

INTRODUCTION

The Oregon Conference of Seventh-day Adventists Department of Education (OCDOE) school nurse plays an absolutely essential role in providing comprehensive health services to our children and youth. With the increased numbers of students entering schools with chronic health issues that need to be managed during the school day, the school nurse is a vital member of the school community. By providing students with proper health support, the school nurse ensures that they are able to fully participate in the learning process and have the best chance to reach their full potential.

The school nurse is responsible for administering medications, monitoring vital signs, providing first aid and emergency care, and providing health education. In addition, the school nurse also provides counseling and referrals to other health care professionals when necessary. Furthermore, the school nurse is often involved in developing, implementing, and evaluating school health policies.

The school nurse is an invaluable resource for both students and staff alike. By providing comprehensive health services to children and youth, the school nurse helps to ensure that all students have the health support they need to be successful.

DEFINITION OF A SCHOOL NURSE

The National Association of School Nurses (NASN) defines school nursing as: A specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.

ROLE OF A SCHOOL NURSE

At a minimum the health services needing to be offered are:

- Assessment of health complaints, medication administration, and care for students with special health care needs;
- A system for managing emergencies and urgent situations;
- Mandated health screening programs, verification of immunizations, and infectious disease reporting; and
- Identification and management of students' chronic health care needs that affect educational achievement.

The school nurse serves as an extension of traditional community health services, ensuring continuity, compliance, and professional supervision of care within the school setting.

The National Association of School Nurses (NASN) identifies 7 core roles that school nurses must fulfill in order to foster health and educational success for children and adolescents. These roles are overarching, meaning they are applicable to school nurses of all levels, in all geographic settings, and with all types of clients. The OCDOE school nurse meets these key roles.

The seven core roles of school nurses are: health promotion and disease prevention; health assessment and screening; diagnosing and managing acute and chronic illnesses; providing direct care and health counseling; crisis intervention; managing health care systems; and advocating for students, families, and school personnel.

Health promotion and disease prevention involves providing health education and teaching health-related behaviors to students and staff. Health assessment and screening includes conducting routine and special health screenings, such as vision and hearing tests, and referring students to appropriate resources. Diagnosing and managing acute and chronic illnesses includes providing care for students with chronic conditions, such as asthma or diabetes, and responding appropriately to acute illnesses and injuries. Providing direct care and health counseling involves providing health care and advice to students and families. Crisis intervention includes responding to mental health crises, such as suicide attempts and self-harming behaviors. Managing health care systems involves collaborating with school administrators and other health professionals to ensure that all students receive appropriate care. Finally, advocating for students, families, and school personnel involves working with community partners to ensure students have access to the resources and services they need to be successful.

Overall, the seven core roles of school nurses are integral to promoting the health and educational success of students. School nurses must be knowledgeable about the roles and apply them in order to ensure all students have access to the care and support they need.

NASN provides details on the seven roles as follows:

1. The school nurse provides direct care to students. The school nurse provides care for injuries and acute illness for all students and long-term management of students with special health care needs. Responsibilities include assessment and treatment within the scope of professional nursing practice, communication with parents, referral to physicians, and provision or supervision of prescribed nursing care. An individualized health care plan is developed for students with chronic conditions, and when appropriate, an emergency plan is developed to manage potential emergent events in the school setting (eg, diabetes, asthma). Ideally, this health plan is aligned with the management plan directed by the child's pediatrician and regularly updated through close communication. The school nurse is responsible for management of this plan and communication about the plan to all appropriate school personnel. The school nurse has a unique role in provision of school health services for children with special health needs, including children with chronic illnesses and disabilities of various degrees of severity. Children with special health needs are included in the regular school classroom setting as authorized by federal and state laws. As a leader of the school health team, the school nurse must assess the student's health status, identify health problems that may create a barrier to educational progress, and develop a health care plan for management of the problems in the school setting. The school nurse ensures that the student's individualized health care plan is part of the individualized education plan (IEP),¹⁴ when appropriate, and that both plans are developed and implemented with full team participation, which includes the student, family, and pediatrician.

2. The school nurse provides leadership for the provision of health services. As the health care expert within the school, the school nurse assesses the overall system of care and develops a plan for ensuring that health needs are met. Responsibilities include development of plans for responding to emergencies and disasters and confidential communication and documentation of student health information.

3. The school nurse provides screening and referral for health conditions. Health screenings can decrease the negative effects of health problems on education by identifying students with potential underlying medical problems

early and referring them for treatment as appropriate. Early identification, referral to the medical home, and use of appropriate community resources promote optimal outcomes. Screening includes but is not limited to vision, hearing, and BMI assessments (as determined by local policy).

4. The school nurse promotes a healthy school environment. The school nurse provides for the physical and emotional safety of the school community by monitoring immunizations, ensuring appropriate exclusion for infectious illnesses, and reporting communicable diseases as required by law. In addition, the school nurse provides for the safety of the environment by participating in environmental safety monitoring (playgrounds, indoor air quality, and potential hazards). The school nurse also participates in implementation of a plan for prevention and management of school violence, bullying, disasters, and terrorism events. The school nurse may also coordinate with school counselors in developing suicide prevention plans. In addition, if a school determines that drug testing is a part of its program, school nurses should be included in school district and community planning, implementation, and ongoing evaluation of this testing program.

5. The school nurse promotes health. The school nurse provides health education by providing health information to individual students and groups of students through health education, science, and other classes. The school nurse assists on health education curriculum development teams and may also provide programs for staff, families, and the community. Health education topics may include nutrition, exercise, smoking prevention and cessation, oral health, prevention of sexually transmitted infections and other infectious diseases, substance use and abuse, immunizations, adolescent pregnancy prevention, parenting, and others. School nurses also promote health in local school health councils.

6. The school nurse serves in a leadership role for health policies and programs. As a health care expert within the school system, the school nurse is a leader in the development and evaluation of school health policies. These policies include health promotion and protection, chronic disease management, coordinated school health programs, school wellness policies, crisis/disaster management, emergency medical condition management, mental health protection and intervention, acute illness management, and infectious disease prevention and management.

7. The school nurse is a liaison between school personnel, family, health care professionals, and the community. The school nurse participates as the health expert on the IEP¹⁷ and 504¹⁸ teams. IEP teams identify the special education needs of students; 504 teams plan for reasonable accommodations for students' special needs that impact their educational programs.¹⁸ As the case manager for students with health problems, the school nurse ensures that there is adequate communication and collaboration among the family, physicians, and providers of community resources. This is a crucial interface for the pediatrician and the school nurse to ensure consistent, coordinated care. The school nurse also works with community organizations and primary care physicians to make the community a healthy place for all children and families.

MONTHLY TASKS FOR THE SCHOOL YEAR | CHECKLIST FOR NURSES AND HEALTH TECHS

Before students arrive for the school year

Start-up checklist

- Review student health and medical information
 - Create health files for new students
 - Run a roster from file system or SIS
 - Identify and prioritize health concerns
- Ensure the students are in file system, update health concerns and verify medical consents. Check file for signed consent forms and update files.
- Immunizations:
 - Enter immunizations in file system. Run compliance report and identify students with missing immunizations
 - Notify parents of students with missing immunizations and remind that students cannot start school without all required immunizations or valid exemption on file
 - Working with the office, pull registrations and remove from class lists those with missing immunizations
 - Create a tick list and continue monitoring and updating this list as immunizations are completed
- Identify students with emergency type medical needs. This can either be from SIS or review of parent information - i.e., severe allergies, diabetes, asthma, seizures, etc.
 - Complete assessment form with parent/guardian/doctor, update with any new or additional information. Clarify medications/procedures/treatment methods needed at school
 - Start on these students' Health Management Plan (HMP) first
- Keep a list of students with health concerns/problems as teachers and/or parents report
 - Capture student's name, grade, and concern
 - Get appropriate assessment form filled out if concern or condition qualifies as a major concern
 - Keep all notes to input into file system after HMPs are complete or as you have time
 - Begin creating HMPs.
 - Complete 911 students first (anaphylaxis, asthma, diabetes, seizures)
- Put all HMPs in SIS
 - Remind faculty to print out SIS medical alerts for their classroom sub folder (will need to train staff on how this is done)
 - Run health concerns report and medical alert report to make sure all matches once complete
- Educate teachers/staff (work with administration to schedule a training time)
 - Notify teachers of nurse office hours, include tips on first aid and copies of 7B posters (see appendix)
 - Instruct teachers and staff on administration of Epi-pens, glucagon, Diastat, Valtocho and other emergency medications (complete a faculty documentation of training forms for each staff member and keep a file in the health office).
 - Instruct teachers and staff in disease prevention, including blood-borne pathogen trainings.

- Distribute classroom “bandaid kit” to teachers (includes such things as bandaids, gloves, gauze, disinfecting wipes appropriate for skin & health office passes) and 7B posters to all teachers
- Create duty first aid packs with passes, band-aids, duty cheat sheet and list of 911 kids
- Create field trip first aid packs with gloves, gauze, tape, band-aids, tooth boxes, and tissues
- Train your backups – office manager, administrative assistant, receptionist, etc. Be sure to document date and type of training provided and demonstration of competence
 - Administering medication
 - Emergency medication
 - Emergency procedures
 - Diabetes management (if needed)
- Put all supplies away and set up office
- Have medications consent forms ready for back to school and registration
- Ensure AEDs and AED pads are up to date
- Faculty Emergency Information forms to staff (keep in confidential binder in health office).

Beginning of school year – August/September

After students arrive

- Parents will drop off medications a day or two before school starts or the morning of the first day
 - Have parents complete the consent form (have them printed and available ahead of time!) Store completed medication consent forms in a medication binder. Enter medication order into EHR (electronic health record) if available.
 - Check all medications brought in for correct container/info/drug and check expiration dates on Epi-pens, inhalers, etc. Match description on label to med in container (www.drugs.com is a good resource for this)
 - Enter medications into file system (EHR, if available) – include inventory, schedule and discontinue date (note: not all required to be inventoried-controlled substances must be inventoried)
 - Ensure that all medications, except for emergency medications are in a locked cabinet or drawer. (Ideally at night the office would be locked as well). Epi-pens, inhalers and seizure medications should be stored in a secure location, but not locked.
- Complete all not done on start-up checklist
- Enter all identified health concerns/problems into file system
 - If condition is not acute, follow up with parents for clarification, assessment, etc. after 911 HMPs have been completed
- Create a Health Room information binder. Contents must include:
 - Back up nurses/health techs with current phone numbers (make sure office knows)
 - List of health concerns and critical conditions and alerts
 - Lists for each - allergies, seizures, diabetics, asthma (others if needed)
 - Copies of HMPs
 - Copy of daily scheduled and prn medications
 - Blank log sheets in case of computer issues

- Check current alerts and expiration dates, ensure all is current
- Vision screenings
 - Make referrals where indicated

October/November

- Work on Sharing Immunization Rates-report due 30 days after the start of school and again 30 days after exclusion day. See www.healthoregon.org/immdata for more info. Share on your website, or have the data in the main office available to parents.
- Coordinate with administration to schedule staff flu clinics
- Continue August/September projects
- Review current alerts and expiration dates – check for discrepancies
- Hearing screenings and/or finish vision screenings not completed
 - Make referrals where indicated

December

- Follow up on vision screening referrals
- Complete a health file audit, ensuring a file there is a file for each student and removing files of students no longer at the school
- Follow up on immunizations as needed

January/February

- Scoliosis screenings – middle schools
- Second semester documentation of delegation: medications, Epi-pen, glucagon, diastat, etc.
- Check expiration dates on OTC and prescription medications

March/April/May

- 5th grade growth and development classes
- Check for alerts and expirations dates
- Check for discrepancies
- Check for immunization non-compliance
- Start entering kindergarteners for next year
- Send out immunization reminders for incoming students, 7th and 12th grades.

End of School Year

- Files
 - Transfer medication consents from medication binder to individual student health record.
 - Prepare for transfers, clear out duplicates, update to most recent consent
 - Compile like documents
- File system

- Update any student health issues and immunizations
- HMPs
 - Ensure copies of HMP are in file system
 - Assess the HMP goals have been met and document findings
 - Move copy of HMPs/bus alerts/treatment plans for students moving to next level
- Back-up any needed files on your computer needed for next year to a USB drive
- Order supplies for upcoming school year
- If you are not returning to this school, create a report for the incoming nurse

Last week/day

- Return all student medications by last day of school
 - Plan to have only enough scheduled medications on hand to last until last day of school
 - Arrange with parent to pick up emergency and prn medications
- Lock up all supplies and files
- Clear desk and counters for cleaning
- Defrost refrigerator/freezer

SELF-ADMINISTRATION POLICY

The authorization for self-administration of medication will be valid only for the current school year. The parent/guardian must renew the authorization each school year. Back up rescue medication should be requested from the parent/guardian and, if provided, will be kept at a location in the school to which the student has immediate access during school hours in the event of an asthma/anaphylaxis emergency. The parent/guardian will assure that backup rescue medication is available to the student after school hours and traveling to/from during school-sponsored events. A student's authorization to possess and self-administer medication for asthma, anaphylaxis and/or diabetes may be limited or revoked by the building principal after consultation with the school nurse and the student's parents/guardian if the student demonstrates an inability to responsibly possess and self-administer such medication.

Albuterol:

Students with asthma are authorized, in consultation with the school nurse, to possess and self-administer medication for asthma during the school day, during school-sponsored events, or while traveling to and from school or school-sponsored activities. The student will be authorized to possess and self-administer medication if the following conditions are met:

- The parent/guardian must submit a written request for the student to self-administer medication(s) for asthma.
- A healthcare provider must prescribe the medication(s) for use by the student during school hours and has instructed the student in the correct and responsible way to use the medication(s) and the school must be provided with a copy of such prescription;
- Parent and healthcare provider must agree in writing to allow student to carry and/or self-administer medication.

- On a yearly basis, the student must demonstrate to the healthcare provider and School Nurse, if available, the skill necessary to use the medication(s) and to use the device necessary to administer the medication(s).
- The healthcare provider must formulate a written treatment plan for managing the asthma episodes of the student and for use of medication(s) during school hours. The frequency with which it may be administered, possible side effects, and the circumstances that warrant its use; and the school must be provided with a copy of the treatment plan.
- Student should be educated to seek assistance if they have no relief of their symptoms.

Epinephrine:

Students with anaphylaxis are authorized, in consultation with the school nurse, to possess and self-administer epinephrine during the school day, during school-sponsored events, or while traveling to and from school or school-sponsored activities. The student will be authorized to possess and self-administer medication if the following conditions are met:

- Students with anaphylaxis are authorized, in consultation with the school nurse, to possess and self-administer epinephrine during the school day, during school-sponsored events, or while traveling to and from school or school sponsored activities. The student will be authorized to possess and self-administer medication if the following conditions are met:
- The parent/guardian must submit a written request for the student to self-administer medication(s) for anaphylaxis (in the event the student is unable to respond and administer the medication, school personnel will be able to assume the procedure).
- A healthcare provider must prescribe the medication(s) for use by the student during school hours and has instructed the student in the correct and responsible way to use the medication(s) and the school must be provided with a copy of such prescription(s).
- Parent and healthcare provider must agree in writing to allow student to carry and/or self-administer medication.
- On a yearly basis, the student must demonstrate to the healthcare provider and School Nurse, if available, the skill necessary to use the medication(s) and to use the device necessary to administer the medication(s);
- The healthcare provider must formulate a written anaphylaxis emergency plan for managing the anaphylaxis episodes of the student and for use of medication(s) during school hours. The frequency with which it may be administered, possible side effects, and the circumstances that warrant its use; and the school must be provided with a copy of the treatment plan.
- Seek help immediately if they are going to or have self-administered epinephrine.

HEALTH ROOM PROTOCOLS

1. The following protocol is in place for injury related incidents at school that require further medical care.

- O Provide an injury report form to parent/guardian the day of injury
- O Put a copy of the injury report form in school file
- O Provide a student Insurance Claim Form to parent/guardian the day of injury when further medical attention might be needed
- O Injury report forms and Student Insurance Claim Forms are to be taken on field trips
»Forms in **Appendix A**«

2. The following protocol is to be followed for the use of medication.

- O Designated school personnel must receive training from licensed healthcare personnel and are the only ones to administer medication to students. (OR: ORS 339.870, OAR 581-021-0037, WA: RCW 28A.210.260 and 270)
- O Designated school personnel must watch the Medication Administration training on SafeSchools Training
- O Medication authorization forms are required and need to be kept current
- O A medication log must be kept for every medication of each student
- O Keep a medication folder for every student

3. All school staff (including coaches) must complete the Concussion Awareness training video on SafeSchools. A checklist for what to watch for in a student with a head injury has been provided in **Appendix A**.

Oregon Conference Schools Concussion Policy

1. Required
 - a. All school staff, teachers, athletic directors, and coaches, including volunteers, are required to participate in annual concussion training.
 - b. Free and approved Concussion Training Courses:
<https://nfhslearn.com/courses?searchText=Concussion>
 - c. All parents of students participating in competitive sports are required to sign a concussion awareness form.
2. Recognize

Any student who receives a witnessed or suspected blow or jolt to the head must be removed and observed. School personnel are required to use the Concussion Signs and Symptoms Checklist (Appendix A). Students are to be monitored for a minimum of 30 minutes. Using the checklist, symptoms are monitored at 0 minutes, 15 minutes, and 30 minutes. Student may be released to class/play if no signs/symptoms are observed or reported.
3. Respond

If no signs/symptoms are observed:

- a. Teachers/coaches are to be informed of the incident and must continue surveillance;
- b. An Incident Report Form must be completed and provided to parents the same day.

4. Remove/Refer

If the student exhibits signs, symptoms, or behaviors consistent with a concussion, he or she shall not be permitted to return to interactive play for recess, sports, or any other athletic contest or practice on that same day. An incident report must be completed and provided to parents, and the student is to be referred to a healthcare professional. Send a copy of the Concussion Signs and Symptoms Checklist with the student for the healthcare professional to review.

5. Return

When a student has suffered a concussion and is no longer experiencing signs, symptoms, or behaviors consistent with concussion, he or she must obtain a medical release form signed by a Qualified Health Care Professional to return to any type of physical exercise, recess, sports, or any other athletic contest or practice.

References for Oregon Law

Law Max's law (OAR 581-022-0421)
SB348 or ORS 336.485

Oregon Administrative Rule 581-022-0421 <https://www.oregon.gov/ode/educator-resources/standards/physicaleducation/Documents/concussionguidance.pdf>

References for Washington

Zackery Lystedt Law

<https://doh.wa.gov/community-andenvironment/schools/environmentalhealth/concussion-management>
https://www.cdc.gov/headsup/pdfs/schools/tbi_factsheet_teachers-508-a.pdf

4. The AED installed within the school building must be up-to-code and in good working condition. (Oregon State Law 2010 SB 1033) All school staff must watch the AED training video on SafeSchools. Note the location of AEDs, update batteries and AED Pads as needed. Replacements for AED Pads and Batteries: <https://www.heartsmart.com/philips-heartstart-aed-defibrillator-a/306.htm>

Jeff Petak National Sales Director for PHILLIPS

Email: jeffp@onebeatcpr.com Phone: 954.257.8311

5. Ensure all teaching staff are current in their CPR/First Aid Certification.

6. Keep a currently dated Epi Pen within the school building for general use in emergencies. (2013 ORS 433.805) All school staff need to complete the Medication Administration: Epinephrine Autoinjectors training on SafeSchools. Steps to receive Epi Pens:

a) Ask a local doctor to prescribe your school an Epi Pen. If you cannot locate a local doctor who supports ORS 433.805, contact Erhling Oskenholt at eoksenholt@gmail.com

b) Order a free Epi Pen at: <https://www.epipen4schools.com>

<https://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Pages/epi-protocoltraining.aspx>

7. A First Aid Kit is required for every classroom, as well as a portable First Aid Kit taken on every field trip, sporting event, as well as readily available during outside play. Please check the First Aid Kits your school has:

- ☐ We have one per classroom
 - ☐ We have portable First Aid Kits for outside play and Field Trips
 - ☐ We have First Aid Kits in the office, sick room, or common areas (See First Aid Check List Resource)
- Recommended: First Aid App by Red Cross.

Guidelines for Medication at School

Students who need to take prescription or other medication during the school day must bring it to the health office in a properly labeled prescription bottle or original container. A medication consent form must be completed yearly by the parent and on file with the school for any medication to be given. Schools have the right at any time to refuse to administer any medication or supplement that does not meet standards of safe administration.

1. Any medication brought to school must come in the original container.
 - Prescription medication must be in the prescription bottle with the correct label that includes the student's name, name and dose of the medicine, directions for taking the medicine, doctor's name, pharmacy's name, and current date. Most pharmacies will give you 2 bottles, one for home and one for school.
 - When medication doses change the current prescription bottle needs to reflect that new dose.
2. Written consent for giving medication from a parent/guardian must accompany any medicine brought to school.
 - For long-term medications (those given at school for longer than a week) a parent/guardian must complete the Medication Consent Form and it must be returned to the nurse before any medication is given to the student.
 - Short term medications, like antibiotics given for just a few days at school, must come with a written note from a parent/guardian that includes consent for the School Nurse or their designee to give the medicine to the student and directions for when and how much is given.

If a student requires emergency medication for potentially life-threatening conditions parents must provide the medication to schools. Emergency medications are kept in the nurse's office and/or carried by

a student for self-administration. Students who need to carry emergency medication for asthma or severe allergies may do so according to district policy and procedures.

Middle School and High School students may carry and self-administer one day's dose of over-the-counter (OTC) medication for routine medical conditions with parental consent. Medication must be in original packaging or container.

Illness Guidelines-for sending a student home ill or keeping a student home:

Fever greater than 100.0 degrees: A fever let's us know that our body is fighting something off. We are contagious during this time and need rest. Students should be fever free for at least 24 hours, without fever reducing medication, before returning to school.

Vomiting and/or diarrhea: Students should stay home for 24 hours to make sure they can keep food/liquids down.

Sore throat with a fever greater than 100.0 degrees: Students should stay home until they are fever free for 24 hours without fever reducing medication. If they are diagnosed with Strep throat, then they should stay home until they have been on the antibiotics for 24 hours.

Students should stay home if they have a **new onset persistent cough** that they are coughing so much it keeps them from participating in class or disrupts their classmates. Student may return when their cough has significantly improved.

APPENDIX A - FORMS

Student Injury Report

Incident Information

Name		Date of Incident	Time of Incident	Witness(es)
Location of Incident <input type="checkbox"/> Athletic field <input type="checkbox"/> Bus <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Gymnasium <input type="checkbox"/> Hallway <input type="checkbox"/> Parking Lot <input type="checkbox"/> Playground <input type="checkbox"/> Restroom <input type="checkbox"/> Stairway <input type="checkbox"/> Vocation shop/lab <input type="checkbox"/> Other -	Equipment Involved <input type="checkbox"/> No Equipment Involved <input type="checkbox"/> Equipment Involved <hr/>	Surface <input type="checkbox"/> Asphalt Carpet <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel <input type="checkbox"/> Gymnasium floor <input type="checkbox"/> Ice/Snow <input type="checkbox"/> Lawn/grass <input type="checkbox"/> Mat(s) <input type="checkbox"/> Sand <input type="checkbox"/> Synthetic surface <input type="checkbox"/> Tile <input type="checkbox"/> Wood chips/mulch <input type="checkbox"/> Other	Contributing Factor(s) <input type="checkbox"/> Animal bite <input type="checkbox"/> Collision with object <input type="checkbox"/> Collision with person <input type="checkbox"/> Compression/pinch <input type="checkbox"/> Contact with substance <input type="checkbox"/> Fall <input type="checkbox"/> Hit with thrown object <input type="checkbox"/> Overextension/twisted <input type="checkbox"/> Physical Altercation <input type="checkbox"/> Struck by auto, bike, etc. <input type="checkbox"/> Struck by bat, swing, etc. <input type="checkbox"/> Tripped/Slipped <input type="checkbox"/> Other	

Type of Injury

	Head	Eye	Ear	Nose	Mouth/lips	Tooth/teeth	Jaw	Chin	Neck/throat	Collarbone	Shoulder	Upper arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/ribs	Back	Abdomen	Groin	Genitals	Pelvis/hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/Scrape																													
Bite																													
Bump/swelling																													
Bruise																													
Burn/scald																													
Cut/laceration																													
Dislocation																													
Fracture																													
Pain/tenderness																													
Puncture																													
Sprain																													
Other																													

Description of the incident

Response to incident

Response	Time	By Whom
<input type="radio"/> Care and comfort (TLC)		
<input type="radio"/> First Aid		
<input type="radio"/> Restricted School Activity		
<input type="radio"/> Called 911		

Parent/Guardian Notified

- ☐ At time of incident
- ☐ After school day of incident
- ☐ Phone call day of incident
- ☐ Email day of incident

School Insurance Form was provided to Parent/Guardian the day of incident

- ☐ Yes, for parent/guardian to follow through with further medical care
- ☐ No, parent declined need of further medical care

Signature of School Staff Member

Date

MEDICATION AUTHORIZATION FORM

Name of Student: _____ Age: _____

Non-prescription medication must be in the original container with the label intact.

Prescription medication must be in a container labeled by the pharmacist or prescriber.

Parent/Guardian:

I hereby request and authorize the trained school employee to administer the following

Medication(s): _____

Dosage: _____ Times to be Administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent/Guardian Signature _____ Date _____

Physician Authorization: Physician authorization is needed for the following:

Long-term medication authorization, any change in medication directions, if administration does not match labeled directions, or Self-carry/Self-administrated medication

I, _____ certify that it is medically necessary for
the (Name of Physician)

medication(s) listed below to be administered to: _____
(Child's Name)

Medication(s): _____

Dosage: _____ Times to be Administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature _____ Date _____

Physician's Phone: _____

SEE REVERSE SIDE FOR CLAIM FILING INSTRUCTIONS

1. Report school-related injuries to the school within 72 hours
2. Complete this form
3. Attach all bills
4. Mail to 

Myers-Stevens & Toohey & Co., Inc.
 26101 marguerite parkway
 mission viejo, california 92692-3203
 office (800) 827-4695 • fax (949) 348-2630

STUDENT INSURANCE CLAIM FORM

PART A SCHOOL STATEMENT (PARENT OR LEGAL GUARDIAN MAY COMPLETE PART A IF INJURY IS NOT SCHOOL RELATED)

NAME OF INSURED PERSON FIRST MI LAST			STUDENT I.D. # FROM I.D. CARD		
NAME OF SCHOOL		NAME OF SCHOOL DISTRICT		AGE	GRADE
				<input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	DATE OF BIRTH MO / DAY / YR
ADDRESS OF SCHOOL			CITY		STATE ZIP CODE
DATE OF INJURY/SICKNESS MO / DAY / YR	TIME OF INJURY : A.M. / P.M. (CIRCLE ONE)	INJURY OCCURRED: <input checked="" type="checkbox"/> Interscholastic Practice <input type="checkbox"/> Interscholastic Game <input type="checkbox"/> P.E. <input type="checkbox"/> Classroom <input type="checkbox"/> Travel PLEASE <input checked="" type="checkbox"/> ONE <input type="checkbox"/> At Home <input type="checkbox"/> Field Trip <input type="checkbox"/> Other			TYPE OF SPORT
DETAILS OF SICKNESS OR HOW THE INJURY OCCURRED. PLEASE BE SPECIFIC				WAS STUDENT PARTICIPATING IN SPORT NOT SCHOOL-RELATED? (IF YES, LIST NAME AND PHONE NO. OF GROUP) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
WHAT PART OF THE BODY WAS INJURED?		HAS THE STUDENT SUFFERED FROM SAME OR SIMILAR CONDITION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?			
NAME AND TITLE OF SCHOOL SUPERVISOR		WAS HE/SHE A WITNESS TO THE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE SCHOOL WAS NOTIFIED OF ACCIDENT	
NAME OF SCHOOL OFFICIAL		SIGNATURE OF SCHOOL OFFICIAL X		DATE SIGNED	SCHOOL TELEPHONE NO. ()

PART B PARENT OR LEGAL GUARDIAN STATEMENT (PLEASE PRINT OR TYPE CLEARLY)

IS THIS STUDENT COVERED BY OTHER HEALTH AND/OR ACCIDENT INSURANCE PLANS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, NAME OF ORGANIZATION (S)					
NAME OF FATHER OR LEGAL MALE GUARDIAN			DATE OF BIRTH OF FATHER OR LEGAL MALE GUARDIAN		HOME TELEPHONE NO. ()
ADDRESS			CITY		STATE ZIP CODE
NAME OF EMPLOYER <input type="checkbox"/> Self Employed <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed			WORK TELEPHONE AND EXTENSION NO. ()		
ADDRESS OF EMPLOYER			CITY		STATE ZIP CODE
NAME OF OTHER HEALTH AND/OR ACCIDENT INSURANCE COMPANY THROUGH FATHER OR LEGAL MALE GUARDIAN			POLICY NUMBER		TELEPHONE NO. ()
MAILING ADDRESS OF INSURANCE COMPANY			CITY		STATE ZIP CODE
NAME, ADDRESS AND PHONE NO. OF STUDENT'S FAMILY PHYSICIAN			CITY		STATE ZIP CODE TELEPHONE NO. ()
NAME OF MOTHER OR LEGAL FEMALE GUARDIAN			DATE OF BIRTH OF MOTHER OR LEGAL FEMALE GUARDIAN		HOME TELEPHONE NO. ()
ADDRESS			CITY		STATE ZIP CODE
NAME OF EMPLOYER <input type="checkbox"/> Self Employed <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed			WORK TELEPHONE AND EXTENSION NO. ()		
ADDRESS OF EMPLOYER			CITY		STATE ZIP CODE
NAME OF OTHER HEALTH AND/OR ACCIDENT INSURANCE COMPANY OF MOTHER OR LEGAL FEMALE GUARDIAN			POLICY NUMBER		TELEPHONE NO. ()
MAILING ADDRESS OF INSURANCE COMPANY			CITY		STATE ZIP CODE
f			PARENT OR LEGAL GUARDIAN SIGNATURE X		
I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning facts material thereto commits a fraudulent act, which is a crime, and may subject such person to fines and/or imprisonment. I hereby authorize any school authority, trust fund, employer, insurance company or person who has attended or examined the claimant to disclose to Myers-Stevens & Toohey & Co., Inc., when requested to do so, any information regarding any injury, illness, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records and itemized bills, and to pay benefits based upon this information. A photostatic copy of this authorization shall be considered as valid and effective as the original.			RELATIONSHIP TO STUDENT DATE		
AUTHORIZATION TO PAY BENEFITS TO PROVIDER. I authorize payment of Medical payments to Physician or Supplier for Services on the attached.					
SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____					

108 REV. 03/2013 VOL/PND/NBP/SAS/MAND R&C ALL STATES

CLAIM FILING PROCEDURE

- ➊ Report school-related injuries to the school within 72 hours.
- ➋ Have school complete PART A. (Parents or legal guardian may fill out PART A if injury is not school related.)
- ➌ Claimant, parent or guardian complete PART B.
- ➍ **IMPORTANT: Both parts must be completed in full or claim will not be processed.**
- ➎ Mail form to our office with all itemized bills **within 90 days of the first date of treatment.**
- 👁 At the same time, please file a claim with your other family health and/or accident carrier. This can include employee plans, union plans, CHAMPUS (military plans), service contracts, self-insured benefit plan, or health maintenance organizations (HMO's).
- ➏ When you receive a notice of payment, a notice of denial, or a letter stating you have met your deductible from your other health and/or accident carrier, please forward this information to our office in a timely fashion to expedite the processing of your claim.
- ➐ If you have any questions, please call our office at 800-827-4695.

NON-DUPLICATION OF BENEFITS: In order to keep premiums as affordable as possible, these plans pay benefits on a non-duplicating basis. This means, if a person is covered by one or more of our plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount.

COMMONLY ASKED QUESTIONS

- Q: Do I have to go to a specific doctor or hospital?**
A: *No, you can go to the doctor or hospital of your choice. However, if you go to a provider within the provider network, you may have your out-of-pocket expenses significantly reduced. To find a participating provider in your area, call 800-226-5116 or log on to www.myfirsthealth.com. In Washington or Idaho, call 800-823-6935 or log on to: www.fchn.com.*
- Q: Do I need to attach a claim form for each bill?**
A: *No, only one claim form is required per injury or sickness.*

Myers-Stevens & Toohey & Co., Inc.

26101 marguerite parkway
mission viejo, california 92692-3203
office (949) 348-0656
fax (949) 348-2630

Underwritten by:

Underwritten by:
ACE American Insurance Company



First Choice Health
PPO Network
WA, ID

For residents of California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Oregon: WARNING: Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

CONCUSSION
SIGNS AND SYMPTOMS

Checklist



Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: (Be sure to include cause and force of the hit or blow to the head.) _____

Description of Injury: (Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.) _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, 15 minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a healthcare professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a healthcare professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the healthcare professional to review.

To download this checklist in Spanish, please visit cdc.gov/HEADSUP. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite cdc.gov/HEADSUP.

	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES JUST PRIOR TO LEAVING
OBSERVED SIGNS				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events prior to the hit, bump, or fall				
Can't recall events after the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down than usual				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

→ More

Danger signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if she or he has one or more of these danger signs:

- Ⓢ One pupil (the black part in the middle of the eye) larger than the other
- Ⓢ Drowsiness or cannot be awakened
- Ⓢ A headache that gets worse and does not go away
- Ⓢ Weakness, numbness, or decreased coordination
- Ⓢ Repeated vomiting or nausea
- Ⓢ Slurred speech
- Ⓢ Convulsions or seizures
- Ⓢ Difficulty recognizing people or places
- Ⓢ Increasing confusion, restlessness, or agitation
- Ⓢ Unusual behavior
- Ⓢ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional information about this checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended for use only by appropriate school professionals, healthcare professionals, and the student's parent(s) or guardian(s).

Resolution of injury:

- Ⓢ Student returned to class
- Ⓢ Student sent home
- Ⓢ Student referred to healthcare professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

To learn more,
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)





CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

A FACT SHEET FOR Teachers, Counselors, and School Professionals

THE FACTS:

- All concussions are serious.
- Most concussions occur *without* loss of consciousness.
- Recognition and proper response to concussions when they *first* occur can help aid recovery and prevent further injury, or even death.

To download this fact sheet in Spanish,
please visit cdc.gov/HEADSUP.

Para obtener una copia electrónica de esta
hoja informativa en español, por favor visite
cdc.gov/HEADSUP.

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Children and adolescents are among those at greatest risk for concussion. The potential for a concussion is greatest during activities in which collisions can occur, such as during physical education (PE) class, playground time, or sports activities. However, concussions can happen any time a student's head comes into contact with a hard object, such as a floor, desk, or another student's head or body. Proper recognition and response to concussion can prevent further injury and help with recovery.

cdc.gov/HEADSUP



What are the signs and symptoms of concussion?

The signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. Be alert for any of the following signs or symptoms. Also, watch for changes in how the student is acting or feeling, if symptoms are getting worse, or if the student just "doesn't feel right."

SIGNS OBSERVED BY TEACHERS AND SCHOOL PROFESSIONALS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY THE STUDENT



THINKING/REMEMBERING:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down than usual
- Feeling sluggish, hazy, foggy, or groggy



SLEEP*:

- Feels drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Ask about sleep symptoms only if the injury occurred on a prior day.



PHYSICAL:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"



EMOTIONAL:

- Irritable
- Sad
- More emotional than usual
- Nervous

What are concussion danger signs?

Be alert for symptoms that worsen over time.

Call 9-1-1 right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



For more information and tool kits for youth sports coaches and high school coaches, visit cdc.gov/HEADSUP.

Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred.

Students should not be allowed to return to their activities until a healthcare professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- PE class,
- Sports practices or games, or
- Physical activity at recess.

How can I recognize a concussion?

Teachers and school counselors may be the first to notice changes in their students. The signs and symptoms can take time to appear and can become evident during concentration and learning activities in the classroom.

Send a student to the school nurse or another professional designated to address health issues if you notice or suspect that a student has:

1. Had any kind of forceful blow to the head or to the body that resulted in rapid movement of the head
-and-
2. Any change in his or her behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

What do I need to know about my students returning to school after a concussion?

Supporting a student recovering from a concussion requires a collaborative approach among school professionals, healthcare providers, and parents, as she or he may need accommodations during recovery. If symptoms persist, a 504 meeting may be called. Section 504 Plans are implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include speech-language therapy, environmental adaptations, curriculum modifications, and behavioral strategies.

Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT TO LOOK FOR AFTER A CONCUSSION

When students return to school after a concussion, school professionals should watch for:

- Increased problems paying attention or concentrating,
- Increased problems remembering or learning new information,
- Longer time needed to complete tasks or assignments,
- Difficulty organizing tasks,
- Inappropriate or impulsive behavior during class,
- Greater irritability, and
- Less ability to cope with stress or being more emotional than usual.

Students who return to school after a concussion may need to:

- Take rest breaks as needed;
- Spend fewer hours at school;
- Be given more time to take tests or complete assignments;
- Receive help with schoolwork; and/or
- Reduce time spent on the computer, reading, or writing.

It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. As the student's symptoms decrease, the extra help or support can be removed gradually.

A student may feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement.

Revised August 2019

To learn more,
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



➤ For Additional information, fillable forms, and resources go to:

<https://www.oregonadventist.org/ministries/education#ED-blank-section-2>