

Student Health Services Policy Statement

Treatment for acute minor illness, chronic disabling and non-disabling conditions

Students with developmental disabilities and handicapping conditions need the same type of health care given to all other students. In addition, they need additional care and services because of their handicapping condition.

PL94-142 has enabled many students to attend school who previously were unable to come to school because of their handicapping and disabling conditions.

In addition, there are many students attending school who have chronic disabling and non-disabling conditions such as asthma, diabetes, cystic fibrosis, etc. These students also need additional care and services during the school day extending beyond the usual school health practice.

Treatment given during the school day should be those which cannot be administered during non-school hours and which are needed by the student to remain in the school/classroom setting. Treatment may include intermittent catheterization, suctioning, tracheotomy care, oxygen therapy, ostomy care, skin care-when braces or orthotics needed, changing dressings, etc.

Examples of treatments which would not be given in school would be those that are given once a day, which could be given during non-school hours, (e.g. enema).

Date approved: September 12, 1984

School Health Services Procedure

Administration of Treatments which Must be Given during School Hours

Legal Authorization for Treatment

- Private physician's written request for administration of the treatment must be submitted to the school. (see school form for treatment administration)
- Parent or guardian's written request/authorization to give each specific treatment must accompany the physician's written request. (see school form for parental authorization of treatment)
- Since procedures are adapted to meet the specific needs of the child, an individual health plan should be written for these students (see health plan procedure) which should include a release signed by the parents for access to health information from the prescribing physician.

Equipment –Supply

- Parents/guardians are responsible for the supplying, maintaining and delivery of treatment equipment/supplies to the school nurse.
- If the school or staff nurse is not available, the principal will designate someone to receive the equipment/supplies and deliver them to the school health room.
- Equipment/supplies should be recorded on the health plan with the date, name and amount delivered and signed by the parent. Note the condition of equipment (new, used, broken or missing parts)
- When someone other than the parent or guardian brings the equipment/supplies to school, a note describing what is being sent to school should be required. The person bringing in the equipment/supplies should be required to check and sign the health plan.
- Equipment and supplies are checked by the school nurses and recorded in the health plan.

Labeling and storage of equipment/supplies in school

Labeling

- Label all equipment with:
 - *Student's name
 - *Name of physician and telephone number (if space permits)
 - *Date delivered to school (if space permits)
 - *Name of item (if space permits and not otherwise indicated)

Storage

- Equipment and supplies will be stored in a locked area, which is convenient for the person responsible for administering the treatment.
- Unused supplies should be given to the parents for disposition. Record date, time, amount and to whom given. Obtain signature of parent receiving the supplies. (if other than parent comes for supplies, authorization must come from the parent to release the supplies to the parent.)

Equipment

Repair of equipment

- Equipment should be given to the parent/guardian with a written explanation of what is wrong with the equipment. Record the date, time to whom given and signature of receiving parent/guardian.

Completion of treatment

- Equipment should be given to the parent along with a written statement of condition of equipment. Record date, time, to whom given, obtain signature of parent/guardian.

Equipment brought to school daily by the student should be kept in the health room if possible. The school district cannot be responsible for equipment that is stored in a student's locker or desk during the school day.

Name _____ Grade _____ Room _____

School District of the City of Erie

AUTHORIZATION FOR MEDICAL TREATMENT AT SCHOOL

Date _____

Diagnosis _____

Treatment to be administered at school:

_____ Urinary Catheterization

_____ Blood glucose monitoring (may be included with other diabetic orders)

_____ G-tube monitoring/feeding

_____ Dressing changes

Other _____

Reason for
treatment _____

Time to be administered _____

Duration of treatment from _____ to _____
(date) (date)

Contraindications/complications _____

Notify physician or parent if: _____

List school activity limitations (gym adaptations require an additional form)

Other diagnosis _____

or medications _____

Physician signature _____ Phone _____

Physician name(print) _____

Parent _____ Phone _____

Name _____ Grade _____ Room _____

School District of the City of Erie

**AUTHORIZATION FOR MEDICAL TREATMENT AT SCHOOL
PARENT AUTHORIZATION**

Date _____

Physician prescribing treatment _____

Treatment _____

I hereby do request and authorize the School District of the City of Erie, Pennsylvania or the City of Erie Area Vocational-Technical School, its Agents and Employees, to administer the treatment herein referred to, and in order to induce the School District or the School, its Agents and Employees, to administer such treatment do hereby remiss, release, and forever discharge the said School District the City of Erie, Pennsylvania or the City of Erie Area Vocational-Technical School, its Members of the Board of Directors (both collectively and individually), its Agents and Employees, and his/her/their, and its successors and assigns, heirs, executors , and administrators, of and from, any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, which hereafter may be sustained by the said minor student and by the said Parents and by any other person or persons having a legal interest therein consequence of the administration of such treatment.

AND FURTHERMORE, we, the said Parents, Guardians or next Friend of the minor do hereby expressly stipulate and agree, to indemnify and forever hold harmless the said School District the City of Erie, Pennsylvania or the City of Erie Area Vocational-Technical School, its Members of the Board of Directors (both collectively and individually), its Agents and Employees, and his/her/their, and its successors and assigns, heirs, executors , and administrators against loss from any and all further claims, demand, and actions in law or in equity that may hereafter at any time be made or brought by the said minor or by any one on behalf of said minor for the purpose of enforcing a further claim for damages on account of the injures which may be sustained in consequence of the administration of the treatment herein referred to, and the Parents, Guardian or next Friend hereby waive any and all rights of exemption both as to real and personal property, to which they may be entitled under the laws of this or any State as against such claim for reimbursement or indemnity.

Parent signature _____