

# HEALTH AND WELLNESS

## SECTION IV

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The Dubuque Community School District website ([www.dbqschools.org/schoolnurse](http://www.dbqschools.org/schoolnurse)) contains more detailed information concerning health and wellness in our schools.

### ADMINISTRATION OF MEDICATION

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**ALL** medications, over-the-counter as well as prescribed (see **Exceptions**), will require written and dated authorization from the parent or guardian **AND** a legal prescriber (physician, dentist, podiatrist, advanced registered nurse practitioner, physician assistant, or another health care provider authorized to legally prescribe medications). A “Request for Medication to be Given at School” form shall be filled out and signed by both the legal prescriber and the parent/guardian.

- Prescription medication must be in the original containers with the pharmacy label attached. Over-the-counter medications must also be in the original containers.
- Parents should bring their child’s medication to the school’s Health Office or have it delivered by the pharmacy. The majority of pharmacies will deliver medications to the school for free. If the medication is sent with your child, please call the Health Office and notify us, and tell us the amount you are sending.
- Students are only allowed to take medication in school when it is administered by the school nurse/qualified personnel in the health office.
- If medication is required to be self-administered for asthma or airway constriction, the Consent Form “Asthma or Airway Constricting Medical Self-administration Consent” is to be used.
- If other alternative provisions are necessary for medication administration, they must be made through the school nurse.
- “Request for Medication to be given at School” forms are only good for the current school year.
- No medication will be kept at school through the summer months. Any medication left will be discarded.

(SEE **FORM 16**, REQUEST FOR MEDICATION TO BE GIVEN AT SCHOOL AT THE BACK OF THIS HANDBOOK.

The form is also available in the school health offices, the eRegistration site and the district website at [www.dbqschools.org/schoolnurse](http://www.dbqschools.org/schoolnurse).)

(SEE **FORM 19**, ASTHMA OR AIRWAY CONSTRICTING MEDICATION SELF-ADMINISTRATION CONSENT AT THE BACK OF THIS HANDBOOK.

The form is also available in the school health offices, the eRegistration site and the district website at [www.dbqschools.org/schoolnurse](http://www.dbqschools.org/schoolnurse).)

#### **Exception Only for Middle and High Schools (Administration of Medication)**

Acetaminophen (ie, Tylenol) and ibuprofen (ie, Motrin) may be administered by the School Nurse or authorized staff member with a signed parental or guardian consent (see below) based on student self-referral. Students may receive up

to 5 doses, after which the School Nurse will assess the student and contact parent or guardian to determine if medical referral is needed before any more doses can be given. Furthermore, based on the assessment findings, a school nurse may refuse to administer either medication regardless of number of doses given until parent obtains written permission of licensed health care provider via a medication release form/order or can determine if appropriate to administer medication regardless of number of doses given.

(SEE **FORM 15**, SCHOOL NURSE ADMINISTRATION OF ACETAMINOPHEN (I.E., TYLENOL) AND IBUPROFEN (I.E., MOTRIN) FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS AT THE BACK OF THIS HANDBOOK. The form is also available in the middle and high school buildings, the eRegistration website and the district website at [www.dbqschools.org/schoolnurse](http://www.dbqschools.org/schoolnurse).)

#### **Exception for Sunscreen:**

Sunscreen is considered an OTC (over-the-counter) by the Food & Drug Administration (FDA). Sunscreen will be applied to students by staff only with the written permission of the parent/guardian. Students will be allowed to carry sunscreen supplied by the parent/guardian/student and self-apply without written permission. All staff applying sunscreen will be provided information on the FDA guidelines regarding proper sunscreen application.

## **COMMUNICABLE AND INFECTIOUS DISEASES**

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Students with a communicable or infectious disease, as defined by the State Department of Health, may be able to attend school without creating a risk of transmission of the illness or other harm to the students or the employees per guidance of the local or state health department. If there is a questions about whether a student should be attending school, please contact the school health office, district health servives, or your healthcare provider. Infectious or communicable disease include, but are not limited to, whooping cough (pertussis), mumps, chicken pox, and measles.

## **HAWK-I INSURANCE FOR CHILDREN**

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Parents can apply for low-cost health insurance for their children through the state's Healthy and Well Kids in Iowa (HAWK-I) program. Children, birth to 19, who meet certain criteria, are eligible. The coverage includes doctor's visits, hearing services, dental care, prescription, immunizations, physical therapy, vision care, speech therapy and hospital services to name a few. Parents are urged to call 800/257-8563 (toll free), or go to the website at [www.hawk-i.org](http://www.hawk-i.org) for more information, or ask their school nurse.

## **HEALTH AND DENTAL SCREENING**

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### **Dental Certificate of Screening**

The State of Iowa requires that all kindergarten and 9th grade students have a dental screening and submit a certificate of the dental screening to the school office. All out-of state transfer students, at any grade level, entering elementary or high school are also required to have a dental screening.

For an elementary school student, a screening that is done between the ages of 3-6 years old is acceptable.

More information can be found at the Iowa Department of Public Health website at [www.idph.state.ia.us/hpcdp/oral\\_health\\_school\\_screening.asp](http://www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp)

(SEE **FORM 6**, CERTIFICATE OF DENTAL SCREENING AT THE BACK OF THIS HANDBOOK.

The form is also available in the middle and high school buildings, the eRegistration website and the district website at [www.dbqschools.org/schoolnurse](http://www.dbqschools.org/schoolnurse). It may also be available at your dental office.)

### **Health Screenings**

Throughout the year, the school district health services provides health screening for vision, hearing and height and weight measurements for all students PK-12 as identified and dental screenings for students in Kindergarten and grade 9 if they have not had a dental screening and returned the dental certificate (see certificate\*).

Parents/Guardians of kindergarten and 9th grade students who have not submitted a certificate of dental screening will receive a letter indicating the date(s) the screenings will take place at school. Students will be automatically screened on the date(s) indicated in the letter unless parent/guardian notifies school health office stating that they do not want their student screened.

## HEALTH ASSESSMENT FORM

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Parents are asked each year to complete the health assessment questions as part of the electronic registration. If your student is new to the district, please complete the Health Assessment form at the back of this booklet and return it to the school health office.

(SEE **FORM 1**, HEALTH ASSESSMENT AT THE BACK OF THIS HANDBOOK. The form is also available in the middle and high school buildings, the eRegistration website and the district website at [www.dbqschools.org/schoolnurse](http://www.dbqschools.org/schoolnurse).)

## IMMUNIZATIONS

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Prior to starting school or when transferring into the school district, students must present an approved Iowa Department of Public Health immunization certificate signed by a health care provider stating that the student has received the immunizations required by law. Students without the proper certificate are not allowed to attend school until they receive the immunizations or if they are in the process of obtaining needed immunizations. Only for specific medical or religious purposes are students exempt from the immunization requirements.

(SEE **FORM 8**, CERTIFICATE OF IMMUNIZATION AT THE BACK OF THIS HANDBOOK.)

## LEAD SCREENING

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All Iowa children must have proof of a blood lead test before entering kindergarten or soon after the parents are notified that a screening is needed.

More information can be found at the Iowa Department of Public Health website at [www.idph.state.ia.us/LLP/Testing.aspx](http://www.idph.state.ia.us/LLP/Testing.aspx)

## PHYSICAL EXAMINATIONS

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Parents are encouraged to have their children receive periodic physical examinations. The Dubuque Community School District recommends kindergarten students obtain a physical form within the past year.

(SEE **FORM 7**, KINDERGARTEN MEDICAL EXAMINATION FORM AT THE BACK OF THIS HANDBOOK TO TAKE WITH YOU TO YOUR PHYSICIAN'S OFFICE. It is also available in the school offices, the eRegistration website and the district website at [www.dbqschools.org/kindergarten](http://www.dbqschools.org/kindergarten).)

Every year students participating in athletics (grades 6-12) shall present to the school's Activity Director a certificate\* signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

(SEE **FORM 12**, ATHLETIC PARTICIPATION REQUIRED FORMS AT THE BACK OF THIS HANDBOOK TO TAKE WITH YOU TO YOUR PHYSICIAN'S OFFICE. This form is also available in the middle and high schools offices, the eRegistration website and the district website at [www.dbqschools.org/schoolnurse](http://www.dbqschools.org/schoolnurse).)

## STUDENT ILLNESS OR INJURY AT SCHOOL

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A student who becomes ill or is injured at school must notify his or her teacher or another employee as soon as possible. In the case of a serious illness or injury, the school shall attempt to notify the parents/guardians with the phone numbers on file at school. If no one is available by phone and the condition is or has the potential to become life threatening the school personnel will call 9-1-1. If the student is too ill to remain in school, the student will be released to the student's parents/guardian or, with parental permission, to another person directed by the parents/guardians.

## WELLNESS

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We are dedicated to ensuring that your child is not only safe at school and healthy, but we will work with you to guide your child(ren) on a path of total wellness.

Children of all ages must be physically, mentally, and emotionally healthy to enhance learning. Dubuque school nurses promote the health and safety of our students and staff in school, at home, and in the community. As a school district, we are dedicated to increasing health knowledge, attitudes and skills, increasing positive health behaviors and health outcomes, improving education outcomes, and improving social outcomes.

Health services will identify and promote the use of resources for developing school health policies and for assessing and planning school health programs.

The District has a Local Wellness Policy Committee that consists of parents, students, school food service administration, school board members, school administrators, nurses, physical education teachers, and community members. This committee will continue to promote healthy lifestyles, review and measure implementation, and evaluate the district local wellness policy.

To learn more about the details of the Dubuque Community School District Wellness Policy, visit the district website at [www.dbqschools.org/schoolnurse](http://www.dbqschools.org/schoolnurse).

## HEALTH EDUCATION PROGRAM FOR STUDENTS

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The new health curriculum for grades 6-12 was implemented for the 2012-2013 school year. Also, a health curriculum committee composed of elementary teachers, health and wellness teachers, school counselors, school nurses, and administrators, used their expertise and age-appropriate, researched-based materials and resources to continue the revision of the district standards and benchmarks for the health education curriculum and are in the process of developing the grade level expectations for grades K-5.

A state law passed in 1989 requires the school district to provide you with the above information. The law also states that “a pupil shall not be required to take instruction in human growth and development if the pupil’s parent or guardian files with the appropriate principal a written request that the pupil be excused from the instruction. Notification that the written request may be made shall be included in the information provided by the school district.

(SEE **FORM 11**, IN THE BACK OF THIS BOOK, WELLNESS CURRICULUM STUDENT EXCLUSION, TO REQUEST THAT YOUR CHILD(REN) BE EXCLUDED FROM A PARTICULAR HEALTH TOPIC.)

Therefore, if you wish to inspect any health materials prior to their use in your child’s classroom, please contact the principal’s office at your school to arrange a scheduled time when you can review them. There are many concerns in today’s society about health and safety, particularly as it pertains to the future health and safety of our children. We recognize the important role of parents in this challenge. It is our hope that we can assist you in meeting that challenge so that our children can realize a healthy and safe future.

Rhonda Simpson, MSN, ARNP, Health and Wellness Coordinator  
Amy Hawkins, Athletic Director

## IOWA YOUTH SURVEY

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Between September 29 and October 31, your child/children will be invited to join their 6th, 8th, and 11th grade classmates in completing the 2014 Iowa Youth Survey. Since 1975, students in Iowa have been filling out this questionnaire to provide information about their values, beliefs, attitudes, and activities. **Participation in the survey is anonymous and strictly voluntary, and no student is required to fill out this questionnaire.** The survey will take one class period, approximately 40 minutes, to complete.

### **Purpose of the Survey:**

The 2014 Iowa Youth Survey is directed by the Iowa Department of Public Health (IDPH), Division of Behavioral Health in collaboration with the Iowa Departments of Education and Human Rights (CJJP-Criminal and Juvenile Justice Planning). Your school system has agreed to administer the survey for 2014.

The purpose of the survey is to collect information about Iowa youth so we can better understand their beliefs, values, and decisions about what makes them feel secure, strong, and safe in their communities, schools, and families. In addition, information is collected about their ideas on alcohol, tobacco, drugs, bullying and harassment, and violence prevention. The information collected will help the state planning agencies, our schools, and local community task forces put together valuable future programming. It is important to ask children to tell us what is good and working about their life in Iowa, and what needs improvement, in their eyes.

The Attorney General for the Iowa Department of Public Health (IDPH) has developed a plan for making sure that the survey is voluntary and has parent approval. This plan is called a “passive consent” procedure and it has three parts:

1. An Information Summary to give you the basic information about the survey. (Included)
2. An opportunity to read the survey questions at your child’s school or online at: <http://www.iowayouthsurvey.iowa.gov/> before your child/children volunteer to answer the questions.
3. An opportunity for you to provide written refusal if you **do not** want your child/children to participate in such a survey.

## **PART 1. THE INFORMATION SUMMARY**

### **Parental Rights:**

- You have the right and the responsibility to be informed about that which your child volunteers to participate in school.
- You have the right to receive accurate information about the Iowa Youth Survey questionnaire in order for you to make good decisions for your family.

### **Iowa Youth Survey Content:**

Some of the areas on the questionnaire will have sensitive questions about tobacco, alcohol, illegal drugs, and thoughts on violence and safety. It is important to remember that our school children do not live in identical environments. All children and families do not have the same beliefs, attitudes or values. Your child/children may make very different life choices than other children. If we are going to plan programming that keeps all children safe and connected to their families, schools and communities, we need to know what all Iowa children are thinking, saying and doing.

### **Confidentiality:**

All information collected will be anonymous. Students will not put names, birthdates, or any other way to identify them on the survey, and all surveys will be confidential. Information from each grade level will be added together and reported as a school system. It will then be analyzed by the Iowa Consortium for Substance Abuse Research and Evaluation. To further protect the confidentiality of participants, no data will be reported for a grade level if:

- Fifteen or fewer students answered a question; or
- Ten percent or fewer students did not respond in the least sensitive manner for sensitive questions.

### **Compensation:**

There will be no compensation or reward for students participating in the survey.

### **Voluntary:**

- All students in 6th, 8th, and 11th grades will be invited to complete the Iowa Youth Survey. Students will have the right to refuse to answer any questions on the survey. If students decide they want to change their mind and quit answering the survey, during the survey, they may do so.
- If, as a parent or legally authorized representative, you do not want your child/children to participate, you must send the school the **Refusal of Consent form** provided at the end of this letter (Part 3), and your child/children will be provided a neutral activity during the survey class period. There is no penalty for anyone who decides not to participate.

### **Risk:**

There is no direct risk involved in filling out the survey. Students may find some questions uncomfortable to answer. They may skip any question they do not wish to answer or stop completing the survey entirely at any point.

### **Benefits:**

There will be no direct benefits to the students the day of the survey. The data collected throughout the state will provide schools and communities with the information they need to provide programs that will support schools, communities and families in keeping their children safe and hopeful about their future. The data is vital for grant writing purposes and legislative decisions.

### **Questions:**

Questions regarding the Iowa Youth Survey are encouraged. Please contact either your school principal, superintendent, or DeAnn Decker, Iowa Department of Public Health, 515-281-0928, email: [deann.decker@idph.iowa.gov](mailto:deann.decker@idph.iowa.gov).

## **PART 2: REVIEWING THE SURVEY**

A copy of the Iowa Youth Survey will be available to preview at the school office and may also be viewed at: <http://www.iowayouthsurvey.iowa.gov/>.

(SEE **FORM 19**, IN THE BACK OF THIS BOOK, IOWA YOUTH SURVEY REFUSAL OF CONSENT, TO REQUEST THAT YOUR CHILD(REN) BE EXCLUDED FROM A PARTICIPATING IN THE IOWA YOUTH SURVEY.)

## **CONCUSSION LAW**

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The Iowa Legislature passes a law that went into effect on July 1, 2011 regarding concussions in students in grades 7-12 who participate in extracurricular interscholastic activities. All students who participate in interscholastic athletics, cheerleading, or dance along with their parents/guardians must sign that they have received the fact sheet entitled "HEADS UP: Concussion in High School Sports."

(SEE **FORM 12**, ATHLETIC PARTICIPATION REQUIRED FORMS AT THE BACK OF THIS HANDBOOK TO READ AND SIGN THE FACT SHEET.)