



## **ABBREVIATION ADDENDUM TO DAILY HEALTH ROOM ACTIVITY LOG**

ADM - Administration  
Aq - Water  
B/A - Band-Aid Applied  
B/P - Blood Pressure  
C/C - Cleansed and Covered  
C/O – Complains of  
ER - Emergency Response  
FSBS - Finger-Stick Blood Sugar  
GR - Grade  
H/A – Headache  
H/C - Health-Code  
INI - Initial  
L - Left  
M/F - Male/Female  
Med - Medication  
N/V - Nausea and Vomiting  
P/C - Parent Called  
R/C - Return to Class  
R - Right  
RX – Prescription  
S/A - Stomach Ache  
S/H - Sent Home  
S/T - Sore Throat  
T – Temperature





## WEEKLY ACTIVITY SUMMARY

School Site: \_\_\_\_\_ Week of: \_\_\_ / \_\_\_ / \_\_\_ thru: \_\_\_ / \_\_\_ / \_\_\_

Health Codes:		Mon	Tue	Wed	Thu	Fri	Weekly Total
#1	RX Meds Administered						
#2	Non-RX Meds Administered						
<b>Total Medications Administered (#1-#2)</b>							

#3	Minor Injuries						
#4	Major Injuries						
<b>Total First Aid Administered (#3-#4)</b>							

#5	Physical Complaints						
#6	Intentional Injuries						
#7	Chronic Conditions						
#8	Head lice / Scabies (Screening)						
#9	Head lice / Scabies (Positive)						
#10	Other						
#11	Medication Intake (to the Clinic)						
<b>Total of #5 thru #11</b>							

<b>Total Paraprofessional Visits (Total of #1 thru #11)</b>							
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DISPOSITION:							
RC	Return to Class						
SH	Sent Home						
MI	Medication Intake (to the Clinic)						
ER	Emergency Response (911)						
<b>Total Disposition</b>							

<b>AED Check (Weekly)</b>							
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## MONTHLY ACTIVITY SUMMARY

School Site: \_\_\_\_\_

Month: \_\_\_\_\_

Health Codes:		Week 1	Week 2	Week 3	Week 4	Week 5	Monthly Total
#1	RX Meds Administered						
#2	Non-RX Meds Administered						
<b>Total Medications Administered (#1-#2)</b>							

#3	Minor Injuries						
#4	Major Injuries						
<b>Total First Aid Administered (#3-#4)</b>							

#5	Physical Complaints						
#6	Intentional Injuries						
#7	Chronic Conditions						
#8	Head Lice / Scabies (Screening)						
#9	Head Lice / Scabies (Positive)						
#10	Other						
#11	Medication Intake (to the Clinic)						
<b>Total of #5 thru #11</b>							

<b>Total Paraprofessional Visits (Total of #1 thru #11)</b>							
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DISPOSITION:							
RC	Return to Class						
SH	Sent Home						
MI	Medication Intake (to the Clinic)						
ER	Emergency Response (911)						
<b>Total Disposition</b>							

<b>AED Check (Weekly)</b>						
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School Health Technician: \_\_\_\_\_

Date: \_\_\_\_\_

School Site Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Necessary only if unable to generate monthly computer spreadsheet

Rev 05/15/2013

## HEALTH TECHNICIAN SUPERVISORY VISIT

Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 School: \_\_\_\_\_

EE = Exceeds Expectations  
 CME = Consistently Meets Expectations  
 DME = Does Not Meet Expectations

PERFORMANCE STANDARDS:	EE	CME	DME
Appearance is neat and professional			
Communicates well with students and parents			
Performs duties within a timely manner			
Notifies parents of illness or injury on a timely basis			
Provides adequate information to parents			
Work environment maintained in a neat and orderly manner			
Works well with other school staff			
Deals well with conflict/promoting win-win situations			
Adheres to school board policies			
Maintains universal precautions/good hand-washing technique			
Utilizes computer availability (Excel/E-Mail)			
Documents medication administration appropriately			
Paperwork is completed and submitted as requested			
Keeps supervisor informed of problematic situations			
Dedicated and Dependable			

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Problem Identified:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Action:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Resolution:**  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Employee Signature

## L.P.N./R.N. SUPERVISORY VISIT

Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 School: \_\_\_\_\_

EE = Exceeds Expectations  
 CME = Consistently Meets Expectations  
 DME = Does Not Meet Expectations

PERFORMANCE STANDARDS:	EE	CME	DME
Appearance is neat and professional			
Communicates well with students and parents			
Performs duties within a timely manner			
Notifies parents of illness or injury on a timely basis			
Provides adequate information to parents			
Work environment maintained in a neat and orderly manner			
Works well with other school staff			
Deals well with conflict/promoting win-win situations			
Adheres to school board policies			
Maintains universal precautions/good hand-washing technique			
Utilizes computer availability (Excel/E-Mail)			
Documents medication administration appropriately			
Paperwork is completed and submitted as requested			
Keeps supervisor informed of problematic situations			
Dedicated and Dependable			
Performs treatments and/or procedures with skill and competence			

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Problem Identified:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Action:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Resolution:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Employee Signature

Rev 05/15/2013

**Pediatric Services of America, Inc.**  
**Location Job Description**  
**Health Technician: School Program**

**Description of Responsibilities:**

The School Health Technician is responsible for providing various client related services to assist in meeting health needs of students and reducing absenteeism in the schools.

**Reporting Relationship:**

Nursing Supervisor, School Principal or School Designee

**FLSA Status:** Non-Exempt

**Responsibilities:**

1. Maintains neat and professional appearance. Reports for work at designated time assigned by employer and School Administration or their designee.
2. Uses verbal and written communications to obtain specific data from the client and the family, regarding the student's health needs.
3. Attends the student's Health Plan development meeting when applicable. Assists with and follows the plan of care under the direction of the Nursing Supervisor and /or the assigned Health Department Nurse. Participates in parent contacts as needed.
4. Demonstrates legal and ethical behavior within the scope of responsibilities of the School Health Technician.
5. Follows School Board Policy and Procedures affecting the health safety, and well-being of students. Reports any charges in the student's mental, physical or environmental conditions or any incidents to the Nursing Supervisor and the School Administration or their designee.
6. Recognizes and reports signs of substance abuse, physical abuse or neglect.
7. Exhibits behavior supporting and promoting students' rights. Notifies Nursing Supervisor, Health Department Nurse or School Guidance for additional resources.
8. Provides a clean and safe environment within the school, including the safe use of equipment.
9. Administers medication per School Board Policy, MD order and/or parental consent and observes for adverse reactions.
10. Identifies appropriate methods for medication storage.
11. Obtains and records oral and axillary temperatures, pulse, respiration, and blood pressure readings, as well as height and weight when indicated.
12. Enforces and follows School Board Policy for head lice screenings, detection, school dismissal, and clearance for returning to school.
13. Assist in screening for hearing and vision impairments as clinic flow allows.
14. Administers basic and minor first aid as needed.
15. Assist as time allows with immunization records in collaboration with school officials and the Department of Health.
16. Accurately documents services provided in accordance with agency policies and procedures on the day the services are rendered. Utilizes computer software, spreadsheets and e-mail as per agency guidelines. Stores documentation in a neat and orderly manner. Participates in Medicaid Billing per School Board requests.
17. Submits timesheet on a weekly basis and submits cumulative monthly reports promptly and efficiently at the end of every month.
18. Attends in-services, trainings and meetings or seeks appropriate continuing education programs, totaling no less than twelve hours per calendar year.
19. Maintains a current certification in Adult, Child and Infant CPR.

*Rev 05/15/2013*

**Minimum Qualifications:**

1. Holds a High School Diploma, or has successfully completed the GED test.
2. Completion of a state approved Certified Nursing Assistant Training program. (Certification as EMT or MA can be substituted)
3. Successful completion of a School Health Technician Competency Evaluation Program.
4. Completion of a current CPR Course.
5. Documentation of good physical condition to allow standing, bending, stretching, walking, pulling, pushing, and lifting.
6. Satisfactory clearance of a criminal background check, including fingerprinting and a pre-employment drug screen.

**Physical Requirements:**

1. Frequent walking, climbing stairs.
2. Repeated or prolonged standing, bending, stooping, kneeling, or crouching.
3. Occasional rapid movement and physical agility.
4. Frequent lifting, carrying, pushing, or pulling, up to 25 lbs.
5. Occasional lifting, carrying, pushing, or pulling up to 50 lbs.
6. Must be able to see and hear to monitor lights, sounds and alarms on equipment.
7. Must have sufficient strength and manual dexterity to safely operate equipment, including grasping and manipulating small objects.
8. Must be able to discern changes in temperature or texture by touch.
9. Must be able to respond to emergency situations. This may require physical strength, agility, and ability to function under stressful circumstances.
10. Must be able to function in a wide variety of environments which may involve exposure to communicable disease, latex, or other sources of allergic response and that cannot always be controlled by the employer.

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**Employee Signature**

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**Date**

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**Supervisor Signature**

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**Date**

**Pediatric Services of America, Inc.**  
**Location Job Description**  
**Licensed Practical Nurse: School Program**

**Description of Responsibilities:**

The LPN is responsible for providing the delivery of safe, comprehensive care to students in an effort to promote medical management and academics.

**Reporting Relationship:**

Nursing Supervisor, School Principal or School Designee

**FLSA Status:** Non- Exempt

**Responsibilities:**

1. Maintain a neat and professional appearance, dress attire to portray self as a health care provider including intact nametag.
2. Report for work in designated time frames and maintain a reliable/dependable work ethic.
3. Work well with others and resolve conflict in a professional manner that promotes a win-win situation.
4. Work as a team player with flexible work ethics in order to meet the need of the school program.
5. Utilize good verbal and written communication skills to obtain specific data from the nursing supervisor, student, family, physician and/or school designee regarding the student's health needs.
6. Attend Health Plan meetings and school conferences when applicable; assisting with the plan of care under the direction of a physician, registered nurse, school designee and/or parent.
7. Attend appropriate continuing education programs as per licensure requirements and participate in PSA in-servicing and training as offered.
8. Demonstrate legal and ethical behavior within the scope of practice and the responsibilities of an LPN.
9. Exhibit behavior supporting and promoting student's rights and overall well-being.
10. Follow PSA and school board policies and procedures that affect the health, safety, and well-being of students in the school health setting. Report any changes in the student's mental, physical, or environmental condition (including any incidents) to the physician, nursing supervisor, school designee and parent as applicable.
11. Recognize and report signs of substance abuse, physical abuse or neglect.
12. Provide a clean and safe environment within the school, including the safe use of equipment. Maintain a neat and orderly workspace.
13. Identify appropriate methods for storage of equipment, supplies, and medications.
14. Maintain universal precautions and good hand-washing technique.
15. Maintain standards of nursing while providing care under the supervision of a registered nurse.
16. Perform treatments and/or procedures with skill and competence.
17. Maintain and follow physician order for any invasive procedure and/or skill. Administers medication per School Board Policy, MD order and/or parental consent and observes for adverse reactions.
18. Provide individual teaching and training with student and/or others in an effort to encourage and promote student independence when applicable.
19. Collaborate, coordinate and supervise services with others in order to promote academics and individualized student needs.
20. Perform duties within a timely and proficient manner.
21. Accurately document services provided in accordance with agency policies and procedures on the day the services are rendered.
22. Submit nursing documentation, logs, reports and timesheets within a timely manner.

*Rev 05/15/2013*

**Minimum Qualifications:**

1. Hold a State approved licensure for Practical Nursing or higher.
2. Maintain a current CPR certification.
3. Possess documentation of good physical condition to allow standing, bending, stretching, walking, pulling, pushing and lifting.
4. Complete a satisfactory criminal background check clearance, including fingerprinting and a pre- employment drug screen.

**Physical Requirements:**

1. Frequent walking, climbing stairs.
2. Repeated or prolonged standing, bending, stooping, kneeling, or crouching.
3. Occasional rapid movement and physical agility.
4. Frequent lifting, carrying, pushing, or pulling, up to 25 lbs.
5. Occasional lifting, carrying, pushing, or pulling up to 50 lbs.
6. Must be able to see and hear to monitor lights, sounds and alarms on equipment.
7. Must have sufficient strength and manual dexterity to safely operate equipment, including grasping and manipulating small objects.
8. Must be able to discern changes in temperature or texture by touch.
9. Must be able to respond to emergency situations. This may require physical strength, agility, and ability to function under stressful circumstances.
10. Must be able to function in a wide variety of environments which may involve exposure to communicable disease, latex, or other sources of allergic response and that cannot always be controlled by the employer.

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**Employee Signature**

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**Date**

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**Supervisor Signature**

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**Date**

**Pediatric Services of America, Inc.**  
**Location Job Description**  
**Registered Nurse: School Program**

**Description of Responsibilities:**

Under the direction of an area Clinical Care Coordinator, The RN is responsible for providing direct school nursing services in an effort to promote prevention, medical management and academics.

**Reporting Relationship:**

Nursing Supervisor, School Principal or School Designee

**Responsibilities:**

1. Provides school nursing services to direct service school districts.
2. Assesses and evaluates the health and developmental status of the pupil in order to make a nursing diagnosis and establish a priority for action.
3. Interprets the health and developmental status of the pupil to school personnel, parents, and the pupil as appropriate.
4. Serves as a health resource person in the health instruction curriculum and takes leadership with faculties in planning and implementing a health education programs.
5. Provides parent education related to student needs.
6. Maintain a neat and professional appearance; Dress attire to portray self as a health care provider including intact nametag.
7. Report for work in designated time frames; while maintaining a reliable and dependable work ethic.
8. Work well with others and resolve conflict in a professional manner that promotes a win-win situation.
9. Work as a team player with flexible work ethics in order to meet the need of the school program.
10. Utilize good verbal and written communication skills to obtain specific data from the nursing supervisor, student, family, physician and/or school designee regarding the student's health needs.
11. Participation in the development of Health Plans and attend school conferences when applicable. Provide care, delegate and teach care to others under the established plan of care while following the direction of a physician, nursing supervisor, school designee and/or parent.
12. Attend appropriate continuing education programs as per licensure requirements and participate in PSA in-servicing and training as offered.
13. Demonstrate legal and ethical behavior within the scope of practice and the responsibilities of an RN.
14. Exhibit behavior supporting and promoting student's rights and overall well-being.
15. Follow PSA and school board policies and procedures that affect the health, safety, and well-being of students in the school health setting. Report any changes in the student's mental, physical, or environmental condition (including any incidents) to the physician, nursing supervisor, school designee and parent as applicable.

16. Recognize and report signs of substance abuse, physical abuse or neglect.
17. Provide a clean and safe environment within the school, including the safe use of equipment. Maintain a neat and orderly workspace.
18. Identify appropriate methods for storage of equipment, supplies, and medications.
19. Maintain universal precautions and good hand-washing technique.
20. Maintain and coordinate standards of nursing while managing a comprehensive school health program.
21. Provide preventive and rehabilitative measures while assisting/providing nursing assessments and screenings in an effort to promote safety and health for all.
22. Perform treatments and/or procedures with skill and competence.
23. Maintain and follow physician order for any invasive procedure and/or skill. Administers medication per School Board Policy, MD order and/or parental consent and observes for adverse reactions.
24. Provide individual teaching and training with student and/or others in an effort to encourage and promote student independence when applicable.
25. Collaborate, coordinate and supervise services with others in order to promote academics and individualized student needs.
26. Perform duties within a timely and proficient manner.
27. Accurately document services provided in accordance with agency policies and procedures on the day the services are rendered.
28. Submit nursing documentation, logs, reports and timesheets within a timely manner and per policy.
29. Performs other duties as assigned by supervisor.

**Minimum Qualifications:**

1. Hold a State approved licensure for Registered Nursing or higher.
2. Current, active professional nursing license in good standing in state of practice.
3. Maintain a current CPR certification.
4. One year of pediatric/neonatal experience preferred.
5. Health requirements as per Company policies and state law and regulation.
6. Satisfactorily complete a criminal background check clearance to include fingerprinting and a pre- employment drug screen.
7. Valid Driver's License and MVR.

**Physical Requirements:**

1. Frequent walking, climbing stairs.
2. Repeated or prolonged standing, bending, stooping, kneeling, or crouching.
3. Occasional rapid movement and physical agility in response to the spontaneity of children and those patients with neurological impairment.
4. Frequent lifting, carrying, pushing, or pulling, up to 25 lbs.
5. Occasional lifting, carrying, pushing, or pulling up to 50 lbs.
6. Transferring, or repositioning patients, alone or with assistance, for feeding, dressing, bathing, or rendering treatment.
7. Must be able to see and hear to monitor lights, sounds and alarms on equipment.
8. Must have sufficient strength and manual dexterity to safely operate equipment, including grasping and manipulating small objects.
9. Must be able to discern changes in temperature or texture by touch.
10. May be required to provide care while riding in a vehicle.
11. Must be able to respond to emergency situations. This may require physical strength, agility, and ability to function under stressful circumstances to evacuate a patient, to provide physical support to the suddenly weak or disabled patient, or to perform one-man CPR for a prolonged period.

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**Employee Signature**

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**Date**

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**Supervisor Signature**

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**Date**

**PERFORMANCE EVALUATION**

*PLEASE USE THE FOLLOWING SCALE WHEN EVALUATING PERFORMANCE.*

EE-Exceeds Expectations

CME-Consistently Meets Expectations

DME-Does Not Meet Expectations

Thank you for your time and consideration, your feedback is greatly appreciated.

Angela Lay, RN  
School Health Coordinator  
Pediatric Services of America, Inc.

## SCHOOL HEALTH TECHNICIAN PERFORMANCE APPRAISAL

EMPLOYEE NAME: \_\_\_\_\_

APPRAISAL PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_

PERFORMANCE STANDARDS	E E	C M E	D M E	COMMENTS
<p><b>1. Performs general clinic support services.</b></p> <ul style="list-style-type: none"> <li>a. Keeps working environment neat, clean and well stocked.</li> <li>b. Maintains equipment in operating condition.</li> <li>c. Orders supplies as needed, allowing ample time for delivery.</li> </ul> <p><b>2. Provides client services as delegated and supervised by a registered nurse.</b></p> <ul style="list-style-type: none"> <li>a. Maintains a Daily Log of all clients receiving clinical services. Documents arrival and departure times on log, as well as disposition.</li> <li>b. Monthly summary reports are submitted within a designated time frame.</li> <li>c. Maintains record keeping and documentation on all logs, forms and spreadsheets in a neat, legible and timely manner.</li> <li>d. Follows school board procedures in logging and verification of medication intake, recording medication as administered, and documenting any waste.</li> <li>e. Performs head -lice screenings, documenting results of screening and disposition of student. Performs head lice clearance according to school policy.</li> </ul> <p><b>3. Attends training and meetings as required.</b></p> <p><b>4. Weekly time sheets are submitted correctly and within a designated time frame.</b></p> <p><b>5. Dress attire is neat, clean and within established dress code (wears name tag).</b></p> <p><b>6. Accepts responsibility for personal and professional dependability and accountability.</b></p>				

<p>7. Maintains client confidentiality by providing privacy regarding client information and clinic services provided.</p> <p>8. Possesses good communication skills. Shows consideration and respect for students, parents, school staff and other agency representatives.</p> <p>9. Demonstrates an attitude of caring in dealing with clients, families and co-workers.</p> <p>10. Assist student in the administration of medication according to School Board Policy. Notifies parents of any concerns, lack of compliancy, or other issues.</p> <p>11. Maintains current CPR, First Aid and AED training.</p> <p>12. Keeps supervisor and school site administration staff informed of any problematic situation that occurs.</p> <p>13. Deals with conflict in a positive manner, promotes a win-win situation.</p>				
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Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SCHOOL HEALTH LPN PERFORMANCE APPRAISAL

EMPLOYEE NAME: \_\_\_\_\_

APPRAISAL PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_

PERFORMANCE STANDARDS	E E	C M E	D M E	COMMENTS
<p><b>1. Performs general support services.</b></p> <ul style="list-style-type: none"> <li>a. Keeps working environment neat, clean and well stocked.</li> <li>b. Maintains equipment in operating condition.</li> <li>c. Orders and/or notifies parents of needed supplies and equipment.</li> </ul> <p><b>2. Provides client services as delegated and supervised by a registered nurse.</b></p> <ul style="list-style-type: none"> <li>a. Maintains documentation of all clients receiving clinical services.</li> <li>b. Follows MD order and Health Care Plan when performing procedures and/or treatments.</li> <li>c. Recognizes alterations in client needs requiring intervention and MD/parent notification.</li> <li>d. Performs treatments and/or procedures with skill and competence.</li> </ul> <p><b>3. Demonstrates collaborative behavior with other personnel.</b></p> <ul style="list-style-type: none"> <li>a. Flexible to assist with clinic/School Health Technician as schedule permits.</li> <li>b. Demonstrates flexibility in scheduling and/or client needs.</li> <li>c. Promotes client/student independence with skill and/or procedure as permits. Assists with learning appropriate self-care techniques.</li> <li>d. Attends Health Care Plan Meetings as applies.</li> </ul> <p><b>4. Attends annual in-services/training and any additional meetings as required.</b></p> <p><b>5. Weekly time sheets are submitted correctly and within designated time frame.</b></p>				

<p><b>6. Monthly summary reports are submitted within a designated time frame.</b></p> <p><b>7. Dress attire is neat, clean and within established dress code (wears name tag).</b></p> <p><b>8. Accepts responsibility for personal and professional dependability and accountability.</b></p> <p><b>9. Maintains client confidentiality by providing privacy regarding client information and clinic services provided.</b></p> <p><b>10. Possesses good communication skills. Shows consideration and respect for students, parents, school staff and other agency representatives.</b></p> <p><b>11. Demonstrates an attitude of caring in dealing with clients, families and co-workers.</b></p> <p><b>12. Maintains current CPR training and continuing education within the guidelines of nursing license.</b></p> <p><b>13. Keeps supervisor informed of any problematic situation.</b></p> <p><b>14. Deals with conflict in a positive manner, promotes a win-win situation.</b></p>				
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**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Principal/Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SCHOOL HEALTH RN PERFORMANCE APPRAISAL

EMPLOYEE NAME: \_\_\_\_\_

APPRAISAL PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_

PERFORMANCE STANDARDS	E E	C M E	D M E	COMMENTS
<p><b>1. Performs general support services.</b></p> <ul style="list-style-type: none"> <li>a. Keeps working environment neat, clean and well stocked.</li> <li>b. Maintains equipment in operating condition.</li> <li>c. Orders and/or notifies parents of needed supplies and equipment.</li> </ul> <p><b>2. Provides client services as delegated and supervised.</b></p> <ul style="list-style-type: none"> <li>a. Maintains documentation of all clients receiving clinical services.</li> <li>b. Follows MD order and Health Care Plan when performing procedures and/or skilled treatments.</li> <li>c. Recognizes alterations in client needs requiring intervention and MD/parent notification.</li> <li>d. Performs treatments and/or procedures with skill and competence.</li> </ul> <p><b>3. Demonstrates collaborative behavior with other personnel.</b></p> <ul style="list-style-type: none"> <li>a. Communicates with parents/MD to collaborate and develop an individualized plan of care.</li> <li>b. Demonstrates flexibility in scheduling and/or client needs.</li> <li>c. Promotes client/student independence with skill and/or procedure as permits. Assists with learning appropriate self-care techniques.</li> <li>d. Attends Health Care Plan Meetings as applies.</li> </ul> <p><b>4. Attends annual in-services/training and any additional meetings as required.</b></p> <p><b>5. Weekly time sheets are submitted correctly and within designated time frame.</b></p>				

<p><b>6. Monthly summary reports are submitted within a designated time frame.</b></p> <p><b>7. Dress attire is neat, clean and within established dress code (wears name tag).</b></p> <p><b>8. Accepts responsibility for personal and professional dependability and accountability.</b></p> <p><b>9. Maintains client confidentiality by providing privacy regarding client information and clinic services provided.</b></p> <p><b>10. Possesses good communication skills. Shows consideration and respect for students, parents, school staff and other agency representatives.</b></p> <p><b>11. Demonstrates an attitude of caring in dealing with clients, families and co-workers.</b></p> <p><b>12. Maintains current CPR training and continuing education within the guidelines of nursing license.</b></p> <p><b>13. Keeps supervisor informed of any problematic situation.</b></p> <p><b>14. Deals with conflict in a positive manner, promotes a win-win situation.</b></p>			
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**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Principal/Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## DIABETES SKILLS CHECKLIST

Trainee's Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Trainee's Signature: \_\_\_\_\_

Trainee's Initials: \_\_\_\_\_

<b>DOCUMENTATION</b>	<b>TRAINEE'S INITIALS</b>
Authorization for Diabetes Management Form	
<b>Emergency Health Care Plan (EHCP)</b>	
Blood Glucose Monitoring Log	
Insulin/Carbohydrate Worksheet	
Dispersion of Medication Form	
<b>AUTHORIZATION FOR BLOOD GLUCOSE MONITORING</b>	<b>TRAINEE'S INITIALS</b>
Knowledge and understanding of action plan for glucose levels	
Physician and parent/guardian signature	
<b>HYPOGLYCEMIA/HYPERGLYCEMIA</b>	<b>TRAINEE'S INITIALS</b>
Signs and symptoms of low blood glucose (symptoms vary from person to person but generally remain consistent for an individual): hunger, anxiety, flushing, sweating, palpitations, fast heartbeat, tremors, shaking, impaired or blurred vision, dizziness, weakness/fatigue, headache, irritability, personality change, uncharacteristic behavior, introverted behavior, and/or aggressive behavior. Symptoms can progress to unconsciousness, coma or seizures if left untreated For Treatment: refer to <i>Procedure &amp; Guidelines for Managing Diabetes in the School</i>	
Signs and symptoms of high blood glucose: extreme thirst, frequent urination, dry skin, hunger, blurred vision, drowsiness, and/or decreased healing Treatment refer to <i>Procedure &amp; Guidelines for Managing Diabetes in the School Setting</i>	
Signs and symptoms of untreated ketonuria: nausea, vomiting, abdominal pain, rapid breathing, dehydration, lethargy, and ultimately ketoacidosis Treatment refer to <i>Procedure &amp; Guidelines for Managing Diabetes in the School Setting</i>	
<b>PROCEDURE FOR BLOOD GLUCOSE MONITORING</b>	<b>TRAINEE'S INITIALS</b>
Wash hands and have the student wash their hands	
Gather equipment (lancet, gloves, cotton ball, monitor, strips, and sharps)	
Put on disposable gloves if assisting/performing student care	
Turn on monitor; ensure test strip code matches if applicable	
Obtain blood specimen by finger-stick; encourage using side of finger near finger pad	
Place blood on test strip, then cover finger with cotton ball to stop bleeding	
Allow monitor to determine reading and if needed, assist student with treating blood sugar results by following guidelines on the Diabetic Authorization/Emergency Health Care Plan	
If student is independent with skill, allow him/her to remove and dispose of lancet in sharps container. If student is assist care or dependent care, cautiously remove lancet and place in sharps container	
Document findings and treatment on the Diabetic Monitoring Log and on the Daily Activity Log	

<b>INSULIN</b>	<b>TRAINEE'S INITIALS</b>
Recommended storage for insulin pens at room temperature: Humalog                      Opened – 29 Days              Un Opened – Expiration Date Novalog                        Opened – 28 Days              Un Opened – Expiration Date	
Recommended storage for vials: Vials                            Opened – 28 Days              Un Opened – Expiration Date Refrigerate when possible	
Verify insulin dosage prior to self- administration / nurse-administration	
<b>NEEDLES</b>	<b>TRAINEE'S INITIALS</b>
Needles to be disposed of in sharps container	
<b>GLUCAGON</b>	<b>TRAINEE'S INITIALS</b>
Observe student for signs of unresponsiveness	
Call 911 and parent/guardian; notify school site administration staff	
Place student on his/her side	
Prepare Glucagon Injection according to directions	
Withdraw Glucagon from vial	
Cleanse area of skin with alcohol	
Administer subcutaneous Injection	
Provide snack as soon as student is able to eat safely	
Document on appropriate form	
<b>URINE KETONE TESTING</b>	<b>TRAINEE'S INITIALS</b>
<i>Refer to Authorization for Blood Glucose Monitoring for guidelines</i>	
Verify expiration date on bottle	
Date bottle when opened	
For open bottles, do not use past the expiration date on the label instructions	
Do not remove desiccant from bottle	
Do not touch test area of test strip	
Replace bottle cap immediately and tightly	
Read results fifteen (15) seconds after urine applied	
Compare test area of strip to color chart on bottle for results	
<b>DISCONNECTING THE INSULIN PUMP</b>	<b>TRAINEE'S INITIALS</b>
Wash hands	
Follow guidelines on Diabetic Authorization/Emergency Health Care Plan	
Review insulin pump instructions/booklet for guidelines on student specific pump	
Disconnect pump	
Gather Glucagon for immediate availability in case student becomes unconscious or unable to eat by mouth	
Notify parent/guardian of pump disconnection and review blood glucose readings	
Document findings and treatment on Diabetic Monitoring Log and on Daily Activity Log	

Instructor's Name: \_\_\_\_\_  
(Please Print)

Instructor's Signature: \_\_\_\_\_

## DIASTAT and DIASTAT ACUDIAL SKILLS CHECKLIST

Trainee's Name: \_\_\_\_\_  
*(Please Print)*

Date: \_\_\_\_\_

Trainee's Signature: \_\_\_\_\_

Trainee's Initials: \_\_\_\_\_

EXPLANATION/RETURN DEMONSTRATION	TRAINEE'S INITIALS
1. Observe student for signs/symptoms of seizure activity (Note time of onset)	
2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff.	
3. Check medication expiration date, physician's order, and student's <i>Emergency Health Care Plan</i>	
4. Place student on left side	
5. Provide privacy	
6. Prepare Diastat for administration (If using Diastat AcuDial confirm dosage is visible and correct in display window and the green {ready} band is visible) -Remove cap -Lubricate tip with gel if not self-lubricating -Separate buttock -Insert tip into rectum -Inject Diastat slowly – count 1-2-3 -Hold applicator still – slowly count 1-2-3 -Remove applicator slowly -Hold buttocks together – slowly count 1-2-3	
7. Stay with student until help arrives -Monitor respiratory status -Monitor seizure activity -Clear immediate area to prevent harm	
8. Report the following to EMS -Appearance of seizure activity -Time seizure began and ended	
9. Give the Diastat container with the time of administration to EMS	
10. Document on appropriate form: time of onset, symptoms observed, time medication administered, response to medication, time EMS arrived/transport	

Instructor's Name: \_\_\_\_\_  
*(Please Print)*

Instructor's Signature: \_\_\_\_\_

## EPIPEN/EPIPEN JR. INJECTION SKILLS CHECKLIST

Trainee's Name: \_\_\_\_\_  
*(Please Print)*

Date: \_\_\_\_\_

Trainee's Signature: \_\_\_\_\_

Trainee's Initials: \_\_\_\_\_

EXPLANATION/RETURN DEMONSTRATION	TRAINEE'S INITIALS
1. Observe student for signs/symptoms of anaphylactic reaction	
2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff	
3. Check medication expiration date, physician's order and student's <i>Emergency Health Care Plan</i>	
4. Immobilize student prior to injection	
5. Determine appropriate injection site	
6. Prepare Epipen/Epipen Jr. for administration -Carefully remove auto-injector from the carrier tube or case -Grasp the auto-injector in your fist with the orange tip pointing downward -With the other hand, remove the blue safety release by pulling straight up without bending or twisting it - <b>NOTE</b> that the needle comes out of the orange tip. <b>NEVER</b> put your thumb, finger or hand over the orange tip	
7. Administer injection intramuscularly ( <b><i>Injection can be given through clothing</i></b> ) -Hold the auto-injector with the orange tip near the outer thigh -Swing and firmly push the orange tip against the outer thigh until it clicks -Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (perpendicular) to the thigh -Hold firmly against the thigh for approximately 10 seconds to deliver the full dose of medication -Remove the auto-injector from the thigh. The orange tip will extend to cover the exposed needle if the correct/full dosage has been administered -Gently massage the injection site	
8. Stay with student until EMS arrives -Send Epipen/Epipen Jr. with EMS upon transfer	
9. Continuously monitor student's: breathing, color, hives, swelling, and vomiting	
10. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student	

Instructor's Name: \_\_\_\_\_  
*(Please Print)*

Instructor's Signature: \_\_\_\_\_

## AUVI-Q AUTO-INJECTOR SKILLS CHECKLIST

Trainee's Name: \_\_\_\_\_  
*(Please Print)*

Date: \_\_\_\_\_

Trainee's Signature: \_\_\_\_\_

Trainee's Initials: \_\_\_\_\_

EXPLANATION/RETURN DEMONSTRATION	TRAINEE'S INITIALS
1. Observe student for signs/symptoms of anaphylactic reaction	
2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff	
3. Check medication expiration date, physician's order and student's <i>Emergency Health Care Plan</i>	
4. Immobilize student prior to injection	
5. Determine appropriate injection site	
6. Prepare Auvi-Q for administration -Pull Auvi-Q from the outer case (once the outer case is off voice instructions will guide you step by step through the injection process) -Pull firmly to remove the Red safety guard - <b>NOTE</b> that the needle comes out of the black base. <b>NEVER</b> put your thumb, finger or hand over the black base	
7. Administer injection intramuscularly or subcutaneously ( <b><i>Injection can be given through clothing</i></b> ) -Place black end against the middle of the outer thigh -Press firmly and hold in place for 5 seconds -Auvi-Q makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q is working correctly. Do not pull Auvi-Q away from the student's leg when you hear the click and hiss sound	
8. Following complete administration of the Auvi-Q, the black base will lock into place, the needle will retract, the voice instruction system will confirm Auvi-Q has been used and the LED lights will blink red -Stay with student until EMS arrives -Send Auvi-Q with EMS upon transfer	
9. Continuously monitor student's: breathing, color, hives, swelling, and vomiting	
10. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student	

Instructor's Name: \_\_\_\_\_  
*(Please Print)*

Instructor's Signature: \_\_\_\_\_

## ACKNOWLEDGEMENT OF MEDICATION ADMINISTRATION TRAINING

Trainee's Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Trainee's Signature: \_\_\_\_\_

Trainee's Initials: \_\_\_\_\_

I hereby acknowledge that I have received training concerning medication administration in the school environment. I understand that I must follow the seven (7) rights of medication administration and the guidelines provided by the Santa Rosa County School District Board and any other contracted health care agency in accordance with State Law 323.46 and School Board Policy 5.62.

THE SEVEN (7) RIGHTS	EXAMPLE	INITIALS
<i>Right Student</i>	Never give the medication if there is any doubt as to the student's identity. Ask the name, then compare to the bottle label and paperwork.	_____
<i>Right Medication</i>	Do not ever substitute a student's medication with another person's medication.	_____
<i>Right Dosage</i>	Check the dosage on the label carefully. Compare paperwork with the medicine container label. Always administer as per medication label. Administer exactly as called for; no more, no less.	_____
<i>Right Time</i>	Check the time with the label and written orders. A grace period of thirty minutes before or after the stated time is allowed. Certain abbreviations may be used.	_____
<i>Right Route</i>	There are different routes or methods to administer medications. Follow the label orders precisely.	_____
<i>Right Form</i>	There are different forms of medication, for example: tablets, capsules, caplets, syrup, suppositories, etc.	_____
<i>Right Documentation</i>	Document date, time, and initial/sign the Medication Administration Record when medication is administered.	_____

Instructor's Name: \_\_\_\_\_  
(Please Print)

Instructor's Signature: \_\_\_\_\_

# Santa Rosa County School District

## Medication Error Report

**\*\* This form must be completed and submitted to your immediate supervisor within 24 hours\*\***

_____ Name of School	_____ Date of Event	_____ Time of Error
_____ Name of Student	_____ D.O.B	_____ Prescribed Medication/Dosage/ Route/Time on Dispersion of Medication Form
_____ Name and Position of Person Witnessing Event	_____ Medication/Dosage/Route/Time Given	

**Describe event and circumstances leading to error:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe Action Taken:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Medication Error Codes (Circle all that apply):
- |                     |                      |
|---------------------|----------------------|
| 1. Wrong Student    | 5. Missed Medication |
| 2. Wrong Dose       | 6. Parent Error      |
| 3. Wrong Time       | 7. Pharmacy Error    |
| 4. Wrong Medication | 8. Other             |

_____ Signature (Person Completing Report)	_____ Date Completed
---	-------------------------

**\*\* DO NOT place this information in the student's Cumulative Health Folder.**

Please click the [link](#) below to access the PSA Employee Report of Injury or Near Injury. [PSA Employee report of Injury or Near Injury](#)

# **Santa Rosa County School Health Policy and Procedure Manual**

Forms For:



**May 2013**

# Santa Rosa County Health Department

P.O. Box 929  
5527 Stewart Street  
Milton, FL 32570

## Basic Information About Schools

School: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal: \_\_\_\_\_ Assistant Principal: \_\_\_\_\_

Secretary: \_\_\_\_\_ Data Entry Clerk: \_\_\_\_\_

School Health Technician: \_\_\_\_\_

Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Number Students: \_\_\_\_\_ Total Number Teachers: \_\_\_\_\_

Faculty Meeting Day: \_\_\_\_\_ Time: \_\_\_\_\_

PTO Meeting Day: \_\_\_\_\_ Time: \_\_\_\_\_

PTO Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Regular School Health Nurse Visit: \_\_\_\_\_

<b>School Name</b>		<b>6 Digit FSS DAU Number</b>	<b>6 Digit Comprehensive DAU</b>
<b>FSS &amp; Comprehensive SCHOOLS:</b>			
AVALON MIDDLE SCHOOL		012S92	<b>012S52</b>
GULF BREEZE MIDDLE SCHOOL		012S82	<b>012S53</b>
HOBBS MIDDLE SCHOOL		012S74	<b>012S54</b>
JAY ELEMENTARY		012S98	<b>012S45</b>
KING MIDDLE		012S75	<b>012S55</b>
SIMS MIDDLE		012S88	<b>012S57</b>
CHUMUCKLA ELEMENTARY		012S79	<b>012S42</b>
WOODLAWN MIDDLE		012S96	<b>012S58</b>
CENTRAL SCHOOL		012S99	<b>012S59</b>
S.S. DIXON PRIMARY		012S80	<b>012S37</b>
S.S. DIXON INTERMEDIATE		012S76	<b>012S50</b>
HOLLEY NAVARRE PRIMARY		012S66	<b>012S36</b>
EAST MILTON ELEMENTARY		012S73	<b>012S43</b>
W. H. RHODES		012S77	<b>012S49</b>
BAGDAD ELEMENTARY		012S78	<b>012S39</b>
GULF BREEZE ELEMENTARY		012S81	<b>012S44</b>
WEST NAVARRE PRIMARY		012S83	<b>012S38</b>
ORIOLE BEACH ELEMENTARY		012S86	<b>012S46</b>
PEA RIDGE ELEMENTARY		012S87	<b>012S47</b>
PACE HIGH		012S89	<b>012S64</b>
NAVARRE HIGH		012S93	<b>012S63</b>
MILTON HIGH		012S95	<b>012S62</b>
GULF BREEZE HIGH		012S97	<b>012S60</b>
JAY HIGH		012S98	<b>012S61</b>
WEST NAVARRE INTERMEDIATE		012S91	<b>012S51</b>
BERRYHILL ELEMENTARY		012S72	<b>012S41</b>
T.R. JACKSON PK		012S90	<b>012S48</b>
BENNETT RUSSELL ELEMENTARY		012S65	<b>012S40</b>

Santa Rosa County School Health Program

\_\_\_\_\_ **School Year**

Dear Parent,

This letter is intended to inform you of the variety of services provided to your child by the school health nursing team of the Santa Rosa County Health Department. Our staff provides a wide range of nursing and health-related education and assistance to all children in Santa Rosa County School District.

The guidance that directs the services to be provided can be found in “The School Health Services Act,” s.381.0056, F.S., s.402.3026, F.S., s.381.0057, F.S. and the Department of Health Florida Administrative Code Ch. 64B9-14, and 64F-6. These services include, but may not be limited to:

- Conducting health appraisals, counseling and referrals upon request of the school staff, students or parents;
- Conducting vision, hearing, and scoliosis screens for targeted grades;
- Calculating Body Mass Index [BMI] on 1st, 3<sup>rd</sup>, and 6<sup>th</sup> Grade students;
- Reviewing new student health records for school entrance compliance related to immunization and physical exam requirements;
- Providing in-service training annually to school staff and volunteers who administer medications to students;
- Collaborating on the referral and/or follow-up of suspected or confirmed student health problems;
- Performing regular school site visits; and
- Making limited presentations for the purpose of health education or for Career Days.

While the services above are mandated by the State of Florida, the Santa Rosa County Health Department’s school nursing team is always seeking ways to improve the services we provide. Therefore, we welcome your feedback on our performance, and we invite you to contact your school’s administrative office or the Santa Rosa County Health Department directly at 850-983-5200 to provide comments and suggestions. In addition, if you do not wish for your child to receive school health services by the Santa Rosa County Health Department, please notify us in writing to your school.

We look forward to serving the school health needs of your children in the coming year!

Sincerely,

\_\_\_\_\_  
Debbie Price, RN, BSN, NCSN  
Nursing Program Specialist  
Santa Rosa County Health Department

\_\_\_\_\_  
Sherry Smith  
Director of Student Services  
Santa Rosa County School District

Put letter on school letter head

(Date)

Dear Fifth Grade Parent/Guardian,

In accordance with Florida Law, schools are required to teach human growth and development. To meet this requirement we will be offering a program on puberty and hygiene to our fifth grade students. This program is presented through a video for both girls and boys with a question and answer session following. The boys and girls will attend separate sessions.

(Fill in name) \_\_\_\_\_ will be presenting the session to the boys.

(Fill in name) \_\_\_\_\_ will be presenting the session to the girls.

Each presentation will be approximately 45 minutes long.

We feel that a program of this nature will help give our students a better understanding of themselves and the changes experienced in adolescence. If you would like to view the video prior to the presentation please contact your guidance counselor to arrange a viewing.

The program is scheduled for: \_\_\_\_\_  
(Date and Time)

Sincerely,

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Santa Rosa County School Health Nurse

.....  
(Opt-Out)

I do not want \_\_\_\_\_ to attend the Growth and Development presentation.  
(Name of student)

\_\_\_\_\_  
(Parent/Guardian Signature)

Dear Parent or Guardian,

Nurses from the Santa Rosa County Health Department will be at \_\_\_\_\_ to conduct a sixth grade health screening on \_\_\_\_\_. The State of Florida's Department of Health mandates these screenings on students at various grade levels.

The health screenings will consist of:

- **Hearing and Vision Screenings**
- **Height and Weight checks** (With Body Mass Index [done with respect to privacy])
- **Spine check for Scoliosis** (Curvature of the spine)

The School Health Nurse will notify you if a problem is suspected as a result of any of the screenings. Initial failed hearing and vision screenings will receive a re-check by the School Health Nurse. **Please make sure that your child brings or wears any corrective lenses on the day of the health screenings.**

Scoliosis checks are extremely important in early adolescence, as this is the time when children are growing rapidly. A chiropractor, nurse practitioner, volunteer physician or experienced school nurse performs these exams. Every effort is made to insure your child's modesty and privacy during these screenings; therefore, **boys and girls are screened separately and in different locations.**

Please send a note to school by \_\_\_\_\_ if you **do not** want your child to participate in all or any portion of these health screenings.

As always, if you have questions or concerns please feel free to contact your School Health Nurse, \_\_\_\_\_ at \_\_\_\_\_

Sincerely, \_\_\_\_\_

---

Principal

---

School Nurse

**Santa Rosa County Health Department  
School Health Nursing**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Vision**

**Wears glasses: Yes** \_\_\_ **No** \_\_\_                      **Tested with glasses: Yes** \_\_\_ **No** \_\_\_

**Note: 20/40 = Pass**

**Initial test Date:** \_\_\_\_\_                      **Retest: Date:** \_\_\_\_\_

**Pass:** \_\_\_ **Fail:** \_\_\_                                      **Pass:** \_\_\_ **Fail:** \_\_\_

**R eye: 20/** \_\_\_\_\_ **L eye: 20/** \_\_\_\_\_                      **R eye 20/** \_\_\_\_\_ **L eye: 20/** \_\_\_\_\_

**Time In:** \_\_\_\_\_ **Nurse Signature:** \_\_\_\_\_                      **Time out:** \_\_\_\_\_

**Hearing**

**Test @ 25 dB**

**Initial Test Date** \_\_\_\_\_                      **Retest: Date:** \_\_\_\_\_

**Pass:** \_\_\_ **Fail:** \_\_\_                                      **Pass:** \_\_\_ **Fail:** \_\_\_

	R	L
1000 Hz	_____	_____
2000 Hz	_____	_____
4000 Hz	_____	_____

	R	L
1000 Hz	_____	_____
2000 Hz	_____	_____
4000 Hz	_____	_____

**Time In:** \_\_\_\_\_ **Nurse Signature:** \_\_\_\_\_                      **Time out:** \_\_\_\_\_

**Follow-up: No:** \_\_\_ **Yes:** \_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Santa Rosa County Health Department  
School Health Nursing**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Vision**

**Wears glasses: Yes** \_\_\_ **No** \_\_\_      **Tested with glasses: Yes** \_\_\_ **No** \_\_\_

**Note: 20/30 = Pass**

**Initial test Date:** \_\_\_\_\_ **Retest: Date:** \_\_\_\_\_

**Pass:** \_\_\_ **Fail:** \_\_\_      **Pass:** \_\_\_ **Fail:** \_\_\_

**R eye: 20/** \_\_\_\_\_ **L eye: 20/** \_\_\_\_\_      **R eye 20/** \_\_\_\_\_ **L eye: 20/** \_\_\_\_\_

**Time In:** \_\_\_\_\_ **Nurse Signature:** \_\_\_\_\_ **Time out:** \_\_\_\_\_

**Hearing**

**Test @ 25 dB**

**Initial Test Date** \_\_\_\_\_ **Retest: Date:** \_\_\_\_\_

**Pass:** \_\_\_ **Fail:** \_\_\_      **Pass:** \_\_\_ **Fail:** \_\_\_

<b>R</b> <b>L</b>	<b>R</b> <b>L</b>
1000 Hz _____	1000 Hz _____
2000 Hz _____	2000 Hz _____
4000 Hz _____	4000 Hz _____

**Time In:** \_\_\_\_\_ **Nurse Signature:** \_\_\_\_\_ **Time out:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **BMI:** \_\_\_\_\_ **Percentile:** \_\_\_\_\_

**<5% Underweight**      **5% - <85% Normal**

**85% - <95% Overweight**      **≥95% Obese**

**Time In:** \_\_\_\_\_ **Nurse Signature:** \_\_\_\_\_ **Time out:** \_\_\_\_\_

**Follow-up: No:** \_\_\_ **Yes:** \_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Santa Rosa County Health Department  
School Health Nursing**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Vision**

**Wears glasses: Yes** \_\_\_ **No** \_\_\_                      **Tested with glasses: Yes** \_\_\_ **No** \_\_\_

**Note: 20/30 = Pass**

**Initial test Date:** \_\_\_\_\_                      **Retest: Date:** \_\_\_\_\_

**Pass:** \_\_\_ **Fail:** \_\_\_

**Pass:** \_\_\_ **Fail:** \_\_\_

**R eye: 20/**\_\_\_\_ **L eye: 20/**\_\_\_\_                      **R eye 20/**\_\_\_\_ **L eye: 20/**\_\_\_\_

**Time In:** \_\_\_ **Nurse Signature:** \_\_\_\_\_ **Time out:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **BMI:** \_\_\_\_\_ **Percentile:** \_\_\_\_\_

**<5% Underweight**

**5% - <85% Normal**

**85% - <95% Overweight**

**≥95% Obese**

**Time In:** \_\_\_ **Nurse Signature:** \_\_\_\_\_ **Time out:** \_\_\_\_\_

**Follow-up: No:** \_\_\_ **Yes:** \_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Santa Rosa County Health Department  
School Health Nursing**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **School:** \_\_\_\_\_

<b>Vision</b>			
<b>Wears glasses: Yes</b> ___ <b>No</b> ___		<b>Tested with glasses: Yes</b> ___ <b>No</b> ___	
<b>Note: 20/30 = Pass</b>			
<b>Initial test Date:</b> _____		<b>Retest: Date:</b> _____	
<b>Pass:</b> ___ <b>Fail:</b> ___		<b>Pass:</b> ___ <b>Fail:</b> ___	
<b>R eye: 20/</b> _____	<b>L eye: 20/</b> _____	<b>R eye 20/</b> _____	<b>L eye: 20/</b> _____
<b>Time In:</b> _____		<b>Nurse Signature:</b> _____	
		<b>Time out:</b> _____	

<b>Hearing Test @ 25 dB</b>			
<b>Initial Test Date</b> _____		<b>Retest: Date:</b> _____	
<b>Pass:</b> ___ <b>Fail:</b> ___		<b>Pass:</b> ___ <b>Fail:</b> ___	
<b>R</b>	<b>L</b>	<b>R</b>	<b>L</b>
<b>1000 Hz</b> _____	_____	<b>1000 Hz</b> _____	_____
<b>2000 Hz</b> _____	_____	<b>2000 Hz</b> _____	_____
<b>4000 Hz</b> _____	_____	<b>4000 Hz</b> _____	_____
<b>Time In:</b> _____		<b>Nurse Signature:</b> _____	
		<b>Time out:</b> _____	

<b>Height:</b> _____	<b>Weight:</b> _____	<b>BMI:</b> _____	<b>Percentile:</b> _____
<b>&lt;5% Underweight</b>		<b>5% - &lt;85% Normal</b>	
<b>85% - &lt;95% Overweight</b>		<b>≥95% Obese</b>	
<b>Time In:</b> _____		<b>Nurse Signature:</b> _____	
		<b>Time out:</b> _____	

**Follow-up:** No: \_\_\_ Yes: \_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**Santa Rosa County School Health Referral Form  
(From School to Parent/Guardian)**

The 1974 Florida School Health Services Act mandated that height/weight measurements, vision, hearing and scoliosis screenings be provided cooperatively by school personnel and County Health Department personnel. This service will be provided at designated grade levels and upon request by teachers, guidance counselors, parents, or students, if a problem is suspected.

A \_\_\_\_\_ screening was done on \_\_\_\_\_ ,  
(type of screening) (student name)

a student at \_\_\_\_\_ on \_\_\_\_\_  
(school) (date/dates)

Your child: \_\_\_\_\_ was in one of the targeted screening grades for this year  
\_\_\_\_\_ was referred for screening by \_\_\_\_\_ .

**The result of the screening is as follows:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\***(Note: Normal vision = 20/30 and Normal hearing = 25dB)

It is suggested that your child be given further examination by a family physician, eye doctor or other specialist. If such an examination or follow-up will be a financial burden, please contact your school nurse: \_\_\_\_\_ at \_\_\_\_\_ as there are community resources that may be available to assist eligible students. Please call if you have additional questions or concerns.

PLEASE HAVE THIS PORTION COMPLETED BY THE PHYSICIAN, EYE DOCTOR, ETC  
**RETURN TO THE SCHOOL CLINIC** TO BE PLACED IN YOUR CHILD'S SCHOOL HEALTH FOLDER.

**Doctor's findings and / or treatment(s):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Doctor Signature)

\_\_\_\_\_  
(Date)

**Parent Comments:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Dear Parent of \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_  
School: \_\_\_\_\_

Upon review of the Student Emergency Health Card we have found that you identified the following health concern \_\_\_\_\_ .

We are seeking additional information from you:

Does your child require medication at school for this condition? \_\_\_\_ Yes \_\_\_\_ No

Would you like a phone call from the school nurse to discuss this health concern? \_\_\_\_ Yes \_\_\_\_ No  
If yes, how can you best be reached?

\_\_\_\_\_ Primary Phone# \_\_\_\_\_ Alternate Phone#

Parent/guardian to be called: Name: \_\_\_\_\_

Does your child need an Emergency Health Care Plan written for this condition to guide school personnel in the management of the emergency health care needs? \_\_\_\_ Yes \_\_\_\_ No

Please give us a little more detail on this health condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Thank you in advance for your assistance.

Sincerely,

School Health Nurse

Date: \_\_\_\_\_  
Month Year

Dear Parent/Guardian of \_\_\_\_\_ attending

\_\_\_\_\_  
Name of School Grade \_\_\_\_\_.

Your child's Vision Screen results \_\_\_\_\_ done on \_\_\_\_\_ indicate a need for an additional medical evaluation. Since a screening test is not diagnostic, it is suggested that your child be given a further vision examination by a family physician, eye doctor, or other specialist.

Your child is qualified to participate in the Jeppesen Vision Quest (JVQ) vision program, which provides free eye exams and glasses to eligible children. A referral will be faxed to the JVQ program with your child's information and vision results upon notification by you of your desire to participate in the program. Please call your School Health Nurse to inform them of your decision.

Upon agreement to participate in the JVQ program you will be receiving notification from JVQ on the program and the doctor assigned to your child's care.

Upon receipt of the doctor's name and phone number, please make an appointment for your child. Tell the doctor's staff that you are with Jeppesen Vision Quest program. If glasses are required, JVQ will manufacture quality new glasses and send them to the doctor for dispensing.

If you have further questions or concerns please feel free to contact your School Health Nurse.

\_\_\_\_\_  
School Health Nurse Phone Number

Sincerely,

Santa Rosa County School Health Nurse

**Santa Rosa County School Health - Vision Follow-up**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Dear Parent / Guardian:

Your child did not pass the vision screening administered on \_\_\_\_\_ by the school health nurse. Please let us know if your child has been seen by a doctor or if an appointment has been made to follow-up on this screening.

If finances are a problem, community resources may be available. Please contact your school health nurse.

**Return this slip with parent's and/or doctor's comments to the school health clinic, or feel free to call the school nurse listed below to discuss this screening.**

Thanks for your assistance.

School Health Nurse  
Santa Rosa County Health Department

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**Parent's Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Comments**

Diagnosis: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Santa Rosa County School Health - Hearing Follow-up**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Dear Parent / Guardian:

Your child did not pass the hearing screening administered on \_\_\_\_\_ by the school health nurse. Please let us know if your child has been seen by a doctor or if an appointment has been made to follow-up on this screening.

If finances are a problem, community resources may be available. Please contact your school health nurse.

**Return this slip with parent's and/or doctor's comments to the school health clinic, or feel free to call the school nurse listed below to discuss this screening.**

Thanks for your assistance.

School Health Nurse  
Santa Rosa County Health Department

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**Parent's Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Comments**

Diagnosis: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Frequently Asked Questions about BMI for Children

### What is BMI?

- BMI stands for Body Mass Index. It is a number that shows body weight adjusted for height. BMI for children, also referred to as BMI-for-age, is gender and age specific. BMI-for-age is graphed on a boy or girl growth chart and given a percentile ranking. BMI can be figured with this equation:

$$\text{BMI} = \left( \frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

### How is BMI used?

- Body mass index is used to see how a child is growing. BMI is NOT a diagnostic tool. If your child's BMI is below the 5<sup>th</sup> percentile or above the 85<sup>th</sup> percentile, it is recommended that he/she be seen by a doctor.
- BMI is an indirect measure of body fatness. Studies have shown that a high BMI indicates a high percentage of body fat in most, but not all, cases.
- BMI relates to health risks including high cholesterol, high blood sugar, and high blood pressure. Children with high BMI's are at risk for conditions that can lead to heart disease and diabetes.
- BMI can be used to track body size throughout the life cycle. This is important because BMI-for-age in childhood predicts adulthood BMI.

### What do the BMI percentiles mean?

- Health care professionals use the following established percentile cutoffs for children age 2 to 20:
  - Underweight: BMI less than the 5<sup>th</sup> percentile
  - Normal: BMI 5<sup>th</sup> percentile to the 85<sup>th</sup> percentile
  - At risk for overweight: BMI 85<sup>th</sup> percentile to the 95<sup>th</sup> percentile
  - Overweight: BMI greater than or equal to the 95<sup>th</sup> percentile

For more information about BMI for children, visit the Center for Disease Control's website at <http://www.cdc.gov/nccdphp/dnpa/bmi>.