

STUDENT INSURANCE PROGRAM

The School Committee shall make low-cost accident insurance available to the parent/guardians of all duly enrolled public school students, and shall encourage parent/guardians to purchase this insurance as financial protection against accidents.

Each year, the Chief Financial Officer shall seek competitive bids for a student accident insurance policy which will offer the highest quality coverage at the most reasonable premium cost.

While the School Committee encourages all students to purchase the student accident insurance, the program is essentially a voluntary one. The Committee may, however, require students to purchase the insurance as a prerequisite to participation in certain school activities, such as school-sponsored overnight camping trips.

Participation in such activities as physical education, occupational courses, and interscholastic sports will be covered by student accident insurance provided and paid for by the School Committee.

CROSS REF.: EBB, Accident Prevention and Procedures

STUDENT HEALTH SERVICES AND REQUIREMENTS

The supervision of health in the schools shall be the responsibility of the supervisor of school nurses, who shall act under the general direction of Assistant Superintendent of Schools.

CROSS REF.: JLC subcodes (all relate to student health services and requirements)

PHYSICAL EXAMINATIONS OF STUDENTS

Every student shall be screened in vision, hearing and postural screening in accordance with a schedule developed by the Supervisor of Nursing and for other physical problems as provided in the laws. A record of the results shall be kept by the school nurse.

Every student shall have a general physical examination as required under the Department of Public Health regulations. The results of examinations shall be a basis for determining what corrective measures or modifications of school activities, if any, should be recommended. A record of all examinations and recommendations shall be kept.

Every candidate for a school athletic team shall present the signed consent of parent or guardian in order to participate on a squad and shall, with the signed consent of parent or guardian, be thoroughly examined to determine physical fitness. The school physician shall examine athletes, except when a family wishes to have the examination done by their own doctor at their own expense. A written report stating the fitness of the student to participate and signed by the physician shall be sent to the school Principal.

The school physician shall make a prompt examination of all children referred to him/her by the school nurse. He/she shall examine school employees when, in his/her opinion, the protection of the students' health may require it. Except in case of emergency, the school physician shall not prescribe for or treat any student.

Whenever the school nurse finds a child to be suffering from any disease or medical problem, she shall report the situation to the parent or guardian in writing, or by personal visit if remedial treatment is recommended. A copy of the report will be filed at the school.

LEGAL REFS.: M.G.L. 71:53, 71:54, 71:56, 71:57

INOCULATIONS OF STUDENTS

No child shall be admitted to the Arlington Public Schools except upon presentation of a physician's certificate that the child has been successfully immunized against diphtheria, pertussis, tetanus, measles and poliomyelitis and such communicable diseases as may be specified from time to time by the Department of Public Health.

A child shall be admitted to school upon certification by a physician that he/she has personally examined such child and that in his/her opinion the physical condition of the child is such that his/her health would be endangered by such vaccination or by any of such immunizations. Such certification shall be submitted at the beginning of the school year to the physician in charge of the school health program. If the physician in charge of the school health program does not agree with the opinion of the child's physician, the matter shall be referred to the Department of Public Health, whose decision will be final.

In the absence of an emergency or epidemic of disease declared by the Department of Public Health, no child whose parent or guardian states in writing that vaccination or immunization conflicts with his/her sincere religious beliefs shall be required to present said physician's certificate in order to be admitted to school.

LEGAL REF.: M.G.L. 76:15

COMMUNICABLE DISEASES

Teachers shall report to the Principal at once and the Principal shall refer to the school nurse every child who shows signs of being in ill health or suffering from infectious or contagious disease.

A child showing symptoms of any communicable disease for which health officials order isolation shall be excluded from school by the Principal, who alone has this authority. Whenever the school physician or nurse finds sufficient cause for exclusion, he or she shall make a recommendation to the Principal, who shall notify the parent/guardians that the child must be taken home. He/she must give written notice of exclusion by mail to the parent or guardian. In case of contagious or infectious disease, the school nurse shall notify the health officials.

LEGAL REFS.: M.G.L. 71:55 and 71:55A

MEDICAL POLICY REGARDING HIV/AIDS

STUDENTS WITH AIDS/HIV INFECTION HAVE THE SAME RIGHT TO ATTEND CLASSES OR PARTICIPATE IN SCHOOL PROGRAMS AND ACTIVITIES AS ANY OTHER STUDENT.

Medical research has revealed in recent years that HIV/AIDS is not transmitted through casual contact. Courts have given greater recognition to the privacy rights of individuals with HIV/AIDS and have applied federal and state laws prohibiting discrimination on the basis of handicap to such individuals. Therefore, school personnel can no longer assume that they will have knowledge of a student's HIV/AIDS status. Furthermore, exclusion of students on the basis of HIV/AIDS status may well result in a claim of discrimination based on handicap. While complying with these laws related to the rights of an HIV/AIDS student, schools must also fulfill their duty to protect other students from harm.

- A. Laws protecting privacy prohibit schools from requiring parent/guardians, students, or physicians to inform school personnel that a student is infected with HIV/AIDS.

A diagnosis of AIDS/HIV is information which a student or his/her parent/guardian is entitled to keep confidential. See, e.g., M.G.L. c.214, S1B (the Massachusetts Privacy Act; M.G.L. c.111, S70F (prohibiting disclosure of information regarding HIV); and *Doe v. University of Cincinnati*, 538 N.E.2d 419, 53 Ed.L.R. 980 (Oh.Ct.Ap. 1988) (an individual's constitutional right of privacy includes the right not to be identified as the donor of blood which contains HIV antibodies).

- B. Even if a student or parent/guardian chooses to inform a member of the school staff of a student's HIV/AIDS status, laws protecting privacy severely restrict the dissemination of that information.

Because school personnel have a duty to protect students from harm, they do face some risk of liability if they are aware of an HIV/AIDS student and another individual within the school setting contracts the disease as a result of school personnel's failure to warn of the presence of an HIV/AIDS student. Nonetheless, we will abide by the attached "Policy Regarding School Attendance and Confidentiality of Information for HIV/AIDS Students" which specifies that a school staff member who obtains information with regard to a student's HIV/AIDS status may not inform other staff members without the specific, written consent of the student or parent/guardian.

The mandate of nondisclosure is recommended for several reasons. First, the risk of liability for failure to warn of the presence of an HIV student is extremely limited. Current medical opinion indicates that AIDS/HIV is not transmitted through the casual contact which generally occurs in the school setting. Given this prevailing view, even if transmission did occur, the court would likely find that school personnel behaved reasonably in not issuing a warning with regard to the presence of the student. Furthermore, proving causation would be quite difficult. Finally, a court would likely find that a school had fulfilled its duty of care to protect students/staff by excluding all students who exhibit conditions that would make transmission of blood-borne disease and educating teachers and students to use universal precautions when contact with body fluids is necessary.

Second, in disseminating information regarding an HIV/AIDS student, school personnel would face a great risk of liability for violating the student's privacy rights. Several Massachusetts cases do support the limited disclosure of private information such as HIV/AIDS status if there is a legitimate reason for doing so. See, e.g., *Cronan v. New England Telephone Co.*, 41 FEP 1273 (Suf.Sup.Ct. 1986) (employer's disclosure of an employee's suffering from AIDS requires the balancing of the employer's legitimate business interest in obtaining and publishing information against the substantiality of the intrusion on the employee's privacy); *Bratt ~ IBM Corp.*, 392 Mass. 508, 509-510 (1984) (intercorporate communication regarding a medical condition can constitute an unreasonable invasion of privacy under M.G.L. c.214, s.1B; legitimate, countervailing business reasons may render the disclosure of personal information reasonable). However, given the prevailing view that HIV/AIDS is not likely to be transmitted in a school setting, a court would likely find there was no legitimate reason for disclosing a student's HIV/AIDS status.

C. Federal laws prohibiting discrimination based on handicap prohibit the exclusion of students from school merely on the basis of their HIV/AIDS status.

Infection with HIV/AIDS is considered a handicap within the meaning of the Rehabilitation Act of 1973, Section 504, 29 U.S.C.A. 794 and the Americans with Disabilities Act and therefore cannot be used as the basis for adverse action, including exclusion. The attached "School Attendance Policy for Students Who Bleed Uncontrollably" would likely be upheld under these federal statutes because the policy discriminates on the basis of conditions which are likely to cause health risks within the school rather than on HIV/AIDS status.

School Attendance and Confidentiality of Information

Epidemiologic studies show that HIV/AIDS is transmitted via sexual contact or blood-to-blood contact. Research indicates that it is not transmitted through casual contact such as that found in a school setting. State and federal laws which prohibit discrimination based on handicap prohibit exclusion of students with HIV/AIDS from school unless their attendance would present an immediate danger to themselves or others.

Federal and state laws also protect the confidentiality of students with HIV/AIDS. These laws prohibit school personnel from requiring that students or their parent/guardians inform the school that a student has HIV/AIDS. Furthermore, if a parent/guardian or students chooses to inform school personnel, school personnel are prohibited from disseminating this information without the consent of the student or his/her parent/guardians.

Based on research indicating that HIV/AIDS is unlikely to be transmitted in a school setting and legal requirements regarding student confidentiality, the following policy statement is approved by the School Committee:

1. A parent/guardian is not required to inform school personnel if the student has HIV/AIDS. However, the parent/guardian is urged to inform school personnel regarding the infection. If informed, school personnel may be able to better attend to the needs of the child, including informing the parent/guardian of the occurrence of contagious disease (e.g., influenza, measles, etc.) within the school population to which the HIV/AIDS infected student might be particularly susceptible, and administering medications if needed.
2. If a parent/guardian or student chooses to inform school personnel regarding the student's HIV/AIDS infection, the staff member receiving the information may not inform other school personnel without the specific, informed, written consent of the parent or guardian. If the student has independently sought HIV testing and informs school personnel of his/her HIV/AIDS status, the school staff member may not inform others without the student's specific, informed, written consent.** Due to its confidential nature, information regarding a student's HIV/AIDS status should not be kept in the student's record.
3. A student will not be excluded from school merely on the basis of his/her HIV/AIDS status. However, students with HIV/AIDS are not exempt from exclusion under the board's policy of excluding from school all students who bleed in an uncontrollable fashion.

** A minor's right of consent is based on M.G.L. c.112, S12F which allows minors to consent to their own medical testing diagnosis and treatment in certain circumstances, including HIV infection. This law mandates confidentiality of medical information except when an attending physician reasonably believes that the condition of the minor is so serious that the minor's life or limb is in immediate danger.

School Attendance for Students who Bleed in an Uncontrollable Fashion

A number of serious infectious diseases are spread by contact with human blood, including Hepatitis B Virus and the Human Immunodeficiency Virus. Consequently, all students who exhibit the following conditions will be advised not to attend school until the conditions are resolved:

1. The student has weepy or bloody skin or mouth sores that cannot be successfully covered or controlled with medication;
2. The student exhibits the behavior of biting other individuals with unusual frequency or severity and there is likelihood that the actual transfer of blood from the biter will occur, as might happen only from a student with chronically bloody gums or mouth; or
3. The student exhibits bloody diarrhea.

These conditions are grounds from the exclusion of any student from a school setting, regardless of whether he/she is known or suspected to harbor a blood-borne infection.

Adapted from *Medical Update to Policy Guidelines: Infants, Toddlers 3rd Preschoolers with HIV Infection/AIDS in Early Childhood Settings* (Department of Public Health, June 1989)

Universal Precautions for School Settings

In order to protect themselves from infection by blood-borne disease, such as Hepatitis B Virus and Human Immunodeficiency Virus, all staff should instruct students to avoid areas where body fluid spills have occurred in the school setting. Staff should use the following precautions when the clean-up of body fluid spills is necessary:

1. Treat all blood spills with caution.
2. Clean up blood spills promptly.
3. Inspect the intactness of skin on all exposed body parts, especially the hands. Cover any and all open cuts or broken skin, or ask another staff member to do the clean-up. Latex gloves contribute an added measure of protection, but are not essential if skin is intact.
4. Clean up blood spills with a solution of one part household bleach to ten parts water, pouring the solution around the periphery of the spill. Disinfect mops, buckets and other cleaning equipment with fresh bleach solution.
5. Wash hands after any contact with body fluids. This should be done immediately in order to avoid contaminating other surfaces or parts of the body. Be especially careful not to touch your eyes before washing up. Soap and water will kill HIV.
6. Unless grossly contaminated with blood, other body fluids such as urine, vomitus, or feces do not pose a significant risk of infection and can be cleaned up in the usual manner.

Adapted from *Universal Precautions for School Settings; Massachusetts Department of Education and Medical Update to Massachusetts Policy Guidelines: Infants, Toddlers and Preschoolers with HIV Infection/AIDS in Early Childhood Settings* (June, 1989)

STUDENTS WITH LIFE THREATENING ALLERGIES

The Arlington Public Schools recognizes that an increasing number of its students have life-threatening allergies (LTAs). The Arlington Public Schools cannot guarantee to provide an allergen-free environment for all students with life threatening allergies, or prevent any harm to students in emergencies. The goal is to minimize the risk of exposure to food allergens that pose a threat to those students, educate the community, and maintain and regularly update a system-wide protocol for responding to their needs.

The protocol will address how the Arlington Public Schools will identify children with LTAs, define ways that seek to protect them from exposure from allergens, train faculty and staff, prepare for emergencies and respond appropriately in the event of an emergency or accidental exposure to a life threatening allergen.

The school department will maintain an Allergy Action Plan (AAP) and or an Individual Health Care Plan for any student(s) whose parents/guardians and physician have informed the principal/nurse of the school in writing that the student has a potentially life-threatening allergy.

To the best of our ability, the school department will provide annual training for Arlington Public School employees regarding:

1. The most common allergens that cause life threatening allergies such as foods, medications, latex and stinging insects.
2. Ways to recognize symptoms of an allergic reaction; and
3. Steps to take in the event of an allergic reaction

Adopted: June 22, 2004

ARLINGTON PUBLIC SCHOOLS

PROTOCOL AND GUIDELINES FOR STUDENTS WITH LIFE-THREATENING ALLERGIES (LTAs) IN THE ARLINGTON PUBLIC SCHOOLS

BACKGROUND

Allergic reactions can span a wide range of severity of symptoms. The most severe and potentially life threatening reaction is anaphylaxis. This protocol is to be used for students who are at risk for anaphylaxis and in circumstances where a previously undiagnosed life-threatening allergic response occurs.

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body, the most dangerous of which are breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. The most common causes of anaphylaxis in children include allergies to:

- **Foods (most commonly; peanuts, tree nuts, milk, dairy products, soy, wheat, fish and shellfish)**
- **Insect stings (yellow jackets, bees, wasps, hornets)**
- **Medications**
- **Latex**

Anaphylaxis can occur immediately or up to two hours following allergen exposure, so it is important to:

- **Identify student at risk**
- **Have appropriate preventative policies**
- **Be prepared to handle an emergency**

PURPOSE AND GOAL

The Arlington Public Schools cannot guarantee to provide an allergen-free environment for all students with life threatening allergies, or prevent any harm to students in emergencies. The goal is to minimize the risk of exposure to food allergens that pose a threat to those students, educate the community, and maintain and regularly update a system-wide protocol for responding to their needs. A system-wide effort requires the cooperation of all groups of people within the system.

The sections below highlight the major responsibilities of the various groups, but each child's plan will be individualized and therefore not all responsibilities can be spelled out in this protocol.

The goal of the Arlington Public Schools regarding Life Threatening Allergies is to engage in a system-wide effort to:

- Prevent any occurrence of life threatening allergic reactions
- Prepare for any allergic reactions
- Respond appropriately to any allergy emergencies that arise

RESPONSIBILITIES OF THE ARLINGTON SCHOOL DEPARTMENT

The Superintendent and his/her staff shall be responsible for the following:

1. Create a system-wide emergency plan for addressing life threatening allergic reactions.
2. Provide annual in-service training and education on reducing food-allergy risks, recognizing food allergy symptoms, and emergency procedures for staff.

3. Training shall include, but not be limited to:
 - a. A description/definition of severe allergies and a discussion of the most common food, medication, latex and stinging insect bites.
 - b. The signs and symptoms of anaphylaxis
 - c. The correct use of an Epi-pen
 - d. Specific steps to follow in the event of an emergency
4. Encourage a “**NO FOOD TRADING**” and “**NO UTENSIL SHARING**” policy in all schools with particular focus at the elementary school level.

5. School nurses, in conjunction with the student’s parent(s)/guardian(s) and the primary care provider/allergist prepare an Allergy Action Plan/Individual Health Care Plan for any student with a life threatening allergy. The Plans will be reviewed by the school nurse, the student’s parent(s)/guardian(s) and primary care provider and/or the student’s allergist, and signed off by the child’s physician to indicating that he/she deems it to be adequate.
6. Provide and maintain LTA free tables in each elementary school cafeteria as needed by the Individual Health Care Plan. These tables will be designated by a universal symbol. These tables will be cleaned and sanitized.
7. Lunch Room Attendants, who report to principal, will be assigned to clean LTA tables.
8. Make the Allergy Action Plan/Individual Health Care Plan available in the nurse’s office and a student’s homeroom at the elementary level and in the nurse’s office at the middle and high school. Recommend that parents/guardians attach a photograph of their student with a Life Threatening Allergy to their Allergy Action Plan.
9. Submit to school bus drivers an LTA list of students who have life threatening allergies.
10. Require all food service employees to use only latex free gloves.
11. Make Epi-pens (belonging to the school and those prescribed to the students) available in the nurse’s office and in other clearly designated locations as specified in the AAP/IHCP. At the secondary level, students are allowed and encouraged to carry their Epi-Pens on their person as allowed by the medication policy.
12. Familiarize teachers with the AAP/IHCP of their students and any other staff member who has contact with student on a need-to-know basis.

RESPONSIBILITIES OF THE SCHOOL PRINCIPAL

To the extent possible, the principal of each school shall be responsible for the following:

1. Familiarize teachers with the Allergy Action Plan/Individual Health Care Plan of their students and any other staff member who has contact with student on a need-to-know basis.
2. In conjunction with nurses, provide in-service training and education for staff regarding life-threatening allergies, symptoms, risk reduction procedures and emergency procedures including demonstration on how to use the Epi-pen.
3. Send letters to all parents regarding Life Threatening Allergies (K-5).

4. The protocol that explains Life Threatening Allergies and the application of the protocol at the school, concerning Life Threatening Allergies will be discussed at kindergarten orientation.
5. Post the school’s emergency protocol on LTAs in appropriate locations
6. Notify staff the locations of Epi-pens in the school.
7. A contingency plan will be in place and understood by all staff and students in the event the nurse is not in the office or in the building. Call 911.

RESPONSIBILITIES OF SCHOOL NURSES

The school nurse is the primary coordinator of each student's plan.
Each school nurse will have the following responsibilities:

1. Meet with each parent/guardian of a student with an LTA and develop an Allergy Action Plan/ Individual Health Care Plan for the student. During meetings with parents/guardians, nurses shall discuss and encourage the use of MEDIC-ALERT bracelets and other methods of identification for students with LTAs.
2. Maintain updated AAP/IHCPs in the nurse's office and in student's homeroom at each school and in the nurse's office at the middle and high school.
3. Nurse will assist the principal in providing information about students with LTAs to staff.
4. In conjunction with the principal provide in-service training and education for staff regarding life-threatening allergies, symptoms, risk reduction procedures and emergency procedures including demonstration on how to use the Epi-pen.
5. Familiarize teachers with the Allergy Action Plan/Individual Health Care Plan of their students and any other staff member who has contact with student on a need to know basis.
6. The school nurse will be responsible for following Department of Public Health regulations governing the administration of prescription medications. Nurses are also responsible for following the regulations that permit registration of non-licensed personnel to be trained and to administer epi-pens
7. Discuss with parents the appropriate locations for storing the Epi-pen and the possibility of receiving more than one Epi-pen as necessary.
8. Inform the school principal and parent/guardian if any student experiences an allergic reaction for the first time in school.
9. Emergency protocol will be in place in the event the nurse is not in the building.

RESPONSIBILITIES OF TEACHERS

Each teacher shall have the following responsibilities:

1. Receive and review the Allergy Action Plan/Individual Health Care Plan, in collaboration with the nurse and parent(s) of any student(s) in your classroom with Life Threatening Allergies.
2. Leave information in an organized, prominent and accessible format for substitute teacher.
3. Participate in in-service training for students with life-threatening allergies
4. Teacher, in collaboration with the nurse and input from the parents of the allergic child, will set a classroom protocol regarding the management of food in the classroom.
5. Participate in the planning of a student's re-entry to school after an anaphylactic reaction.

RESPONSIBILITIES OF FOOD SERVICE PERSONNEL

The food services department shall have the following responsibilities:

1. To the best of our ability eliminate all peanut/tree nut products in the cafeteria
2. Supply cleaning materials for washing and sanitizing tables
3. Provide in-service to food service employees regarding safe food handling practices to avoid cross-contamination with potential food allergens
4. Food service employees will wear non-latex gloves.

RESPONSIBILITIES OF ARLINGTON SCHOOLS TRANSPORTATION

The school bus drivers shall have the following responsibilities:

Inform each driver that s/he is transporting a child with an LTA

1. Provide functioning emergency communication devices (e.g., cell phones, two-way radios, etc.) on each bus
2. Maintain a policy of no food eating on the bus

RESPONSIBILITIES OF PERSONS IN CHARGE OF CONDUCTING AFTER SCHOOL ACTIVITIES

Persons in charge of extracurricular programs shall have the following responsibilities:

1. The Allergy Action Plan/Individual Health Care Plan will be available for parents to copy to give to others who assume responsibility for their child.

Examples of this may include:

- Before or after school activity instructors
- Coaches
- Babysitters
- Camp Counselors, etc.

RESPONSIBILITIES DURING RECESS AND PHYSICAL EDUCATION CLASSES

During recess and physical education classes, the school shall have the following responsibilities:

1. Children will be under the supervision of at least one adult
2. An Epi-pen will be taken outside if specified in the child's AAP/IHCP

RESPONSIBILITIES FOR FIELD TRIPS

The school shall have the following responsibilities when LTA students go on field trips.

1. Field trips need to take into consideration the risk for allergen exposure, and parents must evaluate potential risks when determining whether their child should attend a field trip.
2. Lunches should be held in a safe-place so that children-cannot access them until the appropriate time. Lunches of children with food allergies should be stored separately to minimize cross contamination.

RESPONSIBILITIES OF PARENTS

Each parent of a student with an LTA shall have the following responsibilities:

1. Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
2. Parent(s) must arrange to meet with the school nurse to develop an Allergy Action Plan/Individual Health Care Plan (AAP/IHCP) for the student and provide medical information from the child's treating physician as needed to write the Plans.
3. Provide the school a list of foods and ingredients to be avoided, and provide a list of safe or acceptable foods that can be served to your child.
4. Provide the school nurse with enough up-to-date emergency medications (including Epi-pens) so they can be placed in all required locations for the current school year.
5. Complete and submit all required medication forms.
6. Provide a Medic ALERT ID for your child.
7. Notify nurse of upcoming field trip as soon as possible and provide Epi-pen to be taken on field trips as stated in the field trip policy.
8. Encourage students to wash hands before and after handling food
9. Teach your child to
 - a. Recognize the first symptoms of an allergic/anaphylactic reaction
 - b. Know where the epinephrine auto-injector is kept and who has access to the epinephrine
 - c. Communicate clearly as soon as s/he feels a reaction is starting.
 - d. Carry his/her own epinephrine auto-injector when appropriate
 - e. Not share snacks, lunches or drinks
 - f. Understand the importance of hand-washing before and after eating
 - g. Report teasing, bullying and threats to adult authority
 - h. Take as much responsibility as possible for his/her own safety
10. As children get older, teach them to:
 - a. Communicate the seriousness of the allergy
 - b. Communicate symptoms as they appear
 - c. Read labels
 - d. administer own epinephrine auto-injector and be able to train others in its use
11. Inform the school of any changes in the child's LTA status
12. Provide the school with the licensed provider's statement if the student no longer has allergies
13. Go on field trips and out of school activities with your child, whenever possible
14. Provide bag of snacks for your child's classroom along with safe foods for special occasions.
15. If accommodations cannot be made in the cafeteria for the child's allergy, parents will provide appropriate lunches.

RESPONSIBILITIES OF STUDENTS

Each student with a Life Threatening Allergy shall be responsible for the following:

1. Take responsibility for avoiding allergens
2. Do not trade or share foods
3. Wash hands before and after eating.
4. Learn to recognize symptoms of an allergic reaction
5. Promptly inform an adult as soon as accidental exposure occurs or symptoms appear
6. Take more responsibility for your allergies as you get older
7. Develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in the school.

Adopted: June 22, 2004

ADMINISTERING MEDICINES TO STUDENTS

Medication will be administered in school only if the parent/guardian has made the specific request and has signed the appropriate form. This form and permission will be attached to the child's record. Prescribed medication must be in the prescription bottle and bear the doctor's name, dosage, etc. Medication is given only if it must be taken by the student during regular hours and cannot reasonably be given at home. No medication should be brought to school, unless prescribed to be given at school by the nurse.

LEGAL REF.: M.G.L. 71 :54B
 Dept. of Public Health Regulations: 105 CMR 210.00

