of paperwork is also required for medications **administered by school staff**. Parents/guardians are responsible to know and follow guidelines for medications as outlined on the DSD Website. Medication forms are found on the DSD website. Check with the school nurse for questions or concerns.

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

[Parent Links - Davis School District](#)

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. Forms are also available on the DSD Website or see below.

School Nurse: Melanie Schenck, RN

Junior Highs: North Davis, North Layton, Sunset, West Point

High Schools: Clearfield, Northridge, Syracuse

mschenck@dsdmail.net 801-888-9137



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:
---------	--------	----------

Parent to Complete

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:
----------------------------	-------