

S-9: Administrative Procedures

Student Health Services and Requirements



REFERENCES

- [Board Policy S-9: Student Health Services and Requirements](#)
 - [S-9: Student Medication Form](#)
 - [S-9: Student Non-Prescription Medication Form](#)
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DEFINITIONS

Enroller: An individual who enrolls a student in a public school.

Health Official: An individual designated by a local health department from within the local health department to consult and counsel parents and licensed health care providers.

Legally Responsible Individual: For the purposes of these procedures, legally responsible individual means; a student's parent; the student's legal guardian; an adult brother or sister of a student who has no legal guardian; or the student, if the student is an adult, pregnant, married or was previously married, emancipated, or a parent with custody of a minor child.

Licensed Health Care Provider: A health care provider who is licensed under Utah Code, Title 58, Occupations and Professions, as: a medical doctor, an osteopathic doctor; a physician assistant; or an advanced practice registered nurse.

Newcomer Student: A student who is three through 21 years old; was not born in the United States; and has not attended one or more schools in one or more states for more than three full academic years.

Parent: For purposes of these administrative procedures and the corresponding board policy, "parent" means:

- a biological or adoptive parent;
- a legal guardian or other individual legally authorized to make educational decisions for the child;
- an individual, with whom the child lives, who is acting as a parent in the absence of a natural parent or a guardian;
- a foster parent if the authority of the biological or adoptive parents to make educational decisions on the child's behalf has been terminated or specifically limited by a court order;
- in the absence of any individual qualified under parts A-D, a surrogate parent appointed pursuant to the Individuals with Disabilities Education Act; and/or
- a stepparent if the stepparent is present on a day-to-day basis with the natural parent and child, and the other parent is absent from the home. A stepparent who is not present on a day-to-day basis in the home of the child does not have rights under Family Educational Rights and Privacy Act (FERPA) with respect to the child's education records. Stepparents without guardianship of a child do not have the authority to enroll or register a child in school.

"Parent" does not include the state or any political subdivision of government.

Social Service Provider: A social service provider means one of the following professionals, licensed to practice under Utah Code Ann. §58-60-205:

- a clinical social worker;
 - a certified social worker;
 - a certified social worker intern;
 - a social service worker; or
 - staff employed to provide direct support to a professional described in subparts A.-D. above.
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PROCEDURES FOR IMPLEMENTATION

I. Notification to Parent of an Injured or Sick Child

- In accordance with state law, a school employee shall notify a parent of a student who is injured or becomes ill at the school during the regular school day if:
 - the injury or illness requires treatment at a hospital, doctor's office, or other medical facility not located on the school premises; and
 - the school has received a current telephone number for the party it is required to notify or make reasonable efforts to notify.
- The school employee shall also make reasonable efforts to notify any noncustodial parent, if the noncustodial parent has made a written request for such notifications.
 - Section I.2. does not apply to a noncustodial parent forbidden to have contact with the student under a court order or similar procedure.

II. Physical Examination of Students

- All students who participate in competitive athletics, their coaches, trainers, and administrators must follow the written Health Examination Policy of the Utah High School Activities Association.

- B. District speech and hearing staff will annually administer audiometric screening to all kindergarten, first, and third grade students. Screening is also provided for students through referrals from parents, teachers, and administrators.
- C. The district nurses will annually oversee vision acuity screenings for kindergarten, first, second, third, fifth, seventh, and ninth grade students. All screenings will be performed by qualified individuals in accordance with state law. Screenings are also provided for students based on referrals from parents, teachers, and administrators.
 - 1. A child who is less than nine years old and has not yet attended a Utah public school shall, before attending a district school, provide:
 - a. a completed vision screening form that has been signed by a health care professional; or
 - b. a written statement signed by a parent that the child will not be screened before attending a district school.
 - 2. If a parent requests that the child not participate in a vision screening, the district will not require the child to receive the vision screening.
 - 3. The Utah Department of Health (“UDOH”) requires the completion of UDOH’s vision symptoms questionnaire in certain situations.
 - a. When a student has failed to achieve benchmark status on the benchmark reading assessment in grades 1-3:
 - i. the district must notify the student’s teacher within 30 calendar days of the student’s performance on the benchmark reading assessment;
 - ii. teachers must complete the vision symptoms questionnaire within 45 calendar days of the administration of the assessment and submit the questionnaire to the school nurse;
 - iii. teachers need only complete the questionnaire once per school year; and
 - iv. school nurses shall use the questionnaire to perform a secondary assessment and/or refer the student to an eye care professional.
 - b. When a student is being referred to special education for a suspected disability affected by vision difficulties:
 - i. teachers must complete the vision symptoms questionnaire and submit to the school nurse; and
 - ii. school nurses shall use the questionnaire to perform a secondary assessment and/or refer the student to an eye care professional.
 - c. When a student has been referred by a parent or guardian for a vision concern:
 - i. the parent should complete the vision symptoms questionnaire and submit to the school nurse; and
 - ii. school nurses shall use the questionnaire to perform a secondary assessment and/or refer the student to an eye care professional.

III. Communicable Diseases

- A. In general, students with communicable diseases will not be permitted to remain in school when their presence poses a documented and verifiable threat to the health of other students and district employees.
- B. Students with signs and symptoms of communicable diseases will be excluded from school for the period of communicability and readmitted in accordance with recommendations from their health care provider and/or state health agency guidelines.
- C. The district nurse will serve as the case coordinator for a student who has an infectious or other chronic disease. The district nurse is responsible for developing and monitoring the student’s health care plan. S/he will serve as liaison with home, community health agencies, and the student’s health care provider.
- D. The state health agency is responsible for initiating measures to suppress or prevent the spread of disease and for implementing regulations relating to quarantine, isolation, and other control measures to protect the public in the case of a pandemic. The district will coordinate efforts with the state and local health departments to implement such precautionary measures.
- E. When a student is suspected of having a communicable disease, the school principal shall immediately notify the school nurse, who will then consult with the Salt Lake County Health Department to take the appropriate action as required by state law.

IV. Immunizations

- A. A student may not attend a school unless:
 - 1. the school receives an immunization record from the legally responsible individual of the student, the student’s former school, or a statewide registry, that shows:
 - a. that the student has received each vaccination required by the Utah Department of Health; or
 - b. for any required vaccination that the student has not received, that the student:

- i. has immunity against the disease for which the vaccination is required, because the student previously contracted the disease as documented by a health care provider; or
 - ii. is exempt from receiving the vaccination because the student qualifies for a medical or personal exemption under state law; or
 2. the student qualifies for conditional enrollment under state law; or
 3. the student is a child of a military family and complies with the immunization requirement for military children under the Interstate Compact on Educational Opportunities for Military Children.
- B. A student will be exempted from the requirement to receive a vaccine if the student qualifies for a medical or personal exemption from the vaccination in accordance with the following:
 1. A student qualifies for a medical exemption from a vaccination required by state law if the student's legally responsible individual provides to the student's school:
 - a. A completed vaccination exemption form; and
 - b. A written notice signed by a licensed health care providing stating that, due to the physical condition of the student, administration of the vaccine would endanger the student's life or health.
 2. A student qualifies for a personal exemption from a vaccination required by state law if the student's legally responsible individual provides to the student's school a completed vaccination exemption form, stating that the student is exempt from the vaccination because of a personal or religious belief.
- C. A vaccination exemption form is valid as follows:
 1. A vaccination exemption form submitted under Section IV.B.1.a. is valid for as long as the student remains at the school to which the form first is presented.
 2. For pre-K students, a valid vaccination exemption form that was utilized prior to the student enrolling in a district program or school, continues to be valid until whichever of the following events occurs first:
 - a. the day the student enrolls in kindergarten; or
 - b. the day the student turns six years old.
 3. If the student changes schools after the student is old enough to enroll in kindergarten but before the student is eligible to enroll in grade 7, the vaccination exemption form accepted as valid at the student's previous school is valid until whichever of the following events occurs first:
 - a. the day the student enrolls in grade 7; or
 - b. the day the student turns 12 years old.
 4. If the student changes schools after the student is old enough to enroll in grade 7, the vaccination exemption form accepted as valid at the student's previous school is valid until the student completes grade 12.
 5. Notwithstanding Sections IV.C.2-3., a vaccination exemption form obtained through completion of the Utah Department of Health's online education module is valid for at least two years.
- D. Each school:
 1. shall request an immunization record for each student at the time the student enrolls in the school;
 2. may not charge a fee related to receiving or reviewing an immunization record or a vaccination exemption form; and
 3. shall retain an immunization record for each enrolled student as part of the student's permanent cumulative folder.
- E. Within five business days after the day on which a student enrolls in a school, an individual designated by the principal shall:
 1. determine whether the school has received an immunization record for the student;
 2. review the student's immunization record to determine whether the record complies with state law; and
 3. identify any deficiencies in the student's immunization record.
- F. If the school does not receive a student's immunization record within five business days, or there are deficiencies in the immunization record, the school shall:
 1. place the student on conditional enrollment in accordance with Sections IV.H.1-2.
- G. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual.
- H. A student for whom a school has not received a complete immunization record may attend the school on a conditional enrollment:
 1. during the period in which the student's immunization record is under review by the school; or
 2. for 30 calendar days after the day on which the school provides the notice described in Section IV.I. below.
- I. Within five days after the day on which a school places a student on conditional enrollment, the school shall provide notice to the enroller that:
 1. notifies the individual that the school has placed the student on conditional enrollment for failure to comply with the Utah Department of Health's vaccination requirements;

2. describes the identified deficiencies in the student's immunization record, or states that the school has not received an immunization record for the student;
3. gives notice that the student will not be allowed to attend school unless the legally responsible individual cures the deficiencies or provides an immunization record that complies with state law, within the conditional enrollment period described in Sections IV.H.1-2. above; and
4. describes the process for obtaining a required vaccination.

The notice described above shall be delivered, when possible, in the enroller's preferred language; and using one of the following methods of delivery, as determined by mutual agreement between the school and the enroller: in-person delivery; mail; email or other electronic means; or telephone, including voicemail.

- J. A school shall remove the conditional enrollment status from a student after the school receives an immunization record that complies with state law.
- K. Except as provided in Section IV.B., at the end of the conditional enrollment period, a school shall prohibit a student who does not provide a complete and valid immunization record from attending the school until the student provides the school with the required record.
- L. A school principal or administrator:
 1. shall grant an additional extension of the conditional enrollment period, if the extension is necessary to complete all required vaccination dosages, for a time period medically recommended to complete all required vaccination dosages; and
 2. may grant an additional extension of the conditional enrollment prior in cases of extenuating circumstances, if the school principal and one of the following agree that an additional extension will likely lead to compliance with the vaccination requirements during the additional extension period:
 - a. a school nurse;
 - b. a health official; or
 - c. a health official designee, including:
 - i. culturally competent and trauma-informed community representative; or
 - ii. a social service provider.
 3. For purposes of Section IV.L., a newcomer student enrolling in a school for the first time is an extenuating circumstance.
- M. In accordance with state law, homeless students and students of military families without proper immunization documentation must be conditionally admitted.
- N. Each school shall maintain a current list of all enrolled students, noting each student:
 1. for whom the school has received a valid and complete immunization record;
 2. who is exempt from receiving the required vaccine; and
 3. who is allowed to attend school under a conditional enrollment.
- O. Each school shall ensure that the list described above specifically identifies each disease against which a student is not immunized.
- P. Upon the request of an official from a local health department in the case of a disease outbreak, a school principal or administrator shall:
 1. notify the legally responsible individual of any student who is not immune to the outbreak disease, providing information regarding steps the legally responsible individual may take to protect students;
 2. identify each student who is not immune to the outbreak disease; and
 3. for a period determined by the local health department not to exceed the duration of the disease outbreak, do one of the following at the discretion of the school principal or administrator after obtaining approval from the local health department:
 - a. provide a separate educational environment for the students who are not immune to the outbreak disease that ensures the protection of these students as well as the protection of the remainder of the student body;
 - b. prevent students who are not immune to the outbreak disease from attending school.
- Q. A name appearing on this list is subject to the confidentiality requirements described in Utah's Government Records Access and Management Act and Student Data Protection Act.
- R. School staff will enter immunization information into the Utah Statewide Immunization Information System ("USIIS").

V. Medical Recommendations

- A. School personnel may:
 1. provide information and observations to a student's parent about that student, including observations and concerns in the following areas:
 - a. progress;
 - b. health and wellness;
 - c. social interactions;

- d. behavior; or
 - e. serious threats to the well-being of the student;
 2. communicate information and observations between school personnel regarding a child;
 3. refer students to other appropriate school personnel and agents, consistent with board policy, including referrals and communication with a school counselor or other mental health professionals working within the district;
 4. consult or use appropriate health care professionals in the event of an emergency while the student is at school, consistent with the student emergency information provided during student enrollment;
 5. exercise their authority relating to the placement within the school or readmission of a child who may be or has been appropriately suspended or expelled from school; and
 6. complete a behavioral health evaluation form if requested by a student's parent to provide information to a licensed physician.
- B. Except as provided in Sections A. and D., school personnel may not:
 1. recommend to a parent that a student take or continue to take a psychotropic medication;
 2. require that a student take or continue to take a psychotropic medication as a condition for attending school;
 3. recommend that a parent seek or use a type of psychiatric or psychological treatment for a child;
 4. conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a child, except where this provision conflicts with the Individuals with Disabilities Education Act as amended; or
 5. make a child abuse or neglect report to authorities solely or primarily on the basis that a parent refuses to consent to:
 - a. a psychiatric, psychological, or behavioral treatment for a child, including the administration of a psychotropic medication to a child; or
 - b. a psychiatric or behavioral health evaluation of a child.
- C. Notwithstanding Section B. above, school personnel may make a report that would otherwise be prohibited under Section B.5. if failure to take the action described under that section would present a serious, imminent risk to the child's safety or the safety of others.
- D. Notwithstanding Section B. above, a school counselor, a school nurse, or other district mental health professional acting in accordance with the Mental Health Professional Practice Act, or licensed through the State Board of Education, may:
 1. recommend, but not require, a psychiatric or behavioral health evaluation of a child;
 2. recommend, but not require, a psychiatric, psychological, or behavioral treatment for a child;
 3. conduct a psychiatric or behavioral health evaluation of a child or mental health screening, test, evaluation, or assessment of a child with the prior written consent of the parent;
 4. provide a parent, upon request, a list of three or more health care professionals or providers, including licensed physicians, psychologists, or other health specialists.
- E. The district will provide for training of appropriate school personnel on the provisions in this section.
- F. An intentional violation of this section is cause for disciplinary action under Board Policy P-4.

VI. Standard Rules For Administering Medication to Students by Staff

- A. In order to ensure safe administration of medication to district students, the procedures outlined below must be followed when any medication is administered to students.
- B. The S-9: Student Medication Form or a medical management form approved by Utah State Board of Education/Utah Department of Health must be fully completed by the student's parent and the health care provider in order for medication to be administered to the student during regular school hours. If there is a change in the student's prescription, the parent is responsible for providing an updated student medication form.
- C. Teachers of the student receiving medication during school hours should be notified.
- D. The Salt Lake City School District Medication Record/Log on the back of the student medication form will be maintained for all students who have medication administered at school. Each time medication is given, the person who administered the medication must document the administration in ink. Every effort must be made to give the required medication. However, if an ordered dose is not administered, the reason why the dose was not administered must be documented, and the parent must be immediately notified of the situation.
- E. The school nurse and/or principal will designate a minimum of three employees who will be responsible for administering medications to students in the school. Nurses may delegate tasks to school employees who are not licensed as health professionals, as permitted by the rules of the Utah Nurse Practice Act and in accordance with recognized standards in the nursing profession. Nurses and school administration retain accountability for the delegation of duties.

- F. School nurses will conduct the required training for designated school employees prior to allowing them to administer any medication. Instructions should include indications for medications, means of administration, dosage, adverse reactions, contraindications, side effects, and other emergency procedures. When appropriate, training shall include the proper administration of glucagon, and proper storage and emergency use of an epinephrine auto-injector.
- G. Medication records must be maintained in the school office and those records become a part of the student's permanent record.
- H. Medication must be stored in a secure, locked cabinet or container in a cool, dry place, with these exceptions:
 - 1. Medications that require refrigeration must be stored appropriately.
 - 2. Insulin or emergency medications such as epinephrine auto-injectors, asthma inhalers, and glucagon must be stored in an unlocked area so that they are readily available when needed.
- I. Medication, other than that carried by a student, must be delivered to the school by the student's parent or designated adult.
- J. Medication should be delivered to the school in a container properly labeled by a pharmacy or manufacturer. Labeling must include the student's name, the name of the prescribing practitioner, date the prescription was filled, name and phone number of the dispensing pharmacy, name of the medication, prescribed dosing instructions, and the expiration date.
- K. Authorization for administration of medication by school personnel may be withdrawn by the school at any time following written or verbal notice to the student's parent or guardian, as long as this action does not conflict with federal regulations, the Individuals with Disabilities Education Act, or Section 504 of the Rehabilitation Act.
- L. Administrators may withdraw authorization of administration of medication in cases of noncompliance or lack of cooperation by parents or students, unless the student's right to receive medication at school is protected by federal law.
- M. School personnel who administer any medication in compliance with these procedures and the accompanying board policy are not liable, civilly or criminally, for any adverse reaction suffered by the student as a result of taking the medication or discontinuing administration of the medication.
- N. If any district employee incorrectly administers medication to a student, or an individual experiences an adverse reaction after receiving a medication or vaccine, a Salt Lake City School District Medication/Immunization Occurrence Report Form must be completed. The school nurse and principal must be provided a copy of this form whenever any of the occurrences described above occur.

VII. Glucagon Medication

- A. In accordance with Utah Code Ann. §53G-9-504, glucagon, an emergency diabetic medication used to raise blood sugar, can be administered to students by trained district employees at school or a school activity.
- B. If a glucagon dosage was administered to a student, the parent of that student must deliver to the school a replacement dosage of glucagon within two weeks.

VIII. Epinephrine Auto-Injector and Stock Albuterol

- A. In accordance with Utah Code Ann. §26-41-101 et seq., epinephrine and stock albuterol, emergency medications used to treat a severe allergic reaction (anaphylaxis) and asthma, can be administered to a student by a trained district employee at school or a school activity.
- B. Parents who provide the school with an epinephrine auto-injector that has been prescribed for their student must replace the epinephrine auto-injector within two weeks if the medication was administered.
- C. Every school will purchase undesignated epinephrine auto-injectors (adult/pediatric) to be administered to any person exhibiting potentially life-threatening symptoms of a severe allergic reaction at school or a school activity.
- D. A trained school employee may administer stock albuterol to a student who:
 - 1. has a diagnosis of asthma by a health care provider;
 - 2. has a current asthma action plan or healthcare plan on file with the school; and
 - 3. is showing symptoms of an asthma emergency as described in the student's asthma action plan or healthcare plan.
- E. In accordance with state law, the school nurse will conduct the required annual training at each school.

IX. Administration of Opiate Antagonist

- A. In accordance with Utah Code Ann. §26-55-104 et seq., an opiate antagonist, such as naloxone hydrochloride or any similarly acting drug, can be administered by a trained district employee to a student at school or a school activity who is believed to be suffering from an opiate overdose.
- B. The school nurse and/or principal will designate school employees to be trained to recognize an opiate-related drug overdose event and correctly administer the opiate antagonist.
 - 1. Administration of an opiate antagonist will occur only in emergency situations; the administering school employees must follow the appropriate emergency protocol, call 911, immediately notify parents, and create a record of the administration of the opiate antagonist.

X. Seizure Awareness and Administration of Seizure Rescue Medication

- A. If a school or teacher has been informed that a particular student has epilepsy or a similar seizure disorder, the student's teacher(s) and school administrator must be provided training, and repeat that training every three years. The training shall include:
 - 1. recognizing the signs and symptoms of seizures; and
 - 2. appropriate steps for seizure first aid.
- B. The training described in Section X.A. shall be provided to administrators, teachers, classroom aides, and other individuals who interact with or supervise students.
- C. The training described in Section X.A. does not require any individual to provide first aid to a student experiencing or showing symptoms of a seizure.
- D. Pursuant to Utah Code Ann. §53G-9-505, a trained school employee may administer a seizure rescue medication in accordance with a student's health care plan.
 - 1. The student's health care plan must certify that:
 - a. a prescribing health care professional has prescribed a seizure rescue medication for the student;
 - b. the student's parent has previously administered the student's seizure rescue medication in a nonmedically-supervised setting without a complication; and
 - c. the student has previously ceased having full body prolonged or convulsive seizure activities as a result of receiving the seizure rescue medication
 - 2. The health care plan must also:
 - a. describe the specific seizure rescue medication authorized for the student, including the indicated dose, and instructions for administration;
 - b. identify school employees who are willing to volunteer to receive training from the school nurse to administer an emergency seizure rescue medication; and
 - c. authorize a trained school employee volunteer to administer a seizure rescue medication.
- E. All school employee volunteers must be trained in accordance with state law prior to administering any seizure rescue medication.

XI. Administration of Adrenal Insufficiency Medication.

- A. If a school receives an adrenal crisis rescue authorization for a student, the school shall:
 - 1. Inform school employees of the opportunity to be a school employee volunteer, who is trained in the administration of an adrenal crisis rescue medication; and
 - 2. Provide training to each school employee who volunteers.
- B. Pursuant to Utah Code Ann. §53G-9-507, a trained school employee may store and administer an adrenal crisis rescue medication in accordance with a student's health care plan when the student is exhibiting symptoms that warrant the administration of the medication and a licensed health care professional is not immediately available to administer the medication.
 - 1. The student's health care plan must:
 - a. certify that a prescribing health care professional has prescribed an adrenal crisis rescue medication for the student;
 - b. describe the specific adrenal crisis rescue medication authorized for the student, including the indicated dose, and instructions for administration;
 - c. identify school employees who are willing to volunteer to receive training from the school nurse to administer an adrenal crisis rescue medication; and
 - d. authorize a trained school employee volunteer to administer an adrenal crisis rescue medication.
- C. All school employee volunteers must be trained in accordance with state law prior to administering any adrenal crisis rescue medication.

XII. Administration of Non-prescription Medication to Secondary Students and Students Enrolled in a Secondary School

- A. Acetaminophen (Tylenol) or Ibuprofen (Advil or Motrin) may be given to students by the school nurse or other school personnel authorized by the principal.
 - 1. Parent permission, written or telephonic, must be documented for each time the medication is given.
 - 2. A medication log shall be used to record the student name, name of the parent contacted, date and time, medication given, dosage of the medication given, and the initials of the person administering the medication. Dosage shall be as follows:
 - a. Acetaminophen (Tylenol)
 - i. Grades 7-12: 325mg to 650mg (up to (2) 325 mg tablets) every 4 to 6 hours.
 - b. Ibuprofen (Advil or Motrin)
 - i. Grades 7-12: 200mg to 400mg (up to (2) 200mg tablets) every 6 to 8 hours.

3. For students enrolled in a secondary school that also contains a grade 6, those 6th grade students may be provided with acetaminophen or Ibuprofen as follows:
 - a. If the student's weight is below 100 lbs., the appropriate dosage is 325 mg (1 tablet) of Tylenol or 200mg (1 tablet) of Ibuprofen.
 - b. If the student's weight is above 100 lbs., the dosage for a student in grades 7-12 may be followed.
 - c. If school staff cannot visually determine the weight of the student, school staff should not require the student to be weighed and instead should:
 - i. give the lower dosage applicable for students under 100 lbs. (i.e., 1 tablet); or
 - ii. ask the parent to determine the appropriate dosage.

XIII. Student Self-Administration of Medication

- A. A student may carry and self-administer the recommended dosage of a necessary over the counter medication. Parents of elementary school students self-administering over the counter medication should inform school personnel that the student has the medication in their possession and has parental permission to self-administer the medication.
- B. A student may carry and self-administer the prescribed dosage of a necessary prescription medication for medical treatment of illnesses, injuries, diseases such as asthma, diabetes, or extreme allergic reaction, if the parent and healthcare provider have completed and submitted a student medication form to the school.
- C. Students are subject to disciplinary consequences, including suspension or expulsion from school, for sharing any medication or supplies with other students or school staff. Refer to Board Policy S-3: Student Conduct and Discipline, as well as its accompanying administrative procedures.

XIV. Treatment and Control of Head Lice

- A. If a student is found to have live head lice, the student will be removed from the classroom and the student's parent or guardian will be notified.
 1. Removal of the student from the classroom must be done in a manner that avoids humiliating, shaming, or embarrassing the student.
- B. School personnel will provide the parent or guardian a copy of the district's Notification of Head Lice that includes information about the treatment of head lice. This notice is also available on the Health Services section of the district student services webpage.
- C. The student will be sent home for treatment.
- D. Students sent home for treatment should return to school later that day or the following day.
- E. The principal may determine if it is necessary to send home the Notification of Head Lice to other students who are in the same classroom or school where the infestation occurred.