

SECTION IV

HEALTH + WELLNESS

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Want to learn more about a health and wellness topic?

The Dubuque Community School District website contains more detailed information concerning health and wellness in our schools.

See pages:
www.dbqschools.org/health-services
www.dbqschools.org/wellness

ADMINISTRATION OF MEDICATION AT SCHOOL

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.



FORM 16: Request for Medication to Be Given at School
 The form is available at the back of this handbook, in the school health offices, and at www.dbqschools.org/forms.



FORM 19: Asthma or Airway Constricting Medication Self-administration Consent
 The form is available at the back of this handbook, in the school health offices, and at www.dbqschools.org/forms.

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.



FORM 15 : School Nurse Administration of Acetaminophen and Ibuprofen for Middle and High School Students
 The form is available at the back of this handbook, in the middle and high school health offices, and at www.dbqschools.org/forms.

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

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 services, 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

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 for more information, or ask their school nurse.

HEALTH, DENTAL AND VISION SCREENING

HEALTH SCREENINGS

Throughout the year, the school district health services provides health screening for vision and hearing for identified students in grades PK-12. Dental screenings are provided for students in kindergarten and grade 9 if they have not had a dental screening and returned the dental certificate (see FORM 6).

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

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



FORM 6: Certificate of Dental Screening

The form is available at the back of this handbook, in the school health offices, and at www.dbqschools.org/forms. It may also be available at your dental office.

VISION CERTIFICATE OF SCREENING

Iowa Department of Public Health Child Vision Screening

1. Parents or guardians need to make sure their child has a vision screening at least once before starting kindergarten and again before starting 3rd Grade.
2. **Kindergarten Screenings:** A screening will be counted if it is done no earlier than 1 year before and no later than 6 months after school starts.
3. **3rd Grade Screenings:** A screening will be counted if it is done no earlier than 1 year before and no later than 6 months after school starts.
4. The requirement for a child vision screening will count by any of the following:
 - a. A vision screening or comprehensive eye exam by an eye doctor (ophthalmologist or optometrist).
 - b. A vision screening conducted at a doctor's office, a free clinic, a childcare center, a local public health department, a public or accredited nonpublic school, or a community-based organization or by an advanced registered nurse practitioner or physician assistant.
 - c. A vision screening done by Prevent Blindness Iowa volunteers or IowaKidSight and Lion's Club Volunteers.
5. The child vision screening requirement does not apply if the child vision screening conflicts with a parent's or guardian's genuine and sincere religious belief.
6. A child will not be withheld from school because a parent or guardian did not provide proof that the child received a vision screening.

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Please direct questions regarding vision screening to: Iowa Department of Public Health - Bureau of Family Health 321 E 12th Street - Des Moines, IA 50319 FAX 515-725-1760 - Phone 800-383-3826

NOTE: Kindergarten and third-grade students in the Dubuque Community School District are provided a vision screening at school in the fall, which fulfills this requirement. If you wish to have a screening by another provider, please have the Certificate of Vision Screening completed and returned to school.



FORM 10: Certificate of Vision Screening

The form is available at the back of this handbook, in the school health offices, and at www.dbqschools.org/forms.

HEALTH ASSESSMENT FORM

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



FORM 1: Health Assessment

The form is available at the back of this handbook, in the school health offices, and at www.dbqschools.org/forms.

IMMUNIZATIONS

Prior to starting school or when transferring into the school district, students must present an 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.

The State of Iowa requires all students entering the seventh grade and born on or after September 15, 2000 to receive a one-time dose of tetanus, diphtheria, acellular pertussis (Tdap) vaccine. This must be completed before students enter seventh grade.

The state also requires meningococcal (a, c, w, y) vaccine for students enrolling in 7th and 12th grades starting in the 2017-2018 school year in addition to other vaccination requirements.



FORM 8: Certificate of Immunization

The form is available at the back of this handbook, in the school health offices, and at www.dbqschools.org/forms.

LEAD SCREENING

The Iowa Department of Public Health recommends that all children have a blood lead test before entering kindergarten or soon after the parents are notified that a screening is needed.

The department will provide the Dubuque Community School District with a list of students and families to follow up with in order to ensure that lead testing occurs if needed.

More information can be found at the Iowa Department of Public Health website at idph.iowa.gov/lpp.

HEARING SCREENING

Keystone Area Education Agency will provide routine, no-cost hearing screenings for special-education preschool students; all students in grades kindergarten, 1, 2 and 7; any student with known hearing loss; and any student referred for testing. Students not included in these groups may request. Screening by contacting the school nurse. Parents will receive the results of the hearing screening. Families will receive the results of the hearing screening once completed.

PHYSICAL EXAMINATIONS

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.



FORM 7: Kindergarten Medical Examination

The form is available at the back of this handbook, in the school health offices, and at www.dbqschools.org/forms.

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.



FORM 12: Athletic Participation Required Forms

The form is available at the back of this handbook, in the school health offices, and at www.dbqschools.org/forms.

STUDENT ILLNESS OR INJURY AT SCHOOL

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

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/wellness.

CONCUSSION LAW

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."



FORM 12: Athletic Participation Required Forms

The form is available at the back of this handbook, in the school health offices, and at www.dbqschools.org/forms.

HEALTH EDUCATION PROGRAM FOR STUDENTS

The Dubuque Community School District provides instruction in compliance with the Iowa Department of Education Human Growth and Development and Health Education requirements for grades K-12 based on age-appropriate and research-based materials and resources.

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.

To request that your child(ren) be excluded from a particular health topic, complete the Wellness Curriculum Student Exclusion form.



FORM 11: Wellness Curriculum Student Exclusion

The form is available at the back of this handbook, in the school health offices, and at www.dbqschools.org/forms.

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.

Allie White, Educational Support Leader (Health Services)

Joe Maloney, Director of Activities and Athletics

IOWA YOUTH SURVEY

Periodically, your child/children will be invited to join their 6th, 8th, and 11th grade classmates in completing the 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 the questionnaire.** The survey will take one class period, approximately 40 minutes, to complete.

Purpose of the Survey:

The Iowa Youth Survey is directed by the Iowa Department of Public Health (IDPH), Division of Behavioral Health.

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

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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 student numbers on the survey, and all surveys will be confidential. Additional reporting restrictions further protect student confidentiality. For example, if fewer than 16 students in a grade level answer a question, no information about that question will be reported for that grade level. Grade level information will be added together and reported as a school system. The information will then be analyzed by the Iowa Consortium for Substance Abuse Research and Evaluation.

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 your school principal, superintendent, or the Iowa Department of Public Health at iowayouthsurvey@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/>.

PART 3: REFUSAL OF CONSENT

To request that your child(ren) be excluded from participating in the Iowa Youth Survey, complete the Iowa Youth Survey Refusal of Consent form.



FORM 18: Iowa Youth Survey Refusal of Consent

This form is not included in this handbook for the 2019-2020 school year because the Iowa Youth Survey is not being administered in the district this year.