FURLOW CHARTER SCHOOL

Health Services Handbook

Last updated June 16, 2020

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POLICY: Student Health Services

The Governing Board of Furlow Charter School, in order to implement the requirements of O.C.G.A. 20-2-771.2, has established a student health services program for Furlow Charter School.

The program will be implemented by trained Furlow Charter School personnel and others whose duties are set forth in job descriptions provided by the Executive Director and approved by the Board.

The Executive Director, or designee, is responsible for developing other rules and procedures which may be necessary, in combination with the job descriptions, to implement this program. These rules and procedures shall comply with requirements of the State Board of Education, state law, the Department of Human Services or other state agency with jurisdiction or authority over services provided to students under the above reference code section.

The Executive Director, or designee, is responsible for ensuring all personnel performing student health services under this policy attend annual training. All training will be conducted by licensed, certified, and/or qualified trainers.

All personnel performing services under this policy are subject to the restrictions set forth in O.C.G.A. 20-2-773, specifically, none of the following health services shall be provided to public school students pursuant to this policy:

(1) Distribution of contraceptives;
(2) Performance of abortions;
(3) Referrals for abortion; or,
(4) Dispensing of abortifacients.

LEGAL REF: O.C.G.A. 20-2-771.2

ADOPTED: May 18, 2015
Amended: March 18, 2019

Policy Reference Disclaimer: These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact the policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

Legal Reference	
O.C.G.A. 20-02-0770	Rules for nutritional screening and eye, ear, and dental exams of students
O.C.G.A. 20-02-0771	Immunization of students
O.C.G.A. 20-02-0772	Screening of students for scoliosis
O.C.G.A. 20-02-0773	Restrictions on student health services; utilization of state funds
O.C.G.A. 20-02-0774	Self administration of asthma medication
O.C.G.A. 20-02-0775	Automated external defibrillator
O.C.G.A. 20-02-0776	Auto-injectable epinephrine defined; requirements for student retention of medications; liability of school system
O.C.G.A. 20-02-0776.1	Administration of auto-injectable epinephrine by school personnel
O.C.G.A. 20-02-0778	Required information to parents of students regarding meningococcal meningitis
O.C.G.A. 20-02-0779	Care of students with diabetes
Rule 160-1-3-.03	Infectious Diseases
Rule 160-4-8-.01	Student Support Service

FCS Wellness Policy

Wellness Policy Statement

Furlow Charter School (hereto referred to as FCS) is committed to the optimal development of every student. FCS believes that for students to have the opportunity to achieve personal, academic, developmental, and social success, we need to create positive, safe, and health-promoting learning environments at every level, in every setting, throughout the school year.

Research shows that good nutrition and physical activity before, during, and after the school day are strongly correlated with positive student outcomes. For example, student participation in the U.S. Department of Agriculture's (USDA) School Breakfast Program is associated with higher grades and standardized test scores, lower absenteeism, and better performance on cognitive tasks. Conversely, less-than-adequate consumption of specific foods including fruits, vegetables, and dairy products is associated with lower grades among students. In addition, students who are physically active through active transport to and from school, recess, physical activity breaks, high-quality physical education, and extracurricular activities do better academically. Finally, there is evidence that adequate hydration is associated with better cognitive performance.

This policy outlines FCS's approach to ensuring environments and opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. Specifically, this policy establishes goals and procedures to ensure that:

- Students in FCS have access to healthy foods throughout the school day, through reimbursable school meals, in accordance with Federal and state nutrition standards;
- Students receive quality nutrition education that helps them develop lifelong healthy eating behaviors;
- Students have opportunities to be physically active during and after school;
- Schools engage in nutrition and physical activity promotion and other activities that promote student wellness;
- School staff are encouraged and supported to practice healthy nutrition and physical activity behaviors in and out of school;
- The community is engaged in supporting the work of FCS in creating continuity between school and other settings for students and staff to practice lifelong healthy habits;
- FCS establishes and maintains an infrastructure for management, oversight, implementation, and communication about and monitoring of the policy and its established goals and objectives.

This policy applies to all students and staff. Specific measurable goals and outcomes are identified within each section below.

SCHOOL WELLNESS COMMITTEE

Committee Role and Membership

FCS will convene a representative Wellness Committee that meets at least four times per year to establish goals for and oversee school health and safety policies and programs, including development, implementation, and periodic review and update of this Wellness Policy.

The Wellness Committee membership will represent all school levels and may include--but not be limited to--parents and caregivers, students, representatives of the school nutrition program (e.g., school nutrition director), physical education teachers; health education teachers, school health professionals (e.g., health education teachers, school health services staff such as nurses, physicians, dentists, health educators, and other allied health personnel who provide school health services, and mental health and social services staff such as school counselors, psychologists, social workers, or psychiatrists), school administrators (e.g.., superintendent, principal, vice principal), school board members, health professionals (e.g., dietitians, doctors, nurses, dentists), and the general public.

Leadership

The executive director will convene the Wellness Committee and facilitate development of and updates to the Wellness Policy, and will ensure the school's compliance with the policy.

The designated officials for oversight are:

Name	**Title**	**Email address**
Dr. Lezley Anderson	Executive Director	landerson@furlowcharter.org
Stephanie Duff	Chief Financial Officer	sduff@furlowcharter.org
Crystal Lingefelt	Director of Special Services	clingefelt@furlowcharter.org

Wellness Policy Implementation, Monitoring, Accountability and Community Engagement

Implementation Plan

FCS will develop and maintain a plan for implementation to manage and coordinate the execution of this Wellness Policy. The plan delineates roles, responsibilities, actions, and timelines; and includes information about who will be responsible to make what change, by how much, where and when; as well as specific goals and objectives for nutrition standards for all foods and beverages available on the school campus, food and beverage marketing, nutrition promotion and education, physical activity, physical education, and other school-based activities that promote student wellness.

This Wellness Policy and reports will be made available on the FCS website.

Recordkeeping

FCS will retain records to document compliance with the requirements of the Wellness Policy. Documentation maintained may include, but will not be limited to:

- The written Wellness Policy;
- Documentation demonstrating that the policy has been made available to the public;
- Documentation of efforts to review and update the Wellness Policy; including an indication of who is involved in the update and methods FCS uses to make stakeholders aware of their ability to participate on the Wellness Committee;
- Documentation to demonstrate compliance with the annual public notification requirements;
- The most recent assessment on the implementation of the Wellness Policy;
- Documentation demonstrating the most recent assessment on the implementation of the Wellness Policy has been made available to the public.

Annual Notification of Policy

FCS will inform families and the public each year of basic information about this policy, including its content, any updates to the policy and implementation status. FCS will make this information available via the school website and/or other communications, such as the Family Handbook. FCS will provide as much information as possible about the school nutrition environment. This will include a summary of the school's events or activities related to Wellness Policy implementation. Annually, FCS will also publicize the name and contact information of the school officials leading and coordinating the committee, as well as information on how the public can get involved with the school Wellness Committee.

Triennial Progress Assessments

At least once every three years, FCS will evaluate compliance with the Wellness Policy to assess the implementation of the policy and include:

- The extent to FCS is in compliance with the LWP.
- The progress made toward attaining the goals of the LWP.
- The extent to which the LWP compares to the model LWP.

The Wellness Committee will monitor FCS's compliance with this Wellness Policy.

Revisions and Updating the Policy

The Wellness Committee will update or modify the Wellness Policy based on the results of the triennial assessments and/or as school priorities change, community needs change, wellness goals are met, new health science, information, and technology emerges, or new federal or state guidance or standards are issued. **The Wellness Policy will be assessed and updated as indicated at least every three years, following the triennial assessment.**

Community Involvement, Outreach and Communications

FCS is committed to being responsive to community input, which begins with awareness of the Wellness Policy. FCS will communicate ways in which representatives of the Wellness Committee and others can participate in the development, implementation and periodic review and update of the Wellness Policy through a variety of means appropriate for the school. FCS will use electronic mechanisms, such as email or displaying notices on the school's website, as well as non-electronic mechanisms, such as newsletters, presentations to parents, or sending information home to parents, to ensure that all families are notified of the content of, implementation of, and updates to the Wellness Policy, as well as how to get involved and support the policy.

FCS will notify the public about the content of or any updates to the Wellness Policy annually, at a minimum. FCS will also use these mechanisms to inform the community about the availability of the annual and triennial reports.

NUTRITION GUIDELINES

School Meals

FCS is committed to serving healthy meals to our scholars, with plenty of fruits, vegetables, whole grains, and fat-free and low-fat milk. These meals will be moderate in sodium, low in saturated fat, have zero grams artificial trans-fat per serving (nutrition label or manufacturer's specification), and meet the nutrition needs of school children within their calorie requirements. The school meal programs aim to improve the diet and health of scholars, help mitigate childhood and adolescent obesity, model healthy eating to support the development of lifelong healthy eating patterns, and support healthy choices while accommodating cultural food preferences and special dietary needs.

FCS participates in USDA child nutrition programs, including the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). FCS is committed to offering school meals through the NSLP and SBP programs and other applicable Federal child nutrition programs that:

- Are accessible to all students;
- Are appealing and attractive to children;
- Meet or exceed current nutrition requirements established by local, state, and federal statutes and regulations.

Staff Qualifications and Professional Development

All school nutrition managers and staff will meet or exceed hiring and annual continuing education/training requirements in the USDA professional standards for child nutrition professionals. These school nutrition personnel will refer to USDA's Professional Standards for School Nutrition Standards website to search for training that meets their learning needs.

Water

To promote hydration, free, safe, unflavored drinking water will be available to all students throughout the school day. FCS will make drinking water available where school meals are served during mealtimes.

Celebrations and Rewards

FCS will provide information relating to the USDA Smart Snacks in School Nutrition standards as a recommendation for all foods offered at the school including through:

1. Celebrations and parties. FCS will provide a list of healthy party ideas to parents and teachers, including non-food celebration ideas.
2. Classroom snacks brought by parents. FCS will provide to parents a list of foods and beverages that meet Smart Snacks nutrition standards.

3. Rewards and incentives. FCS will provide teachers and other relevant school staff a list of alternative ways to reward children.

Fundraising

FCS will make available to parents and teachers a list of healthy fundraising ideas to meet or exceed the USDA Smart Snacks in Schools nutrition standards for foods and beverages that may be sold through fundraisers on the school campus during the school day.

Any foods being used in fundraising that do not meet these USDA guidelines should have a learning component added to teach scholars about making healthy food choices. This includes marketing of off-campus events at a restaurant or other eating establishment. The school Executive Director or their designee will make all advisors, club leaders, PTO, and after-school program sponsors aware of this fundraising policy and monitor to be sure that the policy is followed accordingly. Exceptions to this policy can be made by permission of the Executive Director or their designee.

Nutrition Promotion

Nutrition promotion and education positively influence lifelong eating behaviors by using evidence-based techniques and nutrition messages, and by creating food environments that encourage healthy nutrition choices and encourage participation in school meal programs. Students and staff will receive consistent nutrition messages throughout classrooms, gymnasiums, and cafeterias. Nutrition promotion also includes marketing and advertising nutritious foods and beverages to students and is most effective when implemented consistently through a comprehensive and multi-channel approach by school staff, teachers, parents, students and the community.

FCS will promote healthy food and beverage choices for all students throughout the school campus, as well as encourage participation in school meal programs.

Nutrition Education

FCS will teach, model, encourage, and support healthy eating by all students. FCS will provide nutrition education and engage in nutrition promotion that:

- Includes enjoyable, developmentally appropriate, culturally-relevant and participatory activities, such as cooking demonstrations or lessons, promotions, taste-testing, farm visits, and/or school gardens;
- Promotes fruits, vegetables, whole-grain products, low-fat and fat-free dairy products, and healthy food preparation methods.

PHYSICAL ACTIVITY

Children and adolescents should participate in at least 60 minutes of physical activity every day. Physical activity during the school day (including but not limited to recess, classroom physical activity breaks, or physical education) **will not be withheld** as punishment for any reason. This does not include participation on sports teams that have specific academic requirements.

To the extent practicable, FCS will ensure that its grounds and facilities are safe, and that equipment is available to students to be active. FCS will conduct necessary inspections and repairs.

Physical Education

FCS will provide students with physical education using an age-appropriate, sequential physical education curriculum consistent with national and state standards for physical education. The physical education curriculum will promote the benefits of a physically-active lifestyle and will help students develop skills to engage in lifelong healthy habits, as well as incorporate essential health education concepts. The curriculum will support the essential components of physical education.

All students will be provided equal opportunity to participate in physical education classes. FCS will make appropriate accommodations to allow for equitable participation for all students and will adapt physical education classes and equipment as necessary.

The FCS physical education program will promote student physical fitness through individualized fitness and activity assessments and will use criterion-based reporting for each student.

Health education will be required in all elementary grades and FCS will require middle and high school students to take and pass at least one health education course.

Recess (Elementary)

All elementary grades will offer at least **20 minutes of recess** on all days during the school year. This policy may be waived on early dismissal or late arrival days. If recess is offered before lunch, the school will have appropriate hand-washing facilities and/or hand-sanitizing mechanisms to ensure proper hygiene prior to eating and that students are required to use these mechanisms before eating. Hand-washing time, as well as time to put away coats/hats/gloves, will be built into the recess transition period/timeframe before students enter the cafeteria.

Outdoor recess will be offered when weather is feasible for outdoor play. In the event that the school must conduct **indoor recess,** teachers and staff will follow the indoor recess guidelines that promote physical activity for students to the extent practicable.

Recess will complement, not substitute, physical education class. Recess monitors or teachers will encourage students to be active, and will serve as role models by being physically active alongside the students whenever feasible.

Classroom Physical Activity Breaks (Elementary and Secondary)

FCS recognizes that students are more attentive and ready to learn if provided with periodic breaks when they can be physically active or stretch. Thus, students will be offered **periodic opportunities** to be active or to stretch throughout the day on all or most days during a typical school week. FCS recommends teachers provide short (3-5-minute) physical activity breaks to students during and between classroom time at least three days per week. These physical activity breaks will complement, not substitute, for physical education class, recess, and class transition periods.

Active Academics

Teachers will incorporate movement and kinesthetic learning approaches into "core" subject instruction when possible (e.g., science, math, language arts, social studies, and others) and do their part to limit sedentary behavior during the school day.

Teachers will serve as role models by being physically active alongside the students whenever feasible.

Before and After School Activities

FCS offers opportunities for students to participate in physical activity before and/or after the school day through a variety of methods.

Active Transport

FCS will support active transport to and from school, such as walking or biking. FCS will encourage this behavior by engaging in *six or more* of the activities below; including but not limited to:

- Designate safe or preferred routes to school
- Promote activities such as participation in International Walk to School Week, National Walk and Bike to School Week
- Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area)
- Instruction on walking/bicycling safety provided to students
- Promote safe routes program to students, staff, and parents via newsletters, websites, local newspaper
- Use crossing guards
- Use crosswalks on streets leading to schools
- Use walking school buses
- Document the number of children walking and or biking to and from school
- Create and distribute maps of school environment (e.g., sidewalks, crosswalks, roads, pathways, bike racks, etc.)

OTHER ACTIVITIES THAT PROMOTE STUDENT WELLNESS

FCS will aim to integrate wellness activities across the entire school setting, not just in the cafeteria. FCS will coordinate and integrate other initiatives related to physical activity, physical education, nutrition, and other wellness components so that all efforts are complementary, not duplicative, and work towards the same set of goals and objectives promoting student well-being, optimal development, and strong educational outcomes.

All efforts related to obtaining federal, state, or association recognition for efforts, or grants/funding opportunities for healthy school environments will be coordinated with and complementary to the Wellness Policy, including but not limited to ensuring the involvement of the Wellness Committee.

Community Partnerships

FCS will continue relationships with community partners (e.g., hospitals, universities/colleges, local businesses, SNAP-Ed providers and coordinators, etc.) in support of this Wellness Policy's implementation. Existing and new community partnerships and sponsorships will be evaluated to ensure that they are consistent with the Wellness Policy and its goals.

Community Health Promotion and Family Engagement

FCS will promote to parents/caregivers, families, and the general community the benefits of and approaches for healthy eating and physical activity throughout the school year. Families will be informed and invited to participate in school-sponsored activities and will receive information about health promotion efforts.

As described in the "Community Involvement, Outreach, and Communications" subsection, FCS may use electronic mechanisms (e.g., email or displaying notices on the school's website), as well as non-electronic mechanisms, (e.g., newsletters, presentations to parents or sending information home to parents), to ensure that all families are actively notified of opportunities to participate in school-sponsored activities and receive information about health promotion efforts.

Professional Learning

When feasible, FCS will offer professional learning opportunities and resources for staff to increase knowledge and skills about promoting healthy behaviors in the classroom and school (e.g., increasing the use of kinesthetic teaching approaches or incorporating nutrition lessons into math class). Professional learning will help FCS staff understand the connections between academics and health and the ways in which health and wellness are integrated into ongoing district reform or academic improvement plans/efforts.

Furlow Charter School
Vision, Hearing, Dental, and Nutrition Screening Policy

Furlow Charter School requires that the parent or guardian of all students attending school in Georgia for the first time, under Georgia Law 20-2-770, provide the school with a properly executed Certificate of Vision, Hearing, Dental, and Nutritional Screening (GAPH Form 3300) dated either within 12 months prior to enrollment or within 90 calendar days of the student's admission.

Furlow Charter School must not permit a student to attend the school if their parent or guardian fails to provide a valid Certificate of Vision, Hearing, Dental, and Nutritional Screening (GAPH Form 3300) within the appropriate time allotted unless the following situation exists:

(a) Religious Exemption - A child may be exempt from the screening or any portion thereof if the parent or guardian furnishes the school a notarized statement that the required screening conflicts with the religious beliefs of the parent. The school must keep the notarized statement on file and forward the statement to any school the student may later attend.

Furlow Charter School must keep and maintain each student's Certificate of Vision, Hearing, Dental, and Nutrition Screening or notarized document of religious exemption.

If the student is transferring from another Georgia public school, the school from which the child is transferring must forward the Certificate of Vision, Hearing, Dental, and Nutrition Screening and any related follow-up information.

Vision, hearing, dental, and nutrition screenings may be conducted by a physician with an active Georgia license or a person working under the supervision of a physician with an active Georgia license, by a local health department, or by a school's registered nurse.

- The vision portion of the screening may also be conducted by an optometrist with an active Georgia license or by an employee of Prevent Blindness Georgia who is trained in vision screening.
- The hearing portion of the screening may also be conducted by an audiologist or speech-language pathologist with an active Georgia license.
- The dental portion of the screening may also be conducted by a dentist or dental hygienist with an active Georgia license.
- The nutrition portion of the screening may also be conducted by a dietician with an active Georgia license.

The Georgia Department of Public Health may conduct audits to ensure that the state charter school requires and maintains evidence that each child received the required vision, hearing, dental, and nutrition screening.

LEGAL REF: O.C.G.A. 20-02-0770

ADOPTED:
AMENDED:

Year_____

Name or Number of Device	Location of Device	Recommended # of checks per year

Name or Number of Device	Date of Check #1	Signature of Licensed Medical Professional performing check	Date of Check #2	Signature of Licensed Medical Professional performing check	Date of Check #3	Signature of Licensed Medical Professional performing check

*AED machines must be checked by a licensed medical professional in accordance with the device's user manual.

List of Personnel Trained and Authorized to use AED		

*Attach Training agendas/sign-in sheets or copies of CPR/AED certification cards.

Automated External Defibrillator Policy

Purpose: The purpose of this document is to provide guidance in the management and administration of the school's AED program.

Definition:
Automated External Defibrillator (AED) - means a defibrillator which:

1. Is capable of cardiac rhythm analysis;
2. Will charge and be capable of being activated to deliver a countershock after electrically detecting the presence of certain cardiac dysrhythmias; and
3. Is capable of continuously recording cardiac dysrhythmia at the scene with a mechanism for transfer and storage or for printing for review subsequent to use.

Policy Statement: Furlow Charter School shall maintain at least one functional Automated External Defibrillator (AED) on site at the school for use during emergencies. The AED shall be easily accessible during the school day and during any school-related function including: athletic practices, athletic competitions, and other occasions where students and others will be present.

Furlow Charter School shall:

- Ensure that the notification of local Emergency Medical Services (All Local Emergency Responder Departments and Emergency Communication Centers) of the existence, location, and type of AED will be done prior to it being placed into use.
- Ensure that the AED is always readily accessible.
- Require that the school's nurse be responsible for the implementation and oversight of the program, as well as serve as the primary contact for the designated healthcare provider charged with ensuring compliance for the AED program.
- Provide designated personnel for use of the AED in the case of an emergency related to cardiac dysrhythmia. A list of these personnel will be maintained in the school administrative offices.
- Ensure that the same personnel maintain current AED and CPR training by the American Red Cross, American Heart Association, or other nationally recognized equivalent.
- Require that any person who renders emergency care by using the AED immediately activate local Emergency Medical Services by calling 911 so that the student can be transported to the emergency room for follow up care.
- Require that any person who renders emergency care by using the AED notify the program coordinator (who shall notify the designated licensed healthcare provider) and complete the required documentation regarding the incident.

- Ensure that the AED will be maintained and tested according to the manufacturer's operational guidelines, and that a log representing such will be completed and maintained in the school administrative offices.
- Have a designated licensed healthcare provider who has the ongoing responsibility to ensure compliance for the AED program.

Any rescuer, purchaser, property owner, physician, or trainer shall be immune from civil liability for any act or omission to act related to the provision of an AED, as described in Code Sections 31-11-53.1 and 31-11-53.2, except that such immunity shall not apply to an act of willful or wanton misconduct and shall not apply to a person acting within the scope of a licensed profession if such person acts with gross negligence.

LEGAL REF: O.C.G.A. 20-02-0775

ADOPTED:
AMENDED:

American Academy of Allergy Asthma & Immunology
www.aaaai.org

Anaphylaxis Emergency Action Plan

Patient Name: _____ **Age:** _____

Allergies: _____

Asthma ☐ **Yes** ***(high risk for severe reaction)*** ☐ **No**

Additional health problems besides anaphylaxis: _____

_____

Concurrent medications: _____

_____

Symptoms of Anaphylaxis

MOUTH	**itching, swelling of lips and/or tongue**
THROAT*	**itching, tightness/closure, hoarseness**
SKIN	**itching, hives, redness, swelling**
GUT	**vomiting, diarrhea, cramps**
LUNG*	**shortness of breath, cough, wheeze**
HEART*	**weak pulse, dizziness, passing out**

Only a few symptoms may be present. Severity of symptoms can change quickly.
****Some symptoms can be life-threatening. ACT FAST!***

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):

☐ **Adrenaclick (0.15 mg)** ☐ **Adrenaclick (0.3 mg)**

☐ **Auvi-Q (0.15 mg)** ☐ **Auvi-Q (0.3 mg)**

☐ **EpiPen Jr (0.15 mg)** ☐ **EpiPen (0.3 mg)**

Epinephrine Injection, USP Auto-injector- authorized generic
☐ **(0.15 mg)** ☐ **(0.3 mg)**

☐ **Other (0.15 mg)** ☐ **Other (0.3 mg)**

Specify others: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home_____ **work**_____ **cell**_____

Emergency contact #2: home_____ **work**_____ **cell**_____

Emergency contact #3: home_____ **work**_____ **cell**_____

Comments: _____

_____

_____
Doctor's Signature/Date/Phone Number

_____
Parent's Signature (for individuals under age 18 yrs)/Date

Furlow Charter School
Self-Administration of Prescription Asthma or Epinephrine Medication Policy

Purpose:
The purpose of this policy is to provide Furlow Charter School with guidelines for the safe and appropriate use of self-administered prescription asthma and auto-injectable epinephrine medication by students, as well as to ensure compliance with O.C.G.A. 20-02-0774 and 20-02-0776.

Definitions:
- Asthma - A chronic lung disease with recurring symptoms, including wheezing, breathlessness, chest tightness, and coughing.
- Auto-injectable epinephrine - a disposable drug delivery device that is easily transportable and contains a premeasured single dose of epinephrine used to treat life-threatening allergic reactions.

Medication – As used in this policy means a medication prescribed by:

1. A physician licensed under Chapter 34 of Title 43; or
2. A physician assistant licensed under Chapter 34 of Title 43 who is authorized to prescribe medicine for the treatment of asthma in accordance with said chapter.
3. A certified registered nurse practitioner licensed under O.C.G.A. 43-34-25 with a nurse protocol agreement with prescriptive authority who is authorized to prescribe medicine for the treatment of asthma in accordance with said law and protocol agreement.

Policy Statement:
Furlow Charter School shall allow a student, who is identified as qualified, to possess and self-administer prescription asthma medication or auto-injectable epinephrine while:

(a) on school operated property,
(b) in school,
(c) in before-school or after-school care,
(d) under the supervision of school personnel,
(e) at a school-sponsored activity,
(f) in transit to or from school or school-sponsored activity.

Furlow Charter School, and their employees and agents shall incur no liability other than from willful or wanton misconduct for any injury to a student caused by his or her self-administration of asthma or auto-injectable epinephrine medication.

With regard to the authorization of a student to possess and self-administer prescription asthma or auto-injectable epinephrine medication, Furlow Charter School shall require the parent or legal guardian (annually or more frequently if the prescription should change) to:

1. Provide a written statement from the student's healthcare practitioner verifying:
   a) that the student has a condition requiring the medication, and that the healthcare practitioner prescribed the medication,
   b) the details of the medication, including, but not limited to, the
      - Name,

- Method by which it is to be taken,
- Amount that is to be taken, and
- Potential serious reactions and emergency response,

c) that the student has been instructed in self-administration of the medication, and
d) that the student has demonstrated the skill level necessary to use the medication device to administer the medication.

2. Provide a written statement from themselves acknowledging:
   a) consent for the student to possess and self-administer the medication as ordered by the student's healthcare practitioner,
   b) consent for the school to consult the physician regarding the medication, and
   c) that the school and its employees and agents shall incur no liability other than from willful or wanton misconduct for any injury to a student caused by his or her self-administration of the medication.
3. Provide a written statement from the student acknowledging:
   a) that he or she will use the medication only as prescribed, and
   b) that he or she may be subject to disciplinary action if the medication is used in a manner other than as prescribed, according to the disciplinary action policy, as long as the action does not limit or restrict the student's immediate access to the medication.

LEGAL REF: O.C.G.A. 20-02-0774 & 20-02-0776

ADOPTED:
AMENDED:

Asthma and Allergy Foundation of America

STUDENT ASTHMA ACTION CARD

National Asthma Education and Prevention Program

Name: _____ Grade: _____ Age: _____

Homeroom Teacher: _____ Room: _____

Parent/Guardian Name: _____ Ph: (h): _____

Address: _____ Ph: (w): _____

Parent/Guardian Name: _____ Ph: (h): _____

Address: _____ Ph: (w): _____

ID Photo

Emergency Phone Contact #1 _____
Name Relationship Phone

Emergency Phone Contact #2 _____
Name Relationship Phone

Physician Treating Student for Asthma: _____ Ph: _____

Other Physician: _____ Ph: _____

EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as, _____ , _____,
_____ , _____or has a peak flow reading of _____.

• Steps to take during an asthma episode:

1. Check peak flow.
2. Give medications as listed below. Student should respond to treatment in 15-20 minutes.
3. Contact parent/guardian if _____
   _____
4. Re-check peak flow.
5. Seek emergency medical care if the student has any of the following:
   - ✔ Coughs constantly
   - ✔ No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
   - ✔ Peak flow of _____
   - ✔ Hard time breathing with:
     - Chest and neck pulled in with breathing
     - Stooped body posture
     - Struggling or gasping
   - ✔ Trouble walking or talking
   - ✔ Stops playing and can't start activity again
   - ✔ Lips or fingernails are grey or blue

IF THIS HAPPENS, GET EMERGENCY HELP NOW!

• Emergency Asthma Medications

	Name	Amount	When to Use
1.			
2.			
3.			
4.			

See reverse for more instructions

Daily Asthma Management Plan

• Identify the things which start an asthma episode (Check each that applies to the student.)

☐ Exercise
☐ Respiratory infections
☐ Change in temperature
☐ Animals
☐ Food _____
☐ Strong odors or fumes
☐ Chalk dust / dust
☐ Carpets in the room
☐ Pollens
☐ Molds
☐ Other _____

Comments _____

• Control of School Environment

(List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.) _____

• Peak Flow Monitoring

Personal Best Peak Flow number: _____

Monitoring Times: _____ _____ _____ _____

• Daily Medication Plan

	Name	Amount	When to Use
1.			
2.			
3.			
4.			

Comments / Special Instructions

For Inhaled Medications

☐ I have instructed _____ in the proper way to use his/her medications. It is my professional opinion that _____ should be allowed to carry and use that medication by him/herself.

☐ It is my professional opinion that _____ should not carry his/her inhaled medication by him/herself.

_____ _____
Physician Signature Date

_____ _____
Parent/Guardian Signature Date

Furlow Charter School
Diabetes Medical Management Plans Policy

Definitions:
"Diabetes medical management plan" means a document developed by the student's licensed healthcare practitioner that sets out the health services—including the student's target range for blood glucose levels—needed by the student at school and is signed by the student's parent or guardian.

"Diabetes" refers to a set of chronic diseases in which blood glucose (sugar) levels are above normal.

"Healthcare professional" means a doctor of medicine or osteopathic physician licensed by the Georgia Composite Medical Board pursuant to Article 2, Chapter 34, Title 43 of the Official Code of Georgia Annotated or a legally authorized designee acting pursuant to job description or nurse protocol agreement approved by the Georgia Composite Medical Board.

"Trained diabetes personnel" means a school employee who volunteers to be trained in accordance with this rule; such employee shall not be required to be a healthcare professional.

Purpose:
To enable Furlow Charter School to ensure a safe learning environment for students with diabetes.

Furlow Charter School shall provide the following for all students enrolled who have diabetes:

1. Shall have a written diabetes medical management plan completed and signed by the student's licensed healthcare professional and provided and signed by the parent or guardian of a student with diabetes who seeks diabetes care while at school. The diabetes medical management plan must contain all items covered in the plan, including how, when, and under what circumstances the student should receive blood glucose monitoring and injections of insulin as well as steps to take in case of an emergency. The diabetes medical management plan will also include written permission by the parent or guardian to allow monitoring of the student's blood glucose and to administer insulin by injection or by the delivery system used

by the student. This must be completed and submitted to the school at least annually.

2. Shall adhere to the diabetes medical management plan for the student as provided by the parent or guardian.
3. Shall not administer any treatment to a student with diabetes that is not outlined in his/her diabetes medical management plan.
4. Allow a student with diabetes to perform blood glucose checks, administer insulin through the insulin delivery system the student uses, treat hypoglycemia and hyperglycemia, and otherwise attend to the monitoring and treatment of his/her diabetes in the classroom, in any area of the school or school grounds, and at any school-related activity if requested by the parent or guardian in writing and if authorized in the diabetes medical management plan. Additionally, a student with diabetes must be permitted to possess on his/her person at all times all necessary supplies and equipment to perform monitoring and treatment functions.
5. Provide two trained personnel capable of performing the functions outlined in the diabetes medical management plan, including, but not limited to:
    (a) Responding to blood glucose levels that are outside of the student's target range;
    (b) Administering insulin, or assisting a student in administering insulin through the insulin delivery system the student uses;
    (c) providing oral diabetes medications;
    (d) checking and recording blood glucose levels or assisting a student with such checking and recording; and
    (e) following instructions regarding meals, snacks, and physical activity

    This training shall be conducted by a nurse or healthcare professional with expertise in diabetes and shall take place prior to the commencement of each school year, or as needed when a student with diabetes enrolls at school, or when a student is newly diagnosed with diabetes. Documentation of this training shall record the name, title, and credentials of the nurse or healthcare professional providing the training and the names and titles of the school personnel receiving training. A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as trained diabetes personnel.
6. No healthcare professional, nurse, school employee, or state chartered special school shall be liable for civil damages or subject to disciplinary action under professional licensing regulations or school disciplinary policies as a result of the activities authorized or required by O.C.G.A 20-02-0779 when such acts are committed as an ordinarily reasonably prudent healthcare professional, nurse, school employee, or state chartered special school would have acted under the same or similar circumstances.

LEGAL REF: O.C.G.A. 20-02-0779

ADOPTED:
AMENDED:

Diabetes Medical Management Plan (DMMP)

This plan should be completed by the student's personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and/or other authorized personnel.

Date of plan:_____ This plan is valid for the current school year:_____–_____

Student information

Student's name: _____ Date of birth: _____

Date of diabetes diagnosis:_____ ☐ Type 1 ☐ Type 2 ☐ Other: _____

School:_____ School phone number: _____

Grade:_____Homeroom teacher: _____

School nurse:_____ Phone: _____

Contact information

Parent/guardian 1: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____

Parent/guardian 2: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____

Student's physician/health care provider: _____

Address: _____

Telephone:_____Emergency number: _____

Email address: _____

Other emergency contacts:

Name:_____Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Checking blood glucose

Brand/model of blood glucose meter: _____

Target range of blood glucose:

Before meals: ☐ 90–130 mg/dL ☐ Other: _____

Check blood glucose level:

☐ Before breakfast ☐ After breakfast ☐ ____Hours after breakfast ☐ 2 hours after a correction dose

☐ before lunch ☐ After lunch ☐ ____Hours after lunch ☐ Before dismissal

☐ Mid-morning ☐ Before PE ☐ After PE ☐ Other: _____

☐ As needed for signs/symptoms of low or high blood glucose ☐ As needed for signs/symptoms of illness

Preferred site of testing: ☐ Side of fingertip ☐ Other: _____

Note: The side of the fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

Student's self-care blood glucose checking skills:

☐ Independently checks own blood glucose May

☐ check blood glucose with supervision

☐ Requires a school nurse or trained diabetes personnel to check blood glucose

☐ Uses a smartphone or other monitoring technology to track blood glucose values

Continuous glucose monitor (CGM): ☐ Yes ☐ No Brand/model: _____

Alarms set for: Severe Low: _____ Low: _____ High: _____

Predictive alarm: Low: _____ High: _____ Rate of change: Low: _____ High: _____

Threshold suspend setting: _____

Additional information for student with CGM

- Confirm CGM results with a blood glucose meter check before taking action on the sensor blood glucose level. If the student has signs or symptoms of hypoglycemia, check fingertip blood glucose level regardless of the CGM.
- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with approved medical tape.
- If the CGM becomes dislodged, return everything to the parents/guardians. Do not throw any part away.
- Refer to the manufacturer's instructions on how to use the student's device.

Student's Self-care CGM Skills	Independent?	
The student troubleshoots alarms and malfunctions.	☐ Yes	☐ No
The student knows what to do and is able to deal with a HIGH alarm.	☐ Yes	☐ No
The student knows what to do and is able to deal with a LOW alarm.	☐ Yes	☐ No
The student can calibrate the CGM.	☐ Yes	☐ No
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	☐ Yes	☐ No

The student should be escorted to the nurse if the CGM alarm goes off: ☐ Yes ☐ No

Other instructions for the school health team: _____

_____

Hypoglycemia treatment

Student's usual symptoms of hypoglycemia (list below): _____

_____

_____

If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than_____mg/dL, give a quick-acting glucose product equal to_____grams of carbohydrate.

Recheck blood glucose in 15 minutes and repeat treatment if blood glucose level is less than_____mg/dL.

Additional treatment: _____

_____

If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement):

- Position the student on his or her side to prevent choking.
- Give glucagon: ☐ 1 mg ☐ ½ mg ☐ Other (dose) _____
  - Route: ☐ Subcutaneous (SC) ☐ Intramuscular (IM)
  - Site for glucagon injection: ☐ Buttocks ☐ Arm ☐ Thigh ☐ Other: _____
- Call 911 (Emergency Medical Services) and the student's parents/guardians.
- Contact the student's health care provider.

Hyperglycemia treatment

Student's usual symptoms of hyperglycemia (list below): _____

_____

_____

- Check ☐ Urine ☐ Blood for ketones every_____hours when blood glucose levels are above_____mg/dL.
- For blood glucose greater than_____mg/dL AND at least_____hours since last insulin dose, give correction dose of insulin (see correction dose orders).
- Notify parents/guardians if blood glucose is over_____mg/dL.
- For insulin pump users: see **Additional Information for Student with Insulin Pump**.
- Allow unrestricted access to the bathroom.
- Give extra water and/or non-sugar-containing drinks (not fruit juices):_____ounces per hour.

Additional treatment for ketones: _____

- Follow physical activity and sports orders. (See **Physical Activity and Sports**)

If the student has symptoms of a hyperglycemia emergency, call 911 (Emergency Medical Services) and contact the student's parents/guardians and health care provider. Symptoms of a hyperglycemia emergency include: dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness.

Insulin therapy

Insulin delivery device: ☐ Syringe ☐ Insulin pen ☐ Insulin pump

Type of insulin therapy at school: ☐ Adjustable (basal-bolus) insulin ☐ Fixed insulin therapy ☐ No insulin

Adjustable (Basal-bolus) Insulin Therapy

- **Carbohydrate Coverage/Correction Dose:** Name of insulin: _____
- **Carbohydrate Coverage:**

  Insulin-to-carbohydrate ratio:

  Breakfast: 1 unit of insulin per_____grams of carbohydrate

  Lunch: 1 unit of insulin per_____grams of carbohydrate

  Snack: 1 unit of insulin per_____grams of carbohydrate

Carbohydrate Dose Calculation Example
$\frac{\text{Total Grams of Carbohydrates to be Eaten}}{\text{Insulin-to-Carbohydrate Ratio}}$ = _____ Units of Insulin

Correction dose: Blood glucose correction factor (insulin sensitivity factor) =_____Target blood glucose =_____mg/dL

Correction Dose Calculation Example
$\frac{\text{Current Blood Glucose – Target Blood Glucose}}{\text{Correction Factor}}$ = _____ Units of Insulin

Correction dose scale (use instead of calculation above to determine insulin correction dose):

Blood glucose_____to_____mg/dL, give_____units Blood glucose_____to_____mg/dL, give_____units

Blood glucose_____to_____mg/dL, give_____units Blood glucose_____to_____mg/dL, give_____units

See the worksheet examples in **Advanced Insulin Management: Using Insulin-to-Carb Ratios and Correction Factors** for instructions on how to compute the insulin dose using a student's insulin-to-carb ratio and insulin correction factor.

When to give insulin:

Breakfast

☐ Carbohydrate coverage only

☐ Carbohydrate coverage plus correction dose when blood glucose is greater than_____mg/dL and_____hours since last insulin dose.

☐ Other: _____

Lunch

☐ Carbohydrate coverage only

☐ Carbohydrate coverage plus correction dose when blood glucose is greater than_____mg/dL and_____hours since last insulin dose.

☐ Other: _____

Snack

☐ No coverage for snack

☐ Carbohydrate coverage only

☐ Carbohydrate coverage plus correction dose when blood glucose is greater than_____mg/dL and_____hours since last insulin dose.

☐ Correction dose only: For blood glucose greater than_____mg/dL AND at least_____hours since last insulin

☐ dose. Other: ____

Fixed Insulin Therapy Name of insulin: _____

☐ _____ Units of insulin given pre-breakfast daily

☐ _____ Units of insulin given pre-lunch daily

☐ _____ Units of insulin given pre-snack

☐ daily Other: _____

Parents/Guardians Authorization to Adjust Insulin Dose

☐ Yes ☐ No Parents/guardians authorization should be obtained before administering a correction dose.

☐ Yes ☐ No Parents/guardians are authorized to increase or decrease correction dose scale within the following range: +/–_____units of insulin.

☐ Yes ☐ No Parents/guardians are authorized to increase or decrease insulin-to-carbohydrate ratio within the following range:_____units per prescribed grams of carbohydrate, +/–_____grams of carbohydrate.

☐ Yes ☐ No Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range: +/–_____units of insulin.

Student's self-care insulin administration skills:

☐ Independently calculates and gives own injections.

☐ May calculate/give own injections with supervision.

☐ Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision.

☐ Requires school nurse or trained diabetes personnel to calculate dose and give the injection.

Additional information for student with insulin pump

Brand/model of pump:_____ Type of insulin in pump: _____

Basal rates during school: Time:_____Basal rate: _____ Time:_____Basal rate: _____

Time:_____Basal rate: _____ Time:_____Basal rate: _____

Time:_____Basal rate: _____

Other pump instructions: _____

_____

Type of infusion set: _____

Appropriate infusion site(s): _____

☐ For blood glucose greater than_____mg/dL that has not decreased within_____hours after correction, consider pump failure or infusion site failure. Notify parents/guardians.

☐ For infusion site failure: Insert new infusion set and/or replace reservoir, or give insulin by syringe or pen.

☐ For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen.

Physical Activity

May disconnect from pump for sports activities:	☐ Yes, for____hours	☐ No
Set a temporary basal rate:	☐ Yes,____% temporary basal for_____hours	☐ No
Suspend pump use:	☐ Yes, for____hours	☐ No

Student's Self-care Pump Skills	Independent?	
Counts carbohydrates	☐ Yes	☐ No
Calculates correct amount of insulin for carbohydrates consumed	☐ Yes	☐ No
Administers correction bolus	☐ Yes	☐ No
Calculates and sets basal profiles	☐ Yes	☐ No
Calculates and sets temporary basal rate	☐ Yes	☐ No
Changes batteries	☐ Yes	☐ No
Disconnects pump	☐ Yes	☐ No
Reconnects pump to infusion set	☐ Yes	☐ No
Prepares reservoir, pod, and/or tubing	☐ Yes	☐ No
Inserts infusion set	☐ Yes	☐ No
Troubleshoots alarms and malfunctions	☐ Yes	☐ No

Other diabetes medications

Name:_____ Dose:_____ Route:_____ Times given: _____

Name:_____ Dose:_____ Route:_____ Times given: _____

Meal plan

Meal/Snack	Time	Carbohydrate Content (grams)
Breakfast		____ to ____
Mid-morning snack		____ to ____
Lunch		____ to ____
Mid-afternoon snack		____ to ____

Other times to give snacks and content/amount: _____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): ____

Special event/party food permitted: ☐ Parents'/Guardians' discretion ☐ Student discretion

Student's self-care nutrition skills:

☐ Independently counts carbohydrates

☐ May count carbohydrates with supervision

☐ Requires school nurse/trained diabetes personnel to count carbohydrates

A quick-acting source of glucose such as ☐ glucose tabs and/or ☐ sugar-containing juice must be available at the site of physical education activities and sports.

Student should eat ☐ 15 grams ☐ 30 grams of carbohydrate ☐ other: _____

☐ before ☐ every 30 minutes during ☐ every 60 minutes during ☐ after vigorous physical activity ☐ other: _____

If most recent blood glucose is less than_____mg/dL, student can participate in physical activity when blood glucose is corrected and above_____mg/dL.

Avoid physical activity when blood glucose is greater than_____mg/dL or if urine/blood ketones are moderate to large.

(See **Administer Insulin** for additional information for students on insulin pumps.)

Disaster plan

To prepare for an unplanned disaster or emergency (72 hours), obtain emergency supply kit from parents/guardians.

☐ Continue to follow orders contained in this DMMP.

☐ Additional insulin orders as follows (e.g., dinner and nighttime): _____

_____

_____

☐ Other: _____

Signatures

This Diabetes Medical Management Plan has been approved by:

_____

Student's Physician/Health Care Provider Date

I, (parent/guardian)_____, give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school)_____to perform and carry out the diabetes care tasks as outlined in (student)_____Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to contact my child's physician/health care provider.

Acknowledged and received by:

_____

Student's Parent/Guardian Date

_____

Student's Parent/Guardian Date

_____

School Personnel Trained on Plan by Parent of Physician Date

Furlow Charter School
Lice Control and Prevention Policy

Purpose:
The purpose of this policy is to provide guidance for the effective management of Head Lice in Furlow Charter School.

Policy Statement:
It is the policy of Furlow Charter School to ensure a safe and positive environment for the students of the school. When a healthy student is found with lice, every effort shall be made to protect their privacy and to avoid excluding them from school by encouraging prompt treatment. The decision of whether or not a student will be sent home will be made by the principal and/or superintendent, with input from the school nurse.

When a student is identified as having lice, the school will notify the parent or guardian of the student, advising them of the condition, and informing them that the student must be treated. The student will be allowed to return to school after being treated and after an inspection conducted by trained personnel or a note from a medical professional. The school will provide the parents with an informational letter outlining the treatments necessary for elimination of lice and the prevention of re-infestation.

When a student is identified as having an active case of head lice, trained staff will perform a head check of any siblings and all students who have been in direct or close contact to the student to ensure that all cases are identified and subsequently treated. All parents of scholars in the affected classes will be notified if a case of head lice is found, although the name(s) of the affected student(s) will not be disclosed.

Furlow Charter School shall identify at least two staff members who will be trained in the identification of lice infestation and the recommended treatments that eliminate lice and prevent re-infestation.

Days of absence due to lice will be marked as absences, but will not be counted towards violation of the attendance policy.

ADOPTED:
AMENDED:

Furlow Charter School
Disclosure of a Student's HIV Status Policy

Any employee or agent acting under the scope of Furlow Charter School that has knowledge that a student of Furlow Charter School is infected with HIV or has AIDS shall not intentionally or knowingly disclose that information to another person or legal entity.

LEGAL REF: O.C.G.A. 22-12-21

ADOPTED:
AMENDED:

Furlow Charter School
Immunization of Students Policy

Definitions:
"Certification of Immunization" means certification by a licensed healthcare practitioner under the laws of this state or by an appropriate official of a local board of health, on Georgia Immunization Certificate Form 3231, that a named person has been immunized in accordance with the applicable rules and regulations of the Department of Public Health.

"Waiver" means an extension from the date of first admittance or of first attendance, whichever is earlier, for up to 90 calendar days to provide valid proof of required vaccination.

Policy Statement:
Furlow Charter School shall adhere to the provisions of O.G.C.A. 20-2-771 and the Department of Public Health Rules Chapter 290-5-4.02 concerning the proof of required vaccination of all students.

To that end Furlow Charter School shall:

1. Obtain a current and valid Certificate of Immunization (Department of Public Health Form 3231) for all students entering the school.
2. Keep, maintain, and monitor for currency a valid Certificate of Immunization for all students attending the school.
3. Accept a Certificate of Immunization issued for a child who has not received all required immunizations if the child is in the process of completing the required immunizations with the shortest intervals recommended in the current Official Immunization Schedules and the Certificate of Immunization has a date of expiration that relates to the date the next required immunization is due or the date on which a medical exemption must be reviewed. At that time a new Certificate of Immunization must then be issued and provided to the school within 30 calendar days of the expiration date.
4. Provide a 30-calendar-day waiver for new entrants.
5. Provide a 90-calendar-day waiver to students entering from out of state, if documentation from the county health department or licensed healthcare practitioner states that an immunization sequence has been started and can be completed within the 90-day waiver period
6. Not permit a student to attend the school if their parent or guardian fails to provide a valid Certificate of Immunization within the appropriate waiver period of being admitted to the school or who fail to provide renewed certificates within the time allotted after expiration unless the following situations exist:
    (a) Medical Exemption:
    If a student is found to have any physical disability or medical illness that makes immunization undesirable, a certificate to that effect issued by the local board of health or licensed healthcare practitioner may exempt the child from obtaining a Certificate of Immunization until the disability or medical illness is relieved. There must be an annual review of the medical exemption. The medical exemption may be reissued from year to year until and unless the review reveals cause to believe that immunization or a specific immunization may be accomplished without a danger to the child's health.

(b) Religious Exemption:
If a student wishes to be exempt from immunization on religious grounds, the parent or guardian must furnish the school with Department of Public Health Form 2208, which must:

i. state that their religious beliefs conflict with the immunization requirements;
ii. be signed and dated by the parent or guardian;
iii. be notarized, dated, and signed by a Notary Public

Such statement does not expire.

7. Make the Certificate of Immunization or evidence of appropriate exemption available during normal business hours for inspection by authorized health authority officials.
8. Forward the certificate of immunization or evidence of appropriate exemption to any school the child later attends.
9. Provide immunization information to the Department of Public Health through audits initiated by the Department of Public Health

If the Department of Public Health or local Board of Health determines that an epidemic or threat of an epidemic exists, the authority will notify all schools and facilities in the affected area and may require immunization for those who object on the grounds of religious beliefs or alternatively prohibit the attendance of unimmunized children at schools or facilities.

Immunizations required for all students:
Diphtheria, Pertussis, Tetanus, Hepatitis B, Polio, Measles, Mumps, Rubella, and Varicella (chicken pox).

Immunizations required for students 6^{th} – 12^{th} grade:
2 doses of Measles, 2 doses of Mumps, and 1 dose of rubella vaccine or laboratory proof of immunity against each of these three diseases.
2 doses of varicella (chicken pox) vaccine or documentation of disease or laboratory proof of immunity.
1 dose of Tdap (tetanus, diphtheria, pertussis) and 1 dose of MCV (meningococcal vaccine) prior to entering 7th grade

Any responsible official permitting a student to remain in school in violation of this Code, and any parent or guardian who intentionally does not comply with these requirements, shall be guilty of a misdemeanor, punishable by fine of not more than $100 or by imprisonment for not more than 12 months.

LEGAL REF: O.C.G.A. 20-02-0771

ADOPTED:
AMENDED:

Infectious Disease Policy

Definitions:

"Centers for Disease Control and Prevention (CDC)" refers to a major operating component of the United States Department of Health and Human Services with responsibilities at the national level for monitoring, detecting, and investigating health problems.

"Family Educational Rights and Privacy Act (FERPA)" referes to a federal legislation applicable to all educational institutions receiving federal funds that protects the privacy of students' personally-identifiable information.

"Infectious Disease" is defined by an illness due to an infectious agent or its toxic products, which is transmitted directly or indirectly to a person from an infected person or animal.

"Personal Protective Equipment (PPE)" refers to any type of face mask, glove, or clothing that acts as a barrier between infectious materials and the skin, mouth, nose, or eyes.

"Standard Precautions" refers to a set of precautions designed to prevent the transmission of infectious diseases which includes, but is not limited to, hand washing procedures, use of protective gloves, and directives on covering the mouth and nose when coughing or sneezing.

"Tasks with Exposure Potential" refers to tasks associated with the evaluation and treatment of students with actual or potential infections.

Policy Statement:

The Furlow Charter School Superintendent or designee will develop and implement procedures related to the impact of infectious diseases on school system management and operations. Such procedures will be consistent with the requirements of the Georgia Board of Education Rule 160-1-3.03 and will require the following actions:

1. Annual provision to employees of information, education, or training related to infectious diseases, including transmission, the use of personal protective equipment as appropriate to tasks with potential exposure, risk reduction, and standard precautions, based on guidelines or recommendations of the Centers for Disease Control and Prevention (CDC).

2. Making provisions for personal protective equipment (PPE) to be readily available and appropriate to task when the potential for exposure to infectious disease exists.

Sudden Cardiac Death Prevention Act

In accordance with Georgia law (Jeremy Nelson and Nick Blakely Sudden Cardiac Arrest Prevention Act, SB60) and GHSA requirements, Furlow athletics staff shall distribute to every athlete and his/her parent/guardian the below information sheet that includes: Early Warning Signs, How to Recognize Sudden Cardiac Arrest, and learning Hands-Only CPR. This sheet must be signed by the parent/guardian of each athlete, each athlete themselves, and a copy kept on file at the school.

Additionally, Furlow shall hold an informational meeting twice per year regarding the symptoms and warning signs of sudden cardiac arrest. At such informational meeting, an information sheet on sudden cardiac arrest symptoms and warning signs shall be provided to each student's parent or guardian. In addition to students, parents or guardians, coaches, and other school officials, such informational meetings may include physicians, pediatric cardiologists, and athletic trainers.

Georgia High School Association
Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: _____

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give _____ High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

_____	_____	_____
Student Name (Printed)	***Student Name (Signed)***	***Date***
_____	_____	_____
Parent Name (Printed)	***Parent Name (Signed)***	***Date***

(Revised: 5/19)

Asociación De La Escuela Secundaria De Georgia
Padres/Estudiantes Formulario de Concientización Sobre Paro Cardíaco Repentino

Escuela: _____

1: Aprende las primeras señales de advertencia

Si usted o su hijo tuvieron uno a más de estos signos, consulte a su medico de atención primaria:

- Desmayo de repente sin previo aviso, especialmente durante el ejercicio o en respuesta a sonidos fuertes como timbres, despertadores o teléfonos que suenan
- Dolar torácico inusual o falta de aliento
- Miembros de la familia que tuvieron una muerte inexplicable o inesperada antes de los 50 años
- Miembros de familia a quienes se les ha diagnosticado una afección que puede causar la muerte inesperadamente, como la miocardiopatía hipertrofia o el síndrome de QT largo
- Una convulsión repentina y sin previo aviso, especialmente durante el ejercicio o en repuesta a ruidos fuertes como timbres, despertadores, o teléfonos que suenan

2. Aprende a reconocer un paro cardiaco repentino

Si ve que alguien colapsa, suponga que ha experimentado un paro cardíaco repentino y responda rápidamente. Esta víctima no responderá, jadeará, o no respirará normalmente, y puede tener algunas sacudidas (actividad de convulsiones). Envíe ayuda y comience la RCP. No puedes lastimarlos.

3. Aprende solo las manos RCP

La RCP efectiva salva vidas circulando sangre al cerebro y otros órganos vitals hasta que llega el equipo de rescate. Esta es una de las habilidades más importantes que puedes aprender para salvar a una vida y es más fácil que nunca.

- Llame al 911 (o pedir a los espectadores que llamen al 911 y obtenga un DEA)
- Empuje fuerte y rápido en el centro del pecho. Arrodíllese al lado de la victima, coloque las manos en la parte inferior del esternón, una encima de la otro, los codos rectos y bloqueados. Empuje hacia abajo 2 pulgadas, luego hacia arriba 2 pulgadas, a una velocidad de 100 veces/minutos, al ritmo de la canción “Stayin’ Alive”.
- Si hay un desfibrilador externo automático (DEA) disponible, ábralo y siga las indicaciones de voz. Lo guiará paso a paso a través del proceso y nunca sorprenderá a una victim que no necesita un shock.

Al firmar este formulario de paro cardíaco repentino , yo doy _____ permiso para transferir este formulario de paro cardíaco repentino a otros deportes que mi hijo puede jugar. Soy consciente de los peligros del paro cardíaco repentino y este formulario de paro cardíaco repentino firmado me representará a mí y a mí hijo durante el año escolar 2018-2019. Este formulario será almacenado por el _____ sistema escolar.

HE LEÍDO ESTE FORMULARIO Y ENTIENDO LOS HECHOS PRESENTADOS EN ÉL.

_____ _____ _____
Nombre del Estudiante (Impreso) Nombre del Estudiante (Firmado) Fecha

_____ _____ _____
Nombre del Padre (Impreso) Nombre del Padre (Firmado) Fecha

Athletics: Infectious Disease Plans for SARS-CoV-2

Purpose

With the recent occurrence of COVID -19 and concerns for the re-opening of high school athletics, the following guidelines are being implemented. These guidelines are for the protection of all, athletes, coaches, athletic training and other personnel in accordance with current Governor's Office, Center for Disease Control and Prevention (CDC), and Georgia High School Association (GHSA) guidelines/policies. These guidelines will be flexible and subject to change as time, information, and research is updated. It is encouraged to have a process for screening and educating athletes, parents, and staff to self-monitor and report pertinent changes as they are encountered.

Process for screening and testing

1. Athletes, coaches, and staff members should be screened prior to participating in any workout, practice, or competition.
2. If an athlete presents with symptoms or has had a recent direct exposure, the athlete will be removed from activity and will not be allowed to return until meeting one of the following:
    a. Proof of a negative SARS-CoV-2 test, or
    b. 14-day quarantine and symptom free
3. If at any time an athlete/coach/staff tests positive for COVID 19, all other members of that workout and/or team group will be notified and will not be allowed to return until:
    a. Proof of a negative COVID 19 test, or
    b. 14-day quarantine and symptom free
4. Self-monitoring is to be instituted continuously. All athletes, coaches, and staff must be educated as to the importance of and signs to be monitored via this process.
5. Reported self-monitoring positives are to follow the above process for screening and testing.

General Recommendations

1. At this time, due to safety concerns water should not be provided during workouts. Athletes are required to bring their own water. At the coach's discretion, athletes may not be allowed to participate in workouts if they do not bring their own water.
2. It is highly encouraged to maintain appropriate distancing between athletes during activities, rest breaks, etc., whenever possible.
3. All athletes are encouraged to change clothes and immediately shower as soon as possible after practices and activities. All clothing worn during workouts should be washed immediately following each workout.

Community Acquired Methicillin Resistant Staphylococcus Aureus (CA-MRSA) In Athletics

According to the Centers for Disease Control and Prevention, participants in competitive sports are at risk for skin infections because of physical contact, skin damage, and sharing of equipment. Humid, crowded conditions such as those found in locker rooms and gyms provide environments conducive to Staphylococcus Aureus (Staph) growth.

Staph is commonly carried in nasal passages, under fingernails, or on the skin without any medical problems. It can enter the body from a cut, insect bite, or surgical incision. Normally a minor infection occurs. However, if a person has a weakened immune system from an illness, the infection could become more serious.

Prevention involves players, coaches, parents, and the school. The following practices are highly recommended to all involved parties when the conditions warrant:

- The player should wash hands thoroughly with soap and water during the day. Waterless hand cleanser can be used.
- The player should practice good hygiene to include showering/bathing with soap and water after all practices and competitions.
- Previously worn protective clothing can be hot and cause chafing which results in broken skin. Skin trauma from turf or mat burns are other risk factors.
- Use liquid soap in showers instead of sharing bar soaps; sharing can spread bacteria to other family members.
- Shower as soon as possible after practice/working out/competitions.
- It is suggested to wash towels after each use and avoid sharing bed liners, razors, and other personal items.
- The player should not store or wear previously worn wet clothing. Wet or damp clothing/equipment is a breeding ground for bacteria and fungus.
- The player will cover all open wounds. If a wound cannot be covered, there is a possibility that the player will need to be excluded from practice/ workout/ competition until the wound heals.
- Players should report skin lesions to the parent as well as the coach. Parents and coaches will check a lesion that is potentially infected.
- The player and parents should understand the importance of seeking medical attention at the first sign of infection. Early signs are redness and swelling of the affected area, pain, drainage (pus) around the area of an insect bite, cut or abrasion.
- • If medication is prescribed by a physician, the player should take the entire amount of medication in the prescribed amount of time.
- • The player should avoid getting into a hot tub or whirlpool until all wounds are healed.

Information obtained from the Centers for Disease Control and Prevention and State Epidemiologist Cristina Pasa. For more information visit the Centers for Disease Control and Prevention website.

Student Name _____ School Year _____

Student's Homeroom Teacher _____ Grade _____

Name of Medication	Date received	Quantity	Received by (PRINT NAME)	Received by (SIGNATURE)	Brought in by (PRINT NAME)	Brought in by (SIGNATURE)

Daily Medication Log

DATE	TIME	INITIAL	DATE	TIME	INITIAL	DATE	TIME	INITIAL	DATE	TIME	INITIAL

3. Immediate notification of the person, or if the person is a minor, to the parent or guardian, of the need to obtain an appropriate medical evaluation where there exists reasonable suspicion that an employee or student has an infectious disease.

4. Involvement of the:
    a. Superintendent,
    b. Governing Board Chair,
    c. School's designated licensed healthcare provider,
    d. State and/or local public health agency representatives, and
    e. Any other necessary health care professionals

   in operational decisions concerning an employee or student determined to have an infectious disease. The decision will be whether reasonable accommodations will allow the student to perform in the classroom or other educational setting or the employee to meet the essential functions of his or her job. If an accommodation that does not impose undue financial hardship or administrative burdens can be made, then neither student nor employee shall be denied the right to participate in education programs at or to be employed by Furlow Charter School.

5. The disclosure of health-related information only as permitted by state or federal law.
    a. Medical information about a student will only be disclosed with consent of the parent or guardian (or student who is 18 years old) or as otherwise permitted by FERPA.
    b. Medical information about an employee will only be disclosed with the consent of the employee or when otherwise determined to be necessary and in accordance with state and federal law.

LEGAL REF: JGCC 160-1-3-.03

ADOPTED:
AMENDED:

Medications to be Given at School

Dear Parent(s) and Guardian(s) of Furlow Charter School,

To insure the safety of all students at our school, the following guidelines should be followed when medications are to be sent to school.

- All medications (prescription and over-the-counter) must be taken directly to the office for safe storage.
- ***All medications, both prescription and over-the-counter, must be brought to the school by the parent or guardian***. Parent must fill out the request for Administration of Medication Form.
  - Over-the-counter medication must be accompanied by detailed administration and cessation instructions by the authorizing physician on office letter head.
- All medications must be in the **ORIGINAL** CHILD-PROOF CONTAINER. Prescription medication must be in the **labeled** prescription bottle. Check with your pharmacist if you need a duplicate bottle for the school's use. If medication is for long-term administration (longer than two weeks), further information (see Request For Administration Of Medication Form) is required from the prescribing physician. Medications stored in envelopes, baggies, etc., will not be administered.
- Administration of prescription and over-the-counter medicine (even for a short period of time) is discouraged. Parents should check with their physician regarding the need for medications to be administered during school hours. Medications prescribed for three times daily often can be given before school, after school, and at bedtime.

If you have any questions please call the school.

MEDICATION AUTHORIZATION FOR PRESCRIPTIONS

Child's Full Name_____

Name of Medication_____

Prescription Number_____

Prescribing Doctor's Name_____

Prescribing Doctor's Phone Number _____

Time Medication is to be given_____

Dates Medication is to be given_____

Signature of Parent/Guardian_____ Date_____

Furlow Charter School
Required Information to Parents of Students Regarding Meningococcal Meningitis Policy

Furlow Charter School shall provide information regarding meningococcal meningitis disease and its vaccine to parents of all students entering grades 6 through 12 whenever other health information is provided. The information about meningococcal meningitis disease and its vaccine shall include:

(1) A description of causes, symptoms, and means of transmission;
(2) Information about the meningococcal vaccine and dosing schedules;
(3) A list of sources for additional information; and
(4) Related recommendations issued by the federal Centers for Disease Control and Prevention

Furlow Charter School

Monthly Nursing Compliance Check

Month _____ Year _____

Item Checked	Date Checked	Notes (In compliance or steps to get in compliance)
Diabetes Management Plans are up to date (annually check with parents to see if condition has changed) and on file; training on plans have been conducted with teachers/staff **Only beginning of year or for new students*		
Asthma Management Plans are up to date (annually check with parents to see if condition has changed) and on file; training on plans have been conducted with teachers/staff **Only beginning of year or for new students*		
Anaphylaxis Emergency Action Plans are up to date (annually check with parents to see if condition has changed) and on file; training on plans have been conducted with teachers/staff **Only beginning of year or for new students*		
All prescription medication is in original bottle with students' name and prescription information		
All prescription medications have accompanying medical authorization forms (only have to check new student prescriptions)		
Medication Log in being kept up to date		
Student Injury forms are being filed (if applicable)		
Report of Epinephrine Administration completed (if applicable)		
AED has been checked according to device guidelines (if applicable)		

Report of Epinephrine Administration

Student Demographics and Health History

1. School District: _____ Name of School: _____

2. Age:_____ Type of Person: Student ☐ Staff ☐ Visitor ☐ Gender: M ☐ F ☐ Ethnicity: Spanish/Hispanic/Latino: Yes ☐ No ☐

3. Race: American Indian/Alaskan Native ☐ African American ☐ Asian ☐ Native Hawaiian/other Pacific Islander ☐ White ☐ Other ☐

4. History of severe or life-threatening allergy: Yes, Known by student/family ☐ Yes, Known by school ☐ Unknown ☐
If known, specify type of allergy: _____

If yes, was allergy action plan available at school? Yes ☐ No ☐ Unknown ☐
History of anaphylaxis: Yes, Known by student/family ☐ Yes, Known by school ☐ Unknown ☐
Previous epinephrine use: Yes, by student/family ☐ Yes, at school ☐ No ☐ Unknown ☐
Diagnosis/History of asthma: Yes, Known by student/family ☐ Yes, known by school No ☐ Unknown ☐

School Plans and Medical Orders

5. Individual Health Care Plan (IHCP) in place? Yes ☐ No ☐ Unknown ☐

6. Written school district policy on management of life-threatening allergies in place? Yes ☐ No ☐ Unknown ☐

7. Does the student have a student specific order for epinephrine? Yes ☐ No ☐ Unknown ☐

8. Expiration date of epinephrine _____ Unknown ☐

Epinephrine Administration Incident Reporting

9. Date/Time of occurrence: _____Vital signs: BP_____/____ Temp _____ Pulse _____ Respiration _____

10. If known, specify trigger that precipitated this allergic episode:

Food ☐ Insect Sting ☐ Exercise ☐ Medication ☐ Latex ☐ Other ☐ _____ Unknown ☐

If food was a trigger, please specify which food _____
Please check: Ingested ☐ Touched ☐ Inhaled ☐ Other ☐ specify _____

11. Did reaction begin prior to school? Yes ☐ No ☐ Unknown ☐

12. Location where symptoms developed:
Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other ☐ specify _____

13. How did exposure occur?

_____

_____

14. Symptoms: (Check all that apply)

Respiratory	GI	Skin	Cardiac/Vascular	Other
☐ Cough	☐ Abdominal discomfort	☐ Angioedema	☐ Chest discomfort	☐ Diaphoresis
☐ Difficulty breathing	☐ Diarrhea	☐ Flushing	☐ Cyanosis	☐ Irritability
☐ Hoarse voice	☐ Difficulty swallowing	☐ General pruritis	☐ Dizziness	☐ Loss of consciousness
☐ Nasal congestion/rhinorrhea	☐ Oral Pruritis	☐ General rash	☐ Faint/Weak pulse	☐ Metallic taste
☐ Swollen (throat, tongue)	☐ Nausea	☐ Hives	☐ Headache	☐ Red eyes
☐ Shortness of Breath	☐ Vomiting	☐ Lip swelling	☐ Hypotension	☐ Sneezing
☐ Stridor		☐ Localized rash	☐ Tachycardia	☐ Uterine cramping
☐ Tightness (chest, throat)		☐ Pale		
☐ Wheezing				

15. Location where epinephrine administered: Health Office ☐ Other ☐ specify _____

16. Location of epinephrine storage: Health Office ☐ Other ☐ specify _____

17. Epinephrine administered by: RN ☐ Self ☐ Other ☐

If epinephrine was self-administered by a student at school or a school-sponsored function, was the student formally trained?

Yes ☐ If known, date of training _____ No ☐

Did the student follow school protocols to notify school personnel and activate EMS? Yes ☐ No ☐ NA ☐

If epinephrine was administered by other, please specify_____

Was this person formally trained? Yes ☐ Date of training _____ No ☐ Don't know ☐

18. Time elapsed between onset of symptoms and communication of symptoms: _____minutes

19. Time elapsed between communication of symptoms and administration of epinephrine: _____minutes

Parent notified of epinephrine administration: (time) _____

20. Was a second dose of epinephrine required? Yes ☐ No ☐ Unknown ☐

If yes, was that dose administered at the school prior to arrival of EMS? Yes ☐ No ☐ Unknown ☐

Approximate time between the first and second dose _____

Biphasic reaction: Yes ☐ No ☐ Unknown ☐

Disposition

21. EMS notified at: (time) _____

Transferred to ER: Yes ☐ No ☐ Unknown ☐

If yes, transferred via ambulance ☐ Parent/Guardian ☐ Other ☐ Discharged after _____ hours

Parent: At school ☐ Will come to school ☐ Will meet student at hospital ☐ Other: _____

22. Hospitalized: Yes ☐ If yes, discharged after _____ days No ☐ Name of hospital: _____

23. Student/Staff/Visitor outcome: _____

If first occurrence of allergic reaction:

a. Was the individual prescribed an epinephrine autoinjector in the ER? Yes ☐ No ☐ Don't know ☐

b. If yes, who provided the epinephrine autoinjector training?

ER ☐ PCP ☐ School Nurse ☐ Other ☐ _____ Don't know ☐

c. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes ☐ No ☐ Don't know ☐

School Follow-up

24. Did a debriefing meeting occur? Yes☐ No ☐ Did family notify prescribing MD? Yes ☐ No ☐ Unknown ☐

25. Recommendation for changes: Protocol change ☐ Policy change ☐ Educational change ☐ Information sharing ☐ None ☐

26. Comments (include names of school staff, parent, others who attend debriefing):_____

_____

_____

_____

27. Form completed by:_____ Date:_____

(please print)

Title:_____

Phone number: (_____) _____ - _____ Ext.: _____ Email : _____

School District: _____

School address: _____

Furlow Charter School
Screening of Students for Scoliosis Policy

Furlow Charter School will provide screening of students for scoliosis as required under O.C.G.A.20-2-772. The purpose of the screening is to identify scoliosis which initially is a symptom-free lateral curvature of the spine that tends to appear before and during adolescence, most commonly in girls.

Furlow Charter School shall:

1. Provide advance written notice of the time of the screening to parents and legal guardians at least 2 weeks prior to the screening. If the parent or legal guardian of a student objects to such student being screened for scoliosis, a signed authorization to exempt the student from screening must be provided to the school.
2. Provide screening for scoliosis yearly for students in grades 6 and 8. This screening will be provided by a licensed healthcare provider or the local county Health Department.
3. Maintain a list of students for whom parents or guardians have filed a written authorization to exempt student from screening and shall file the authorization in the school health records.
4. Shall notify parents or guardians if their child is identified during the screening process as having a possible spinal deformity and shall also recommend the student receive further professional evaluation.

SEIZURE ACTION PLAN FOR SCHOOL

Student Name_____D.O.B._____ ID # _____

School _____Teacher_____

Physician _____ Phone: _____

Student Picture

EMERGENCY CONTACTS

Name	Relationship	Home #	Work #	Cell #
1.				
2.				
3.				

Type of seizure: _____

What does the seizure look like and how long does it usually last?_____

_____

Possible triggers that should be avoided: _____

_____

Does student need any special activity adaptations/protective equipment (e.g., helmet) at school?

_____No _____Yes (explain)_____

_____

Is student allowed to participate in physical education and other activities? _____ No _____ Yes (explain)

_____

ARE MEDICATIONS NEEDED TO CONTROL THE SEIZURES? _____No _____Yes (List below the medications needed)

MEDICATIONS	AMOUNT TAKEN	HOW OFTEN AND FOR WHAT SIGNS
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____

List medication needed at school (name, dosage/route, and frequency) _____

_____

Possible side effects that must be reported to parent or physician: _____

_____

IF GENERALIZED SEIZURE OCCURS:

1. If falling, assist student to floor, turn to side.
2. Loosen clothing at neck and waist; protect head from injury.
3. Clear away furniture and other objects from area.
4. Have another classroom adult direct students away from area.
5. TIME THE SEIZURE.
6. Allow seizure to run its course; DO NOT restrain or insert anything into student's mouth. Do not try to stop purposeless behavior.
7. During a general or grand mal seizure expect to see pale or bluish discoloration of the skin or lips. Expect to hear noisy breathing.

IF SMALLER SEIZURE OCCURS (e.g., lip smacking, behavior outburst, staring, twitching of mouth or hands)

1. Assist student to comfortable, sitting position.
2. Time the seizure.
3. Stay with student, speak gently, and help student get back on task following seizure.

IF STUDENT EXHIBITS:

1. Absence of breathing or pulse.
2. Seizure of 10 minutes or greater duration.
3. Two or more consecutive (without a period of consciousness between) seizures which total 10 minutes or greater.
4. Continued unusually pale or bluish skin or lips or noisy breathing after the seizure has stopped.

INTERVENTION:

1. Call 911.
2. START CPR for absent breathing or pulse.

WHEN SEIZURE COMPLETED:

1. Reorient and assure student.
   a. Assist change into clean clothing if necessary.
   b. Allow student to sleep, as desired, after seizure.
   c. Allow student to eat, as desired, once fully alert and oriented.
2. A student recovering from a generalized seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion. This may last from five minutes to hours.
3. Inform parent immediately of seizure via telephone conversation if:
   a. Seizure is different from usual type or frequency or has not occurred at school in past month.
   b. Seizure meets criteria for 911 emergency call.
   c. Student has not returned to "normal self" after 30-60 minutes.
4. Record seizure on Seizure Activity Log.

If you want additional care given, describe action here:

If symptoms are _____

_____

Give_____
(medication/dose/route)

Possible side effects_____

_____

Physician Signature_____ Date_____
Print Name_____ Phone_____

- ❑ I want this plan implemented for my child, _____, in school. I hereby give my permission for exchange of confidential information contained in the record of my child between the nurse and physician and my signature is an informed consent to share this medical information with school staff as a need to know for academic success and emergency plan as determined by the nurse.

  Parent/Guardian Signature: _____ Date: _____

- ❑ Approved by School Nurse
  School Nurse Signature: _____ Date: _____

STUDENTS WITH SPECIAL HEALTH CARE NEEDS

EMERGENCY PLAN NON-MEDICAL STAFF

STUDENT NAME :_____DOB:_____TEACHER:_____RM/GRADE :_____

PARENT/GUARDIAN:_____PREFERRED HOSPITAL:_____

HOME PHONE #:_____WORK #:_____ CELL #:_____

EMERGENCY CONTACT:_____ PHONE:_____OTHER PHONE:_____

PHYSICIAN:_____ PHYSICIAN TEL:_____ PHYSICIAN FAX:_____

STUDENT-SPECIFIC EMERGENCIES

IF YOU SEE THIS	***DO THIS***

IF AN EMERGENCY OCCURS:

1. If the emergency is life-threatening, immediately call 911.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the principal and/or school nurse.
   a. State who you are.
   b. State where you are.
   c. State problem.

DOCUMENTATION OF STAFF TRAINING

DATE:	**TRAINED BY:**	**STAFF NAME:**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENTS TRANSPORTED WITH SPECIAL EQUIPMENT/NEEDS
DRIVER/ATTENDANT INFORMATION SHEET

STUDENT NAME : _____SCHOOL:_____
ADDRESS:_____TEACHER: _____

PARENT/GUARDIAN:_____ AM ROUTE:____PM ROUTE:____

HOME PHONE #:_____ WORK #:_____ CELL #:_____

EMERGENCY CONTACT:_____ PHONE:_____ OTHER PHONE:_____

PHYSICIAN:_____ PHYSICIAN TEL:_____ PHYSICIAN FAX:_____

SPECIAL EQUIPMENT OR MEDICAL NEEDS ON BUS

I.E. OXYGEN TANK, WHEELCHAIR, SEIZURES, GO-BAGS, ETC.- PLEASE INCLUDE SIZE AND DIMENSIONS OF ALL EQUIPMENT

EMERGENCY BUS PLAN

IF YOU SEE THIS	*DO THIS*

BEHAVIOR PLAN

BEHAVIOR OR DISABILITY:_____

INTERVENTION TO MANAGE THE BEHAVIOR/DISABILITY

OTHER SPECIFIC NEEDS FOR SAFELY TRANSPORTING STUDENT

DOCUMENTATION OF DRIVER/ATTENDANT TRAINING

DATE	DRIVER/ATTENDANT NAME	NURSE/SCHOOL OFFICIAL

Accident Report Form

This section to be completed by staff member (not nurse).

Date and time of accident: _____

Name of Injured:_____ Advisor:_____

Completed by:_____ Witness:_____

Location of accident:_____

List student activity at time of accident, list any equipment, tool, or machinery that was involved. Describe in detail the events leading up to the accident, and the accident itself:

_____

_____

_____

_____

_____

_____

Signature of staff completing this section:_____

This section to be completed by nurse.

First aid treatment:

_____

_____

Name of parent notified:_____ Time parent notified:_____

Return to class Sent home Transported to hospital

Nurse Signature: _____

Clinic Record

Scholar name: _____ Homeroom Advisor:_____

Mailing Address: _____ Date of Birth:_____

_____

Mother:_____ Cell:_____ Work:_____

Home:_____

Father:_____ Cell:_____ Work:_____

Home:_____

If parent cannot be reached, I authorize Furlow Charter School to call the person(s) below. I also authorize those listed to sign out my child.

Name	Relationship	Phone Numbers
1.		
2.		
3.		

Doctor: _____ Dentist: _____

Brothers/Sisters in this school:

1._____ 2. _____

3._____ 4._____

General Health

	Yes	No		Yes	No		Yes	No
Asthma	☐	☐	Diabetes	☐	☐	Heart problems	☐	☐
Allergies	☐	☐	Fainting spells	☐	☐	Kidney problems	☐	☐
List any allergies that your child has and			If yes, when was the last fainting spell?			Menstrual problems	☐	☐
describe what type of reaction occurs			_____			Seizures	☐	☐
_____			Sickle cell	☐	☐	If yes, when was the last seizure? _____		
_____			Contacts	☐	☐	Physical handicaps	☐	☐
_____			Glasses	☐	☐			

Other:_____

List medications: _____

School clinic personnel have my permission to contact my child's physician for further medical information. In case of serious illness/injury, the school will render first aid as prescribed by the school board regulation while contacting the parent or designated other. If neither parent nor the designee can be reached and the situation is very serious, the school will contact the Sumter County Emergency Medical Service for immediate transportation to an emergency treatment hospital. Fees for services will be the responsibility of the parent/guardian.

Parent/Guardian Signature_____ Date: _____

*The parent/guardian must complete this section for any student receiving medication or any treatment at school by the nurse.

CONSENT FOR TREATMENT

_____YES, I give my permission for my child to be seen by the school nurse/personnel for any health problem that may arise at school.

_____NO, I do not wish for my child to be seen by the school nurse/personnel for any health problem that may arise at school. I will be responsible to come treat my child myself.

If needed, I am authorizing the school nurse to give: (Please check)

_____ Tylenol (headache, fever, pain)
_____ Motrin (headache, fever, pain)
_____ Antacid (stomachache)
_____ Neosporin (topical cream for cuts and scrapes)
_____ Cough drops/lozenges (sore throat, cough)
_____ Saline eye drops (irritation)
_____ Orajel/Ambesol (toothache and mouth sores)
_____ Benadryl/Sudafed (allergy, congestion)
_____ Nutritional education
_____ Dental screening
_____ Vision and hearing screening
_____ Scoliosis screening

Parent/Guardian Signature_____

*REMINDER: All school nurse supplies and medications listed above are donated and therefore limited. Children needing the above medication on a regular basis will need to provide the medicine to the school. The medicine should be labeled properly with the scholar's name and homeroom and brought to the school by a parent to fill out a Medical Authorization Form.