STUDENT HEALTH SERVICES AND REQUIREMENTS

Authority

Albemarle County Schools shall follow the Code of Virginia requirements in matters relating to health, physical examinations, and inoculations. Interpretation of such regulations shall be sought from the Albemarle County Department of Health. (See policies JHCA and JHCB).

Contagious/Communicable Diseases

Students shall be excluded from school when suffering from contagious disease. (See policy JHCC).

Treatment of Medical Emergencies

No treatment of injuries, except first aid, will be given in the schools. Exceptions are made to this policy only in cases of medical necessity. (See policy JHC-R).

Rights of Students

The religious beliefs and constitutional rights of students shall be respected within constraints of legal requirements for health instruction, examination, and treatment.

Administration of Medicines

Administration of medicines will be permitted on school property only where medically necessary and under direct supervision of appropriate staff members. (See policy JHCD).

Adopted: July 1, 1993
Reviewed: November 20, 2003

Legal Ref.: Code of Virginia, 1950, as amended, §§ 22.1-270, 22.1-271.2, 22.1-272, 22.1-274

Cross Ref.: JHCA, *Physical Examinations of Students*
JHCB, *Student Immunizations*
JHCC, *Communicable Diseases*
JHCD, *Administering Medicines to Students*

STUDENT HEALTH SERVICES AND REQUIREMENTS

A. ACCIDENT/INJURIES/ILLNESSES

Any accident, injury or illness which occurs on school property must be immediately reported to the principal. This is essential for medical and insurance purposes.

Every effort shall be made to immediately contact the parent or guardian. If they cannot be reached, the student will be transported by the most appropriate means to emergency treatment. Under no circumstances shall the student be permitted to start home alone.

The principal shall report serious incidents to the office of the Superintendent.

B. ACCIDENTS AND INJURIES: EMERGENCY CARE

School Personnel:

1. Shall render emergency care only to students who are injured at school. Students who are injured at home or in areas for which the school is not responsible shall not be treated by school personnel.

2. Shall proceed on the assumption of maximum disability in the event the severity of an injury cannot be determined.

3. Shall see that first-aid kits are handily available when students are conducted on field trips.

4. Shall under no circumstances stipulate or imply to anyone that they or the school are responsible or liable for an accident. Responsibility or cause and payment of doctor bills are to be decided by the insurance carrier.

5. Shall notify the parent before a physician is contacted except in cases of extreme emergency. This must be a matter of judgment. The decision to contact a physician immediately should be made if it is in the best interest of the student.

6. Shall file a report of the accident on forms provided for that purpose.

Adopted: July 1, 1993
Reviewed: November 20, 2003
Amended: December 11, 2003

STUDENT HEALTH

School _____Address_____Phone _____

_____ is allergic to insect bites and stings.
(Student)

If bitten or stung, he/she may suffer a severe reaction necessitating immediate medical treatment to prevent death or serious injury. The undersigned have supplied _____ with an Emergency Sting Kit and hereby relieve the Albemarle County School Board, its employees, and agents of any legal liability for the safety of the contents of the kit and for insuring that the medicine in the kit is up-to-date. In this latter regard, the undersigned agree to be solely responsible for replacing all medicine from time to time as required by our doctor.

The undersigned hereby give permission to the Albemarle County Public School System employees and agents to use the Emergency Sting Kit on _____.
(Student)

The undersigned further relieve the Albemarle County School Board, its employees, and agents of any legal liability that might pertain to them for any injury, damage, loss or accident which may be occasioned through use of the Emergency Sting Kit on _____ and specifically agree that the Albemarle County School Board, its employees, and agents shall not be liable for the consequences of conduct which would otherwise be negligent, including failure to properly administer an injection or administering an injection when one is not medically needed.

Name_____ Address _____

Phone_____ Date _____

Addendum:

The preceding information as supplied by the parents of _____ is in accordance with my recommendations.

Doctor's Signature _____

Date_____

(Form for use by parents requesting school employees to administer antidote for insect stings or bites.)

STUDENT HEALTH

School _____ Address _____

Phone _____

(Student) _____has diabetes and requires regular administration of insulin. On occasion he/she may suffer a severe reaction to either high or low blood sugar, necessitating immediate medical treatment to prevent death or serious injury.

The undersigned have supplied the principal of the school named above with (medication) _____ and hereby relieve the Albemarle County School Board, its employees, and agents of any legal liability for the safety of the medication supplied and for insuring that the medicine is up to date. In this latter regard, the undersigned agree to be solely responsible for replacing all medicine from time to time as required by our doctor.

The undersigned hereby give permission to the Albemarle County Public School System employees and agents to use the medication supplied on (Student) _____ in accordance with the instructions supplied by the physician whose signature appears below. Unlicensed employees or agents who may administer the medication will receive basic instruction from a registered nurse employed by the Albemarle County Health Department. The undersigned further relieve the Albemarle County Health Department, the Albemarle County School Board, their employees, and agents of any legal liability that might pertain to them for any injury, damage, loss or accident which may be occasioned through use of the medication on (Student) _____ and specifically agree that the Albemarle County School Board, Albemarle County Health Department, their employees, and agents shall not be liable for the consequences of conduct which would otherwise be negligent, including failure to administer the medication properly or administering medication when it is not medically needed.

_____ _____
(Parent's signature) (Date)

_____ _____
(Address) (Phone)

Addendum:
The preceding information as supplied by the parents of _____is in accordance with my recommendations.

_____ _____
Doctor's Signature Date

_____ _____
Address Phone

(For use by parents requesting school employees to administer medication for a diabetic child.)