

SCHOOL HEALTH SERVICES
PARENT/GUARDIAN
HANDBOOK

2024-2025





Garrett County Public School (GCPS) Families and Staff:

A strong relationship exists between academic achievement and a child's physical, emotional, and mental health. This link is the foundation for providing school health services as an important school program component. School health services, with their primary prevention focus, empower students to take control of their health through appropriate screenings, early identification of children at risk for physical, emotional, and mental health concerns, and case management of students with chronic health concerns.

Please familiarize yourself with this publication. The GCPS school nurses and administrators aim to promote the health, safety, and welfare of all who use our schools. Call the school promptly if you have health or medical issues or questions regarding this handbook.

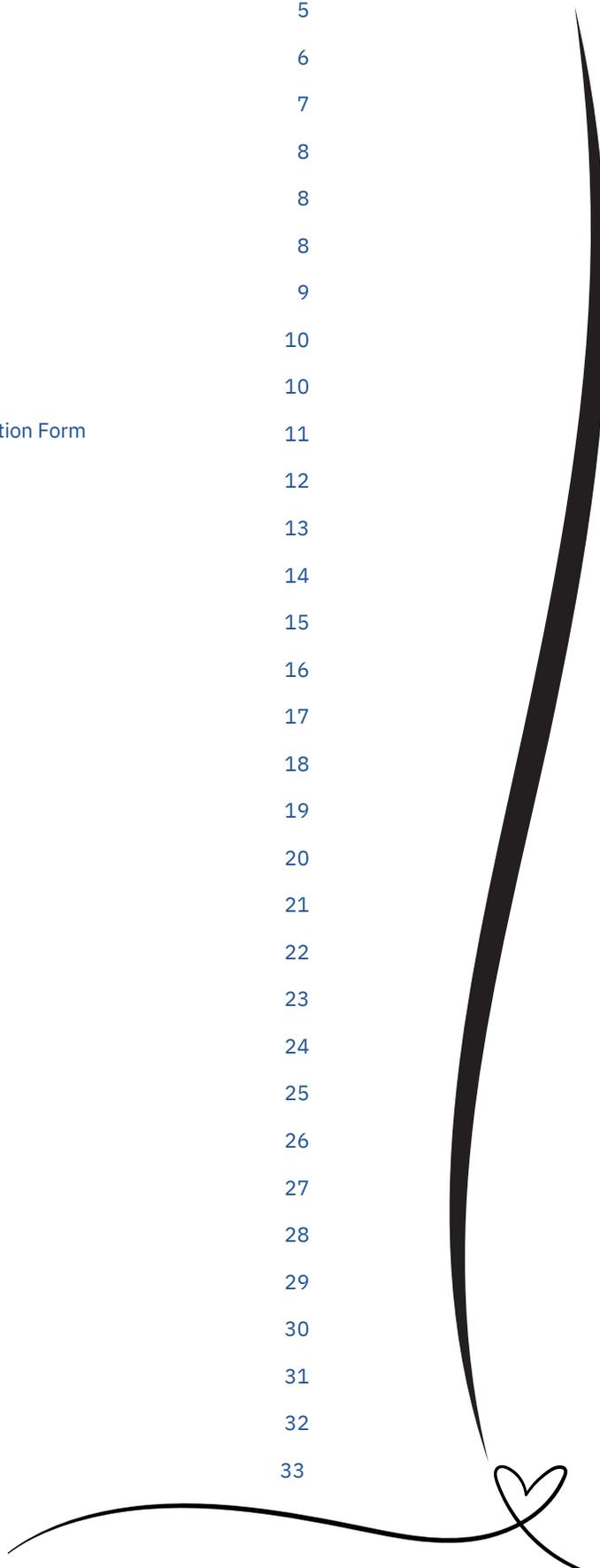
Thank you for your attention to this publication, and good health to all

School Health Services Staff



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NURSE ROLE, RESPONSIBILITIES, AND COORDINATED SERVICES

***95% of the school nurses responsibilities are designed to address
Coordinated School Health Programs.***

Services to Students

- Promotes and protects the optimal health status of children
- Conducts health assessments
- Develops and implements a health plan
- Maintains, evaluates, and interprets health data in order to meet the individual needs of students
- Provides clinical nursing services
- Plans and implements school health management protocols for the child with special health needs
- Participates in home visits to assess the family's needs as related to the child's health
- Develops procedures and provides for crisis intervention, acute illness, injury, and emotional disturbances
- Participates as a member of the school's emergency preparedness/crisis intervention team
- Promotes prevention and control of communicable diseases through preventive

immunization programs; assists in the early surveillance, detection, and reporting of contagious diseases

- Supervises paraprofessionals and delegates certain nursing functions to appropriate staff
- Healthy School Environment
 - Recommends provisions for a school environment conducive to learning.
 - Identifies and reports school environmental concerns and issues
 - Works with administration, faculty, and staff on remediation of issues
- Health Education and Counseling
 - Provides direct health education and health counseling to assist students and families in making health and lifestyle decisions
 - Serves as a resource person to the classroom teacher and administrator in health instruction and as a member of the health curriculum development committees
 - Counsels students concerning problems, at-risk behaviors, mental health issues, and substance abuse in order to facilitate responsible decision-making practices
 - Teaches parenting skills to teen parents and parents of students as they relate to meeting the developmental and health needs of children
- Staff Wellness
 - Provides health counseling for staff
 - Provides leadership and/or support for staff wellness programs



- Interdisciplinary Collaboration
 - Is the health specialist on child education evaluation teams to develop Individual Education Plan's (IEP's), on 504 teams, and on Student Services teams. (COMAR 13A.05.05.08E)
 - Coordinates medical input from the student's health care provider and involves the health care provider as appropriate
 - Coordinates school and community health activities and serves as a liaison between the home, school, and community
- Professional Development/Responsibilities
 - Engages in research and evaluation of school health services to strengthen and improve school health programs and school nursing practices.
 - Assists in the formation of health policies, goals, and objectives for the local school system.
 - Assumes accountability for the ethics described in the Code for Nurses with Interpretive Statements of the (ANA). Additionally, the school nurse's practice is guided by the Code of Ethics for the School Nurse promulgated by NASN. (1999). (School Nursing: A Framework for Practice.)
 - Participates in continuing education programs (i.e., workshops, seminars, conferences, classes or courses, and certification or degree programs.)
 - Knows and understands the legal aspects of school nursing practice and the impact on practice.
 - Performs nursing duties in an ethical and professional manner and accepts responsibility and accountability for professional nursing practice in the school setting.
 - Safeguards the client's right to privacy by maintaining the confidentiality of client records and communication regarding the client.

5% can be used to help support other needs of the school building.

- Assist with building needs that help to contribute to the short-term and long-term successes of students, staff, school, and the system in general.



School Health Service Staff Credentials

School nurses are part of the school's multidisciplinary team, facilitating the connection between health, wellness, and learning. Working with other health professionals and ancillary personnel, the school nurse provides services for students that promote optimum health for academic success. The school nurse provides the necessary professional expertise to identify, assess, plan, implement, and evaluate the health needs of the school community. The program emphasizes disease prevention and health promotion through health services, health counseling, and health education.

RN - School Nurse (Registered Nurse)

The school nurse assists in providing the fullest possible educational opportunity for students by minimizing absences due to illness and creating a climate of health and well-being. The school nurse is an experienced health professional licensed to practice nursing in Maryland and upholds professional standards. The registered nurse is always the leader of the school health nursing team. The registered nurse, the expert in nursing and health, decides how care is provided and who provides the care to the child in the school system (Maryland Board of Nursing (BON), 2004). Only the school registered nurse can use the title school nurse.

LPN - Licensed Practical Nurse

As a graduate of an approved, accredited, one-year LPN school, the LPN brings specific skills and knowledge to the school's health team. With an active Maryland license, the LPN must acquire and maintain current knowledge and competency in LPN practice. They function as a key part of the school's health team, working under the supervision of the school nurse (registered nurse).

CMT - Certified Medication Technician

The Certified Medication Technician (CMT) is a staff member who has undergone training and certification by the Maryland Board of Nursing (MBON) to administer daily medications to students. The CMTs practice is done under the direct supervision of a registered nurse who has completed the Case Managing/Delegating Nurse course and is registered with the MBON.

School Health Services Staff

<p>Accident Elementary</p> 	<p>Larah Savage, MSN RN</p>	<p>larah.savage@garrettcountyschools.org 301-746-8863 press 1 Fax: 301-746-8570</p>
<p>Broad Ford Elementary</p> 	<p>Anna Anderson, BSN RN</p>	<p>anna.anderson@garrettcountyschools.org 301-334-9445 press 3 Fax: 301-334-5774</p>
<p>Crellin Elementary</p> 	<p>Kaya Marple, BSN RN</p>	<p>kaya.marple@garrettcountyschools.org 301-334-4704 press 1 Fax: 301-334-8095</p>
<p>Friendsville Elementary</p> 	<p>Elizabeth Smearman, MSN RN</p>	<p>elizabeth.smearman@garrettcountyschools.org 301-334- 5100 press 1 Fax: 301-746-5065</p>
<p>Grantsville Elementary</p> 	<p>Melanie Pratt, RN</p>	<p>melanie.pratt@garrettcountyschools.org 301-895-5173 press 1 Fax: 301-895-8662</p>
<p>Route 40 Elementary</p> 	<p>Samantha Swift, BSN RN</p>	<p>samantha.swift@garrettcountyschools.org 301-689-6132 Fax: 301-6870861</p>
<p>Swan Meadow School</p> 	<p>Samantha Swift, BSN RN</p>	<p>samantha.swift@garrettcountyschools.org 301-334-2059 Fax: 301-334-6335</p>
<p>Yough Glades Elementary</p> 	<p>Leah Moran Pattison, BSN RN</p>	<p>leah.moran@garrettcountyschools.org 301-334-3334 press 1 Fax: 301-334-6992</p>
<p>Southern Campus (7-12)</p> 	<p>Destiny Tichinel, RN</p>	<p>destiny.tichinel@garrettcountyschools.org 301-334-9447 press 3 Fax: 301-334-5085</p>
<p>Northern Campus (6-8)</p> 	<p>Jennifer Knauff, BSN RN</p>	<p>jennifer.knauff@garrettcountyschools.org 301-746-8668 press 5 Fax: 301-746-8942</p>
<p>Northern Campus (9-12)</p> 	<p>Kimberly Semler, LPN</p>	<p>kimberly.semmler@garrettcountyschools.org 301-746-8165 press 2 Fax: 301-746-8865</p>
<p>Dennett Road Educational Complex Alternative School</p> 	<p>Rebecca Aiken, MSN, RN, NCSN School Health Services Manager</p>	<p>rebecca.aiken@garrettcountyschools.org 301-334-8900 Ext: 8955 Fax: 301-334-7642</p>

Communication

Parents or guardians are requested to provide the school with a complete and accurate medical history of their child/children. We ask for your cooperation in this regard at the time of registration and at least annually once your child is enrolled.

Annual Student Updates

Ensure information is promptly submitted via the Annual Student Demographic Sheet Update at the beginning of each school year. A few reminders:

- Provide the names of several adult contact persons.
- Make sure the contacts are available during school hours.
- Designate contacts that can arrive at the school within 30 minutes after being called.
- Be sure to frequently check answering machines, cell phones, voice mail, etc., for messages from the school, and please call back promptly.
- Leave special instructions for the school nurse if you are going out of town (in case of an emergency involving your child).
- Remember to notify the school if any phone numbers or emergency contacts change during the year. Your proactive approach to keeping us updated is highly valued.

Communications From the Nurse

The school nurse will use his/her clinical discretion in promptly calling parents about significant Injuries or illness.

- If the school nurse cannot reach the family or designated emergency contacts, a note may be sent home with the child.
- The school nurse will contact the family or emergency contact if the child:
 - Has a serious injury, vomits, has a fever, etc.
 - Has taken a significant fall
 - Has a head injury
 - The school nurse does not call the family for every minor referral.
- It's important for parents/guardians to regularly check their student's PowerSchool accounts to stay updated on health room information and any potential health concerns.

Communication To the School Nurse

Call, write, or email the school nurse promptly if:

- The child is taking a new medication at home.
- The child has a confirmed contagious illness.
- The child will undergo diagnostic tests, treatments, surgeries, rehabilitation, etc.
- Other pertinent medical or health information is available.

Rest assured, we are committed to keeping your child safe in the school environment. Please inform the school nurse of significant illnesses or injuries during the school year.



Health Suites and Health Rooms



Each school's Health Suite or Health Room is designated to allow us to provide acute care for students who experience first aid needs or medical emergencies in the school setting. The health suite is staffed by a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Certified Medication Technician (CMT), who will provide care for students with emergency and chronic health needs.

An RN is assigned to each school and is the team leader or the health team.

We do not have facilities or staff to care for sick or injured children for extended periods. If the school health service staff calls to inform you that your child should go home, please pick them up as soon as possible. It would be inappropriate for you to leave the child in the school nurse's care for several hours if they were experiencing pain, vomiting, diarrhea, febrile, or identified as having live lice. The ill child must leave school promptly to rest or seek medical attention. Prompt attention to your child's needs will hasten the child's return to good health and school.

An emergency will be addressed by following the student's emergency plan if they have a chronic health condition or calling 911 if the situation warrants it.



If you want more information specific to your child's school's health suite or health room, see the school handbook or student planner.



ILLNESS

Sick Children

Send to School or Keep Home?

Parents can find it challenging to decide when a child is too sick to go to school. When trying to decide, use the guidelines below to help you.

Go to School

If your child has any of the following symptoms, they should probably go to school:

- Sniffles, a runny nose, and a mild cough without a fever (this could be an allergic response to dust, pollen, or seasonal changes),
- Vague complaints of aches, pains, or fatigue.

Stay at Home

If your child has any of the following symptoms, please keep your child at home or make appropriate childcare arrangements:

- APPEARANCE, BEHAVIOR - unusually tired, pale, lacking appetite, difficult to wake, confused, or irritable. These changes might be reasons to keep a child at home or have them assessed by your healthcare provider.
- EYES – With pink eye (conjunctivitis), you may see a white or yellow discharge, matted eyelids after sleep, eye pain, or redness. A student with pink eye may not return to school until they have been cleared to return by their healthcare provider and have been on antibiotics for 24 hours.
- FEVER - temperature of 100.4 degrees Fahrenheit or higher. Remember that a child must be fever-free for 24 hours without the use of fever-reducing medication before returning to school.
- GREENISH NOSE DISCHARGE and CHRONIC COUGH - should be seen by a health care provider. These conditions may be contagious and require treatment.
- SORE THROAT - especially with fever or swollen glands in the neck. In cases of strep throat, the student must be on antibiotics for at least 24 hours before returning to school.
- DIARRHEA - three (3) or more watery stools in 24 hours, especially if the child acts or looks ill. Diarrhea needs to have ended for 24 hours before a student returns to school.
- VOMITING - needs to have ended for 24 hours before a student returns to school.
- RASH - body rash, especially with fever or itching. Heat rashes and allergic reactions are not contagious.
- EAR INFECTIONS WITHOUT FEVER - do not need to stay home, but the child needs to get medical treatment and follow-up. Untreated ear infections can cause permanent hearing loss.
- LICE - may not return to school until they have been treated and are free of live lice and nits.
- RINGWORM – Circular or ring-like lesions with a raised edge. Students cannot attend school until treatment has started and the lesions are covered.

IF YOUR CHILD SHOWS ANY OF THE ABOVE SYMPTOMS AT SCHOOL, IT WILL BE NECESSARY TO PICK THEM UP FROM SCHOOL PROMPTLY.

Sending a child with any of the above symptoms to school puts other children and staff at risk of getting sick. While we regret any inconvenience this may cause, in the long run, this means fewer lost work days and fewer illnesses for parents. When children return to school, they should pose no disease risk to others. All students and staff members entitled to study and work in a safe environment. We greatly appreciate your cooperation.

Injuries

Injuries

Children have accidents at school much the same way they have at home or in the neighborhood. The following list highlights the types of accidents we frequently encounter:

- Falls (intentional or unintentional), slips downstairs, turning around and not watching where one is going.
- Collisions in physical education class or on the playground.
- Jumping off stairs or from playground apparatus.
- Injuries incurred during an altercation with another student.
- Tipping backward in chairs.
- Poking oneself with a pencil.

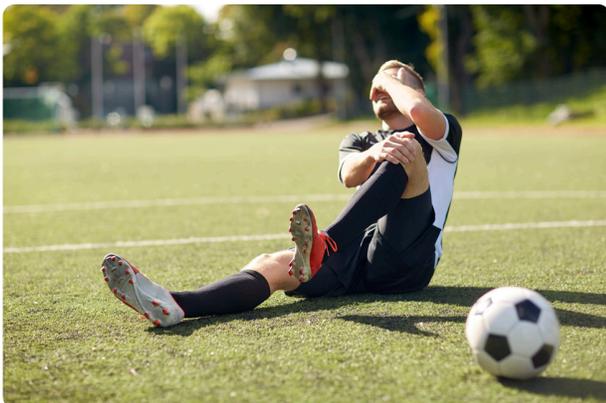


Please remind your child to be as careful as possible in the school setting! Encourage them to follow the rules and always exercise care and caution. Teach your child how to prevent accidents and injuries to themselves and others. Proper footwear should be worn at all times.



Casts / Crutches / Wheelchairs

- If your child has suffered an injury that requires casts, crutches, sutures, a wheelchair, or walker, the parent/guardian **MUST** provide any needed equipment and contact the school nurse before the student reports to school.
- Parent/guardian **MUST** provide documentation from the student's physician identifying any restrictions to the student's regular activities, the weight-bearing status, level of transfers, and any safety concerns. A Request for Modification of Physical Activity forms can be obtained from your child's school or the CCPS website.
- School administration will inform you of any special arrangements, program modifications, or restrictions that may need to be put in place for the safety of your child in the school setting.
- Parent/guardian **MUST** provide documentation from the student's physician identifying when your child may resume all regular school activities.



Exclusion from Physical Education

- Health Services staff may excuse a student from physical education for up to one day if they believe the student is temporarily unable to participate.
- A parent or guardian may also request in writing that the child be excused from participating in physical education activities for up to one day.
- Conditions that require exclusion from physical activities for longer than one day need a written note from a physician or health care provider.

Head Lice

The biggest issue is that treating and eradicating lice effectively requires vigilance and patience.

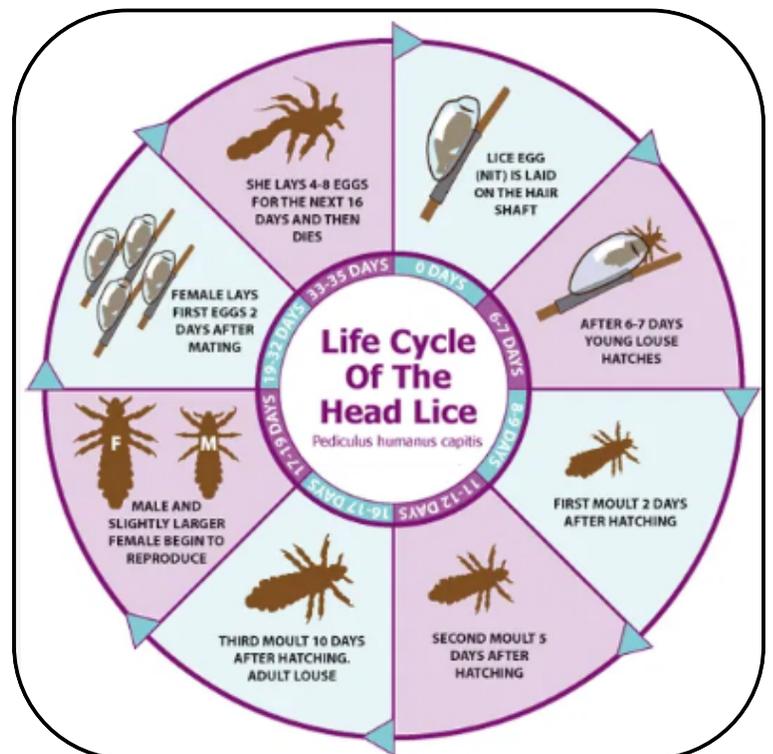
Head Lice Facts

- Head lice are tiny insects that can live on the scalp and neck of a human host.
- They do not live on animals.
- They need the human host to survive and will not live for any time off the scalp. They must have the warmth of the human body and blood from the scalp to survive.
- They hatch from small eggs (nits) attached to the shaft of individual hairs with a cement-like substance.
- They are NOT a health hazard or a sign of uncleanliness, nor do they spread disease.
- They do not fly or jump.
- They want to STAY on the hair near the scalp.
- They need very close head-to-head contact to spread from one person to another.
- Indirect transmission is uncommon but may occur via shared combs, brushes, hats, and hair accessories that have been in contact with lice. They are also rarely spread through shared helmets or headsets.
- Itching occurs when they inject saliva into the scalp, but itching can persist even after treatment and is not a reliable sign of lice.
- Due to the louse's life cycle, when lice are discovered, they usually have been there for about a month.
- Checking the scalp within a few days of exposure will likely not reveal any evidence of lice. However, you should often check your child's head throughout the school year.
- An infected individual may complain of itching and a tickling sensation of something moving in the hair.

Diagnosis and Treatment

The gold standard of diagnosis for head lice is the presence of a live bug. Nits attached to the hair shaft are much easier to identify. Nits are the egg casings of the lice eggs and are generally about 1 mm long and shaped like a teardrop. Classically, nits are cemented to the hair shaft and are difficult to remove.

If your child is sent home with nits or live lice, the school nurse will give you instructions on treating and ridding your home of lice. You must work with the school nurse to get your child back in school as soon as possible. A lice infestation can be frustrating, but the nurse is an excellent resource for help.





Medication

The administration of medication in the school setting is a service that is provided to promote wellness and decrease absenteeism. In general, administering medication to students while they are in school is to be discouraged. Treatment schedules that allow doses to be given at times other than during school hours are preferred and encouraged. However, when in the opinion of the healthcare provider, it is necessary for the student's best interest that medication be given during school hours. Such medicines may be administered following Garrett County Public Schools policy and procedures.

- The [Medication Administration Form](#) must be completed and signed by the health care provider and the parent/guardian for all medications, whether prescription, over-the-counter, or herbal.
- The first dose of any medication must be given at home and not at school.
- Medication must be provided by the parent/guardian and must be in the original container.
- We can not send medication to and from school with the student.
- Emergency medications such as inhalers for asthma, insulin for diabetes, and auto-injectors with epinephrine for severe allergic reactions are all considered emergency medications and could be self-carried if:
 - The healthcare provider fills out the form and signs that the child can self-administer the medication.
 - The parent or guardian signs the medication form so that their child may self-administer the medication.
 - The school nurse meets with the student and reviews that the child can use the correct technique, recognizes when to use the inhaler, and has the developmental ability to perform the task in a responsible manner, not sharing medication and letting the staff or nurse know when the medication has been used.
- Students are not allowed to be in possession of any medications, including over-the-counter and herbal medications. (unless it is an emergency medication that has been approved.)



Medication on Field Trips:

If your child has medication authorized to be given at school, it can be given to them while on a field trip. The above GCPS policy and procedure must be followed if your child attends field trips or a school-sponsored activity outside of the regular school day and needs to take medication during that trip or activity. The medication form should have the appropriate signatures and the medication in the original container.



MARYLAND STATE SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM



This order is valid only for school year (current) _____ including the summer session.

School: _____

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- * Prescription medication must be in a container labeled by the pharmacist or prescriber.
* Non-prescription medication must be in the original container with the label intact.
* An adult must bring the medication to the school.
* The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: [] None expected [] Specify: _____

Medication shall be administered from: _____ to _____
Month I Day / Year Month I Day I Year

Prescriber's Name/Title: _____

Telephone: _____ (Type or print) FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____
(Original signature or signature stamp ONLY)



(Use for Prescriber's Address Stamp)

A verbal order was taken by the school RN (Name): _____ for the above medication on (Date): _____

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of emergency medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: _____

School RN approval for self carry/self administration of emergency medication: _____ Signature Date

_____ Signature Date

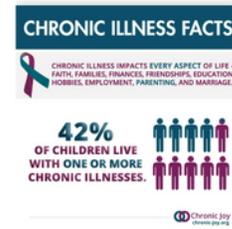
Order reviewed by the school RN: _____ Signature Date



Responding to the needs of students with chronic health conditions such as asthma, allergies, diabetes, cardiac disorders, and epilepsy (seizure disorders) in the school setting requires a comprehensive, coordinated, and systematic approach. The school nurse will cooperate with parents, students, school staff, and healthcare providers to provide a safe and supportive educational environment for students with chronic illnesses to ensure their safety and academic success.

Parent/Guardian is expected to:

- Notify the school’s nurse of your student’s health management needs promptly after diagnosis or upon school enrollment and whenever the student’s health needs change.
- Consult with the school nurse to create an Individualized Health Plan, including authorizations for medication administration, daily care and monitoring, and/or emergency response treatment.
- Update any forms, including appropriate signatures, by the first day of school each school year as long as the condition persists. Medication forms are only valid for one school year, including summer activities.
- Provide an adequate supply of the student’s medication—in pharmacy-labeled containers clearly labeled with the appropriate name, medication, strength, and frequency of administration—as well as all other supplies necessary to manage the student’s care due to their specific chronic health condition, including snacks, hearing aid batteries, or chargers.
- Replace all medications and supplies as needed.
- Provide a medic-alert bracelet (if appropriate) for your child .
- Notify the health office staff if the medical condition is resolved.



The School Nurse is expected to:

- Identify students with chronic conditions based on parent/guardian disclosure and/or by review of the Student Health Demographic Sheet.
- Establish an Individualized Health Plan if needed and contribute to the 504/IEP process as appropriate.
- Establish and clarify the roles and obligations of specific school staff involved in caring for a student with a chronic condition, and provide education and communication systems necessary to ensure student health and educational needs are met safely and coordinated.
- Communicate with parents/guardians and healthcare providers when appropriate.
- Ensure the student receives prescribed treatments and/or medications safely, reliably, and effectively.
- Be prepared to respond to the health needs and emergencies related to the student’s chronic health condition.
- Ensures that a staff member properly trained to administer prescribed treatments, medications, and other immediate/emergent care is available during the school day, field trips, and school-sponsored activities.
- Ensures all staff interacting with the student receive regular guidance and training on routine needs, precautions, and emergency actions.
- Ensure proper record keeping, including protecting student confidentiality and sharing information appropriately.
- Promote a supportive learning environment that views students with chronic health conditions/illnesses like other students.



Parents are asked to assist the school in preventing, caring for, and managing students with food allergies.

- Inform the School Nurse in writing of your child's allergies before the beginning of the school year so that an Emergency Action Plan can be developed and implemented when school starts.
- Be prepared to provide updated Epi-pens and other necessary medication with completed medication consent forms upon the start of each school year.
- Inform the school when your child will participate in after-school activities and field trips.
- Review the school menu and fill out the Diet Modification form yearly. This form can be obtained from your child's school or the GCPS Food and Nutrition Department.
- Encourage your child not to share snacks, lunches, or drinks with others.
- Provide needed medications and an epinephrine injector if prescribed. (Staff are in-serviced yearly and as needed on using Epi-pens for anaphylaxis. Plans specific to your child will be shared with staff, including transportation)

Diet Modifications for Meals for Children or Adults with a Diagnosed Food Allergy or Disability

Name of Child/Adult Participant: _____

Diagnosis of disability or food allergy that requires a diet modification*:

Include a brief description of the major life activity affected by the condition:

FOODS TO BE OMITTED and SUGGESTED SUBSTITUTIONS:

Please check the food group(s) to be omitted. List specific foods to be omitted and suggest substitutions. Use the back of this form or attach additional information as needed.

FOODS TO OMIT

- Milk/Dairy Products _____
- Eggs/Egg Products _____
- Wheat/Wheat Products _____
- Soy/Soy Products _____
- Peanuts _____
- Tree Nuts _____
- Fish _____
- Shellfish _____
- Other _____

SUGGESTED SUBSTITUTIONS

TEXTURE REQUIRED:

- Regular
 Chopped
 Ground
 Pureed

Other detailed information regarding diet or feeding:

I certify that the above named individual needs diet modifications as described above because of the specified disability or life-threatening food allergy:

 Signature of Physician or Other Licensed Medical Professional Office Phone Date

 Printed Name of Physician or Other Licensed Medical Professional

I understand that if medical needs change, it is my responsibility to notify the school/child care/adult day care provider and to submit an updated Diet Modification Form. I give my permission to share the information on this form with the individuals who take part in the care of the above named individual.

 Participant/Parent/Guardian's Signature Phone No. Date

*The Americans with Disabilities Act defines *disability* as "a physical or mental impairment that substantially limits one or more major life activities" of an individual.



Please provide the school nurse with updated diabetic orders and treatment plans each year. The following supplies should be available at all times:

- Glucagon for low blood sugars leading to unconsciousness – up -to-date with a medication consent form signed by your provider and a parent/guardian.
- Glucometer or Continuous Glucose Monitor (CGM) to check blood sugars as directed by provider orders. If a CGM is used, a backup glucometer must be available if the blood sugars are very low, a CGM fails, or a second check opinion is needed.
- Extra glucometer strips (please always keep a bottle of strips at school).
- Ketone strips or ketone blood testing meter for high blood sugars.
- Snacks with labeled carb counts for regular snacks and in the event of low blood sugar.
- Extra supplies for CGM or Insulin Pump if present, including a site and tubing.
- One extra bottle of insulin (used for sliding scale treatment of high blood sugars) or pen.
- Insulin syringes if not using a pen.

Please give the nurse 48 hours advance notice if your child is attending a field trip or planning to participate in an after-school activity. This is necessary to ensure appropriate health staff can meet your child's needs.

Students who use Cell phones and CGM monitors to track blood sugars can carry such devices as part of their Individualized Health Plan.

Staff receive a yearly in-service on diabetes awareness. Your student's teacher is made aware of the Individualized Health Plan specific to your child and works with the nurse to ensure the health and safety of your child.

Vison & Hearing Screening

The ability to adequately hear and see is critical to a child's success in school. Many vision and hearing problems can be treated best if caught early. According to the American Optometric Association, approximately 80% of all learning comes through the visual pathways. Any interference in the visual pathways can inhibit a child from performing to their maximum potential. This is why it is vital that if your child is prescribed glasses, they wear them consistently. Screening for hearing problems is just as important. Even mild hearing loss can affect a child's speech and language development.



School Health Services provides vision and hearing screening throughout the school year:

- We screen all new GCPS students, including pre-kindergarten, kindergarten, and first-grade students.
- All 8th-grade Students
- Students that teachers and or parents refer.
- Early learners reading below grade level or students newly referred for Special Education testing can also be screened.
- If your child has been screened or had a comprehensive eye exam within the past year, you may send in the results instead of screening.
- Any objection to having your child screened in school must be submitted in writing to the school nurse with the parent/guardian's signature.



School Health Services provides vision and hearing screening throughout the school year. We are proud to partner with the Lions Club to help complete our vision screenings at the start of the school year. Screening involves using quick, simple, evidence-based procedures to identify students with potential concerns. Screeners are the “first line” detectors of possible vision or hearing difficulties that may require further evaluation by an eye doctor or hearing specialist.



If your child will be referred for a comprehensive eye exam when they do not pass vision screening or follow-up for failing the hearing screening. Take the referral letter to your provider (optometrist or ophthalmologist for vision; primary care or audiologist for hearing) for a comprehensive exam. The provider will fill out the information to be returned to the school nurse.

Vision Screening or Comprehensive Eye Exam: Know the Difference

- **Vision Screening:** A short examination that can indicate a potential vision problem. It cannot diagnose what is wrong with a child's eyes.
- **Comprehensive Eye Examination:** This generally lasts 30 to 60 minutes and is performed by an ophthalmologist or optometrist. Doctors review medical and visual history, conduct additional testing, diagnose a vision problem, provide treatment, and refer the patient to another doctor or specialist if needed.



Requirements for First-Time Entry to School

For your child to enter a Maryland public school for the first time, the following are required:

- A physical examination by an authorized health care provider must be completed within nine months of entering the public school system or within six months of entering the system.
- Evidence of complete primary immunizations against certain childhood infectious diseases is required for all students in preschool through the twelfth grade.
- Evidence of blood lead testing is required for all students who reside in a designated at-risk area when first entering pre-kindergarten, Kindergarten, and 1st grade.

Physicals for School Entry

A physical examination by a physician or certified nurse practitioner must be completed within nine months prior to entering the public school system or within six months after entering the system. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement. [Health Inventory](#)

Lead Testing Requirements

The Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate (DHMH 4620) (or another written document signed by an authorized health care provider) shall be used to meet this requirement.

Maryland requires all children to be tested at the 12 and 24-month well-child visits (at 12-14 and 24-26 months old, respectively). If the test at the 12-month visit was missed, then the test results after 24 months of age are sufficient. A child not tested at 12 or 24 months should be tested as early as possible. Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate (or another written document signed by an authorized health care provider) shall be used to meet this requirement.

Completed forms should be submitted by the parent/guardian to the school. A school health professional or designee may transcribe test dates from any other record that has the authentication of a medical provider, health department, or school onto this form. All forms are kept on file with the child's school health record. [MD 4620 Lead Certificate](#)

Immunizations

Childhood immunizations are an effective intervention in preventing a variety of childhood diseases. Immunizations (in the form of vaccines) can prevent children from contracting these diseases and eliminate the threat of severe disabilities.

Maryland State Law (COMAR 10.06.04.03) requires all prekindergarten through Grade 12 students to receive age-appropriate immunizations. The school must have proof of immunizations before allowing a student to begin school. The student will be excluded from school if evidence of the required vaccines is not provided.

Students attending school in Maryland are required to have the following immunizations:

**DTaP
Polio
MMR (measles, mumps, rubella)
Hep B
Varicella (chicken pox)
Hib and Pneumococcal (prior to 5 years of age)**



Students entering Kindergarten for the 2024-2025 school year will need:

2 doses of Varicella vaccine at 5 years of age

Students entering 7th grade for the 2024-2025 school year:

**One dose of Meningococcal (MCV4) and
One dose of Tdap vaccine**





Vaccine Requirements for Children
Enrolled in Preschool Programs and in Schools — Per DHMH COMAR 10.06.04.03
Maryland School Year 2024 - 2025 (Valid 9/1/24 - 8/31/25)

Required cumulative number of doses for each vaccine for PRESCHOOL aged children enrolled in educational programs							
Vaccine Child's Current Age	DTaP/DTP/DT ¹	Polio ²	Hib ³	Measles, ^{2,4} Mumps, Rubella	Varicella ^{2,4,5} (Chickenpox)	Hepatitis B ²	PCV ³ (Prevnar TM)
Less than 2 months	0	0	0	0	0	1	0
2 - 3 months	1	1	1	0	0	1	1
4 - 5 months	2	2	2	0	0	2	2
6 - 11 months	3	3	2	0	0	3	2
12 - 14 months	3	3	At least 1 dose given after 12 months of age	1	1	3	2
15 - 23 months	4	3	At least 1 dose given after 12 months of age	1	1	3	2
24—59 months	4	3	At least 1 dose given after 12 months of age	1	1	3	1
60 - 71 months	4	3	0	2	1	3	0

Required cumulative number of doses for each vaccine for children enrolled in KINDERGARTEN - 12 th grade							
Grade Level Grade (Ungraded)	DTaP/DTP/Tdap/ DT/Td ^{1,6}	Tdap ⁶	Polio ²	Measles, ^{2,4} Mumps, Rubella	Varicella ^{2,4,5} (Chickenpox)	Hepatitis B ²	Meningococcal (MCV4)
Kindergarten & Grades 1, 2, 3, 4 5, & 6	(5 - 11 yrs.) 3 or 4	0	3	2	2	3	0
Grades 7, 8, 9, & 10	(11 - 13 yrs.) 3 or 4	1	3	2	2	3	1
Grades 11 & 12	(13 - 18yrs.) 3 or 4	1	3	2	1 or 2	3	1

* See footnotes on back for 2024-25 school immunization requirements.

Maryland Department of Health

Center for Immunization

mdh.IZinfo@maryland.gov

Maryland School Year 2024 – 2025 (Valid 9/1/24 - 8/31/25)

FOOTNOTES

Requirements for the 2024-25 school year are:

- 2 doses of Varicella vaccine for entry into kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, and 10th grades.

Instructions: On the chart locate the student's age or grade and read from left to right on the chart to determine the NUMBER of required vaccinations by age or grade. Dosing or spacing intervals should not be considered when determining if the requirement is met, only count the number of doses needed. MMR and Varicella vaccination dates should be evaluated (See footnote #4).

1. If DT vaccine is given in place of DTP or DTaP, a physician documented medical contraindication is required.
2. Proof of immunity by positive blood test is acceptable in lieu of vaccine history for hepatitis B, polio, and measles, mumps, rubella and varicella, **but revaccination may be more expedient.**
3. Hib and PCV (PrevnarTM) are not required for children older than 59 months (5 years) of age.
4. All doses of measles, mumps, rubella, and varicella vaccines should be given on or after the first birthday. However, upon recordreview for students in preschool through 12th grade, a preschool or school may count as valid vaccine doses administered less than or equal to four (4) days before the first birthday.
5. Two doses of varicella vaccine are required for students entering Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, and 10th grades and for previously unvaccinated students 13 years of age or older. Medical diagnosis of varicella disease is acceptable in lieu of vaccination. Medical diagnosis is documented history of disease provided by a health care provider. Documentation must include month and year.
6. Four (4) doses of DTP/DTaP are required for children less than 7 years old. Three (3) doses of tetanus and diphtheria containing vaccine (any combination of the following — DTP, DTaP, Tdap, DT or Td) are required for children 7 years of age and older. One dose of Tdap vaccine received prior to entering 7th grade is acceptable and should be counted as a dose that fulfills the Tdap requirement.
7. Polio vaccine is not required for persons 18 years of age and older.

Religious Objections

Lead Testing

A parent or guardian can object to their child's blood lead testing based on religious beliefs and practices. A healthcare provider must sign a Blood-Lead certificate and complete a questionnaire if a child is exempt from lead testing for religious reasons. The health information on this form will be available only to those health and education personnel with a legitimate educational interest in your child.

First-Time Entry to School Physical Examination

Exemptions from a physical examination are permitted if they are contrary to a student's or family's religious beliefs.

Immunization

Exemptions from immunizations are permitted if they are contrary to a student's or family's religious beliefs and require a parent/guardian signature on [MDH Form 896](#). Students may also be exempted from immunization requirements if an authorized healthcare provider certifies that there is a medical reason not to receive a vaccine. A contraindication can be permanent, such as an allergy to the vaccine, or temporary, such as illness or other medical reasons. If the contraindication is temporary, the child must receive the immunization as soon as it is medically appropriate.



Religious Objections must be submitted in writing.

Religious Objections to Immunization must be made by the parent/guardian signing the Maryland 896 immunization form.

Maryland 896 Front

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE



STUDENT/SELF NAME: _____
LAST FIRST MI

STUDENT/SELF ADDRESS: _____ CITY: _____ ZIP: _____

SEX: MALE FEMALE OTHER BIRTH DATE: ____/____/____

COUNTY: _____ SCHOOL: _____ GRADE: _____

FOR MINORS UNDER 18:

PARENT/GUARDIAN NAME: _____ PHONE #: _____

#	DIPHTERIA Me/Day/Yr	Poli Me/Day/Yr	Hi Me/Day/Yr	Hev B Me/Day/Yr	PCV Me/Day/Yr	Rotavirus Me/Day/Yr	MMV Me/Day/Yr	HPV Me/Day/Yr	Hev A Me/Day/Yr	MMR Me/Day/Yr	Vaccinate Me/Day/Yr	Vaccinate Disease Me/Yr	COVID-19 Me/Day/Yr	
1	DOSS 01	DOSS 01	DOSS 01	DOSS 01	DOSS 01	DOSS 01	DOSS 01	DOSS 01	DOSS 01	DOSS 01	DOSS 01		DOSS 01	DOSS 01
2	DOSS 02	DOSS 02	DOSS 02	DOSS 02	DOSS 02	DOSS 02	DOSS 02	DOSS 02	DOSS 02	DOSS 02	DOSS 02		DOSS 02	DOSS 02
3	DOSS 03	DOSS 03	DOSS 03	DOSS 03	DOSS 03	DOSS 03	DOSS 03	DOSS 03	DOSS 03	DOSS 03	DOSS 03		DOSS 03	DOSS 03
4	DOSS 04	DOSS 04	DOSS 04	DOSS 04	DOSS 04				DOSS 04	DOSS 04	DOSS 04		DOSS 04	DOSS 04
5	DOSS 05			DOSS 05					DOSS 05	DOSS 05	DOSS 05		DOSS 05	DOSS 05

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name

Office Address/ Phone Number

1. _____
Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)
2. _____
Signature Title Date
3. _____
Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: Permanent condition OR Temporary condition until ____/____/____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date: _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

Maryland 896 Back

How To Use This Form



The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except varicella, measles, mumps, or rubella.
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but revaccination may be more expedient.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

"A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age-appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine."

Please refer to the "Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools" to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the "Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs" guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Maryland 4620 Lead Certificate Front

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

CHILD'S NAME: _____
LAST FIRST MI

SEX: MALE FEMALE BIRTHDATE: _____
MM/DD/YYYY

PARENT/GUARDIAN NAME: _____ PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Test Date (mm/dd/yyyy)	Type of Test (V = venous, C = capillary)	Result (µg/dL)	Comments
	Select a test type.		
	Select a test type.		
	Select a test type.		

Health care provider or school health professional or designee only: To the best of my knowledge, the blood lead tests listed above were administered as indicated. (Line 2 is for certification of blood lead tests after the initial signature.)

1.	Name	Title	Clinic/Office Name, Address, Phone <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	Signature	Date	
2.	Name	Title	
	Signature	Date	

Health care provider: Complete the section below if the child's parent/guardian refuses to consent to blood lead testing due to the parent/guardian's stated bona fide religious beliefs and practices:

Lead Risk Assessment Questionnaire Screening Questions:

- Yes No 1. Does the child live in or regularly visits a house/building built before 1978?
- Yes No 2. Has the child ever lived outside the United States or recently arrived from a foreign country?
- Yes No 3. Does the child have a sibling or housemate/playmate being followed or treated for lead poisoning?
- Yes No 4. Does the child frequently put things in his/her mouth such as toys, jewelry, or keys, or eat non-food items (pica)?
- Yes No 5. Does the child have contact with an adult whose job or hobby involves exposure to lead?
- Yes No 6. Is the child exposed to products from other countries such as cosmetics, health remedies, spices, or foods?
- Yes No 7. Is the child exposed to food stored or served in leaded crystal, pottery or pewter, or made using handmade cookware?

Provider: If any responses are YES, I have counseled the parent/guardian on the risks of lead exposure. _____
Provider Initial

Parent/Guardian: I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child and understand the potential impact of not testing for lead exposure as discussed with my child's health care provider.

Parent/Guardian Signature Date

MDH 4620
 Revised 07/23

Environmental Health Bureau
 mdh.env.health@maryland.gov

Maryland 4620 Lead Certificate Back

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

How To Use This Form

- ➔ A health care provider may provide the parent/guardian with a copy of the child's blood lead testing results from ImmuNet as an alternative to completing this form (COMAR 10.11.04.05(B)).

Maryland requires all children to be tested at the 12 and 24 month well-child visits (at 12-14 and 24-26 months old respectively), and both test results should be included on this form (see COMAR 10.11.04). If the test at the 12-month visit was missed, then the results of the test after 24 months of age is sufficient. A child who was not tested at 12 or 24 months should be tested as early as possible.

A parent/guardian and a child's health care provider should complete this form when enrolling a child in child care, pre-kindergarten, kindergarten, or first grade. Completed forms should be submitted by the parent/guardian to the Administrator of a licensed child care, public pre-kindergarten, kindergarten, or first grade program prior to entry. The child's health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature sections. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

Frequently Asked Questions

1. Who should be tested for lead?

All children in Maryland should be tested for lead poisoning at 12 and 24 months of age.

2. What is the blood lead reference value, and how is it interpreted?

Maryland follows the [CDC blood lead reference value](#), which is 3.5 micrograms per deciliter (µg/dL). However, there is no safe level of lead in children.

3. If a capillary test (finger prick or heel prick) shows elevated blood lead levels, is a confirmatory test required?

Yes, if a capillary test shows a blood lead level of ≥ 3.5 µg/dL, a confirmatory venous sample (blood from a vein) is needed. The higher the blood lead level is on the initial capillary test, the more urgent it is to get a confirmatory venous sample. See [Table 1](#) (CDC) for the recommended schedule.

4. What kind of follow-up or case management is required if a child has a blood lead level above the CDC blood lead reference value?

Providers should refer to the CDC's Recommended Actions Based on Blood Lead Level (<https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm>).

5. What programs or resources are available to families with a child with lead exposure?

Maryland and local jurisdictions have programs for families with a child exposed to lead:

- Maryland Home Visiting Services for Children with Lead Poisoning
- Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

For more information about these and other programs, call the Environmental Health Helpline at (866) 703-3266 or visit: <https://health.maryland.gov/plpa/OEHFP/EH/Pages/Lead.aspx>.

Maryland Department of the Environment Center for Childhood Lead Poisoning Prevention:

<https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/index.aspx>

Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.

Phone: (610) 519-3478 or Toll Free: (833) 362-2243

Website: <https://www1.villanova.edu/university/surroundings/masche.html>

MDH 4620
Revised 07/23

Environmental Health Bureau
mdh.envhealth@maryland.gov

Physical Form Page 1

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered, or approved child care or nursery school:

- **A physical examination** by a health care provider per COMAR 13A.15.03.04, 13A.16.03.04, 13A.17.03.04, and 13A.18.03.04. A Physical Examination form designated by the Maryland State Department of Education and the Maryland Department of Health shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02, 13A.17.03.02 and 13A.18.03.02).
- **Evidence of immunizations.** The immunization certification form (MDH 896) or a printed or a computer-generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms> Select MDH 896.
- **Evidence of Blood-Lead Testing for children younger than 6 years old.** The blood-lead testing certificate (MDH 4620) or another written document signed by a Health Care Practitioner shall be used to meet this requirement. This form can be found at: <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms> Select MDH 4620.
- **Medication Administration Authorization Forms.** If the child is receiving any medications or specialized health care services, the parent and health care provider should complete the appropriate Medication Authorization and/or Special Health Care Needs form. These forms can be found at: Select Forms OCC 1216 through OCC 1216D as appropriate. <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms>

EXEMPTIONS

Exemptions from a physical examination, immunizations, and Blood-Lead testing are permitted if the parent has an objection based on their bona fide religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner, or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care providers or child care personnel who have a legitimate care responsibility for the child.

INSTRUCTIONS

Part I of this Physical Examination form must be completed by the child's parent or guardian. Part II must be completed by a physician or nurse practitioner, or a copy of the child's physical examination must be attached to this form.

If the child does not have health care insurance or access to a health care provider, or if the child requires an individualized health care plan or immunizations, contact the local Health Department. Information on how to contact the local Health Department can be found here: <https://health.maryland.gov/Pages/Home.aspx#>

The Child Care Scholarship (CCS) Program provides financial assistance with child care costs to eligible working families in Maryland. Information on how to apply for the Child Care Scholarship Program can be found here: <https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program>

Physical Form - Page 2 -Parent/Guardian

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____			Birth date: _____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Last First Middle			Mo / Day / Yr		
Address: _____					
Number Street		Apt# City		State	Zip
Parent/Guardian Name(s)		Relationship	Phone Number(s)		
		W:	C:	H:	
		W:	C:	H:	
Medical Care Provider Name: Address: Phone:	Health Care Specialist Name: Address: Phone:	Dental Care Provider Name: Address: Phone:	Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Child Care Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Time Child Seen for Physical Exam: Dental Care: Specialist:	
ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check 'Yes' or 'No' and provide a comment for any YES answer.					
	Yes	No	Comments (required for any Yes answer)		
Allergies	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>			
ADHD	<input type="checkbox"/>	<input type="checkbox"/>			
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>			
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>			
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>			
Bladder	<input type="checkbox"/>	<input type="checkbox"/>			
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>			
Bowels	<input type="checkbox"/>	<input type="checkbox"/>			
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>			
Communication	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>			
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes	<input type="checkbox"/>	<input type="checkbox"/>			
Feeding/Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>			
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>			
Hospitalization (When, Where, Why)	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>			
Life Threatening/Anaphylactic Reactions	<input type="checkbox"/>	<input type="checkbox"/>			
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>			
Mobility-Assistive Devices if any	<input type="checkbox"/>	<input type="checkbox"/>			
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>			
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>			
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>			
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>			
Surgery	<input type="checkbox"/>	<input type="checkbox"/>			
Vision	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			
Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, attach the appropriate OCC 1216 form.					
Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Blood Sugar check, Nutrition or Behavioral Health Therapy /Counseling etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan					
Does your child require any special procedures? (Urinary Catheterization, Tube feeding, Transfer, Ostomy, Oxygen supplement, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan					
I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.					
I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
Printed Name and Signature of Parent/Guardian _____					Date _____

Physical Form - Page 3 - Healthcare Provider

PART II - CHILD HEALTH ASSESSMENT To be completed ONLY by Health Care Provider

Child's Name: _____			Birth Date: _____		Sex M <input type="checkbox"/> F <input type="checkbox"/>		
	Last	First	Middle	Month / Day / Year			
1. Does the child named above have a diagnosed medical, developmental, behavioral or any other health condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
2. Does the child receive care from a Health Care Specialist/Consultant? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
3. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card. <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
4. Health Assessment Findings:							
Physical Exam:	WNL	ABNL	Not Evaluated	Health Area of Concern	NO	YES	DESCRIBE
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Dental/Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eczema/Skin Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding Device/Tube	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility Device	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition/Modified Diet	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Hematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:			
REMARKS: (Please explain any abnormal findings.) _____ _____							
5. Measurements			Date		Results/Remarks		
Tuberculosis Screening/Test, if indicated							
Blood Pressure							
Height							
Weight							
BMI %ile							
Developmental Screening							
6. Is the child on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate medication and diagnosis: (OCC 1216 Medication Authorization Form must be completed to administer medication in child care). https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms							
7. Should there be any restriction of physical activity in child care? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction: _____							
8. Are there any dietary restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction: _____							
9. RECORD OF IMMUNIZATIONS – MDH 4620 or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider <u>or</u> a computer generated immunization record must be provided. (This form may be obtained from: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms , Select MDH 4620.)							
10. RECORD OF LEAD TESTING - MDH 4620 or other official document is required to be completed by a health care provider. (This form may be obtained from: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms , Select MDH 4620) Under Maryland law, all children younger than 6 years old who are enrolled in child care must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age. If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.							

Additional Comments: _____

Health Care Provider Name (Type or Print):	Phone Number:	Health Care Provider Signature:	Date:



Student Health Record Protections



In Maryland, student health records are protected by the Family Educational Rights and Privacy Act (FERPA) and not the Health Insurance Portability and Accountability Act (HIPAA):

FERPA

Student health records are part of a student's education record and are protected by FERPA. FERPA is more restrictive than HIPAA.

HIPAA

HIPAA does not protect student health records because they are considered education or treatment records under FERPA.

Confidentiality

GCPS Health Services takes the confidentiality of student information very seriously. Information is only shared:

- With school officials who have legitimate educational interests.
- With written parental consent to share with others outside of GCPS.
- In a situation that poses a serious and imminent threat to the safety of the student or the public.

Health Visit Records

Student Health Records and Health room visits are documented in **PowerSchool**. Parents can view their children's health room visits using the Power School Parent Portal.





The PowerSchool Student and Parent portal gives parents and students access to real-time information, including attendance, grades, detailed assignment descriptions, school bulletins, lunch menus, and even personal messages from the teacher. The PowerSchool portal is a cloud-based software platform that provides various tools and features for students, teachers, administrators, and families in K-12 education.

Power School Parent Portal Setup and School Messenger Setup

STEPS TO SET UP YOUR PARENT PORTAL IN POWERSCHOOL:

1. Contact your child's school to receive his or her "Access ID" and "Access Password".
2. Go to garrettcountyschools.org
3. At the top of the website, click on "Parents."
4. Click on "PowerSchool Parent Portal."
5. Click on "Create Account" tab.
6. Click on "Create Account".
7. Create Parent Account: Fill out all fields. The username and password are what you will remember. (This is not your child's Access ID or Access Password).
8. Link Student Accounts: Fill out all fields. Place your child's name, Access ID, and Access Password.
9. Scroll to the bottom of the page and hit "Enter".

HOW TO LOG INTO YOUR PARENT PORTAL

1. You must have already created an account.
2. Login using your own username and password.

SCHOOL MESSENGER: PARENT COMMUNICATION TOOL SET UP

School Messenger is a communications tool used by the Garrett County Public Schools. The school system uses School Messenger will communicate several items ranging from school cancellations and major system-wide events to other announcements by phone call, email, and/or text. To utilize School Messenger, a parent needs to log into their Power School Parent Portal account.

To set up your contact preferences for School Messenger, please utilize the following instructions:

1. Log into the Power School Parent Portal using your Single Sign-On username and password.
2. Click the Arrow Icon in the top right.
3. Choose School Messenger.
4. Click on the menu bar in the top left corner and select Preferences.
5. To update phone numbers or email addresses, click on them under My Contact Information.
6. To add a phone number or email address, click Add More.
7. Once a phone number is added, click on it and choose a contact method: Call me or Send text. Please note only one phone number and one email address can be added.
8. To delete a phone number or email address, click 'x'.
9. Log out when finished updating preferences.

A photograph of four hands, two from the top and two from the bottom, gently holding a bright red heart. The heart has a white cross on it, symbolizing health and care. The background is a light blue wooden surface.

Health Education

The school nurse provides the expertise to identify, assess, plan, implement, and evaluate the health needs of the school community. The program emphasizes disease prevention and health promotion through health services, health counseling, and health education.

School nurses provide health education and counseling to students, staff, and parents as part of their role in the school health program.

Their responsibilities include:

- **Health education:** School nurses provide health information to students in classes and act as a resource for health teachers on various topics, such as exercise, smoking prevention, vaping, and oral health.
- **Health counseling:** School nurses provide individual and group counseling.
- **Support groups:** School nurses may provide support groups for students and parents.
- **Crisis prevention and intervention:** School nurses work as part of the Student Service team to provide crisis prevention and intervention services.

School nurses also collaborate with other health professionals and personnel to promote health and wellness and identify and address health-related barriers to learning.

Wellness

Whole School, Whole Community, Whole Child (WSCC): A Collaborative Approach to Learning and Health

The education, public health, and school health sectors have each called for greater alignment, including integration and collaboration between education leaders and health sectors to improve each child’s cognitive, physical, social, and emotional development. Public health and education serve the same children, often in the same settings. The Whole School, Whole Community, Whole Child (WSCC) model focuses on the child, aligning the common goals of both sectors to implement a whole-child approach to education.

The Whole School, Whole Community, Whole Child, or WSCC model is CDC’s framework for addressing school health. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement, and the importance of evidence-based school policies and practices.

The WSCC model has ten components:

1. Health Education
2. Nutrition environment and services
3. Employee wellness
4. Social and emotional climate
5. Physical environment
6. Health services
7. Counseling, psychological, and social services
8. Community involvement
9. Family engagement
10. Physical education



Learn more about each of the [ten components](#).

- Garrett County Public Schools (GCPS) believes that student wellness is essential for students to achieve their academic and physical potential.
- GCPS is committed to providing the services and programs needed to promote positive school cultures and advance students' academic, social, psychological, physical, and emotional well-being.
- GCPS is committed to meeting the needs of students using the Whole School, Whole Community, Whole Child (WSCC) approach.

Below is information and the GCPS procedures that support each component of the WSCC Model. Follow the link to view all procedures, [GCPS Policies and Procedures](#).



Emergency Preparedness

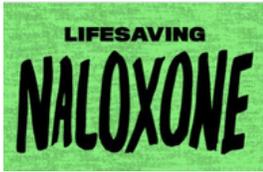
School nurses provide expertise as vital school team members who collaborate with administrators to develop comprehensive emergency response procedures. The nurse's knowledge base about physical and psychological trauma pathophysiology is valuable support in emergencies. School nurses have a unique role in protecting children whenever disaster strikes during the school day. Emergencies in the school setting are often unpredictable, and they are prepared to meet the needs of students before, during, and after an event.

Emergencies that may occur at school include:

- Student, staff, and visitor health-related emergencies or injuries
- Mass casualty incidents
- Weather-related emergencies
- Hazardous materials emergencies

School Health Services Nurses:

- Provide staff in-service on a variety of health information and intervention strategies
- Create emergency evacuation plans for students with special health needs
- Create emergency plans for bus staff for students with health needs that may need intervention while being transported
- Provide first aid supplies and emergency medications for field trips.
- Maintain Automated External Defibrillators (AEDs)
- Maintain Auto Inject Epinephrine (Epi-pens)
- Maintain Narcan
- Maintain Stop The Bleed Kits
- Maintain First Aid Kits
- Maintain Emergency "Go Bags"



Naloxone (Narcan) is a prescription drug that can reverse the effects of opioid overdose and may be life-saving if administered in time. Several doses are housed in the health room, with the athletic trainer, and near each AED in the school buildings.

Epinephrine Auto-Injectors are also available in school buildings and may be sent on field trips to be used for what appears to be known or unknown anaphylaxis. Epinephrine in both adult and junior strength is housed in a case that is available to the staff or public near the main AED in each school.

An epinephrine injection is the treatment for anaphylaxis (a life-threatening allergic reaction). It is a quick-acting hormone that works against all of the physiological aspects of anaphylaxis and should be administered intramuscularly. The auto-injector epinephrine is used since it does not require manipulating a syringe or measuring a dosage. Emergency Medical Services are always called and the person transported to the hospital when Epinephrine is used.



School nurses train school staff at least annually in using these lifesaving medications.

Maryland's Good Samaritan Law Protects People Who Assist In Emergency Situations, Such As Overdoses Or Medical Emergencies

The Good Samaritan Law assures that the staff and general public cannot be held civilly liable for any act done when providing assistance or medical aid at the scene of an emergency. This law covers those providing aid as long as it is rendered in a “reasonably prudent manner” and done without expecting a fee or other compensation. Care must be relinquished to a professional or certified first responder when they arrive. The Good Samaritan Law also applies to any person who seeks, provides, or assists with the provision of medical assistance as the result of a person ingesting or using alcohol or drugs. It also applies to the victims if they receive assistance because someone else sought it.