

## Health Appraisal of Students

### STATEMENT OF PURPOSE:

All schools should establish a process for appraising the physical and mental health of the students and a process for providing health counseling to students and their parents/guardians.

### AUTHORIZATION/LEGAL REFERENCE:

- Vermont School Quality Standards - Section 2120.8.5 Health  
<http://education.vermont.gov/new/html/board/rules/2000.html#health>
- Vermont Department of Health Medicaid Administrative Claiming Contract, section B 12  
<http://healthvermont.gov/local/school/index.aspx>
- Vermont Department of Health Immunization for School Entry  
<http://healthvermont.gov/hc/imm/schoolentry.aspx>

### Required School Nurse/Associate School Nurse Role:

- Each school within the Supervisory Union/School District will complete and submit all information requested for the VDH School Nurse Report by grade and school building. Collect the following health information: date of last well child exam, date of last dental hygiene exam, health insurance (not what kind but insured or not), Immunization compliance, numbers of students with asthma and with current asthma action plans .

### SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

- Notify parents about areas of concern and inform them about the American Academy of Pediatrics recommendation for yearly well exams
- Develop a health care plan with the family and the medical home if indicated and evaluate the care plan on a regular basis.
- Reassess the student's health status as needed.
- Encourage students /parents/guardians to establish and use a medical home on a regular basis for health supervision and ongoing care. Facilitate referral to medical home for students who do not have one. (See Medical/Dental Home section)
- Provide resources for insurance to parents indicating no current health insurance coverage
- Encourage the establishment and use of Vermont Asthma Action Plan with parents and medical home provider as needed

## RESOURCES

Department of Health, Health Screening for Children & Adolescents Provider's Toolkit  
<http://healthvermont.gov/family/toolkit/index.aspx>

American Academy of Pediatrics Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents  
[http://brightfutures.aap.org/3rd\\_Edition\\_Guidelines\\_and\\_Pocket\\_Guide.html](http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html)

## Sample Policies Procedures and Forms

- School Health Entry Form
- Student Emergency Information Card
- Vermont Asthma Action Plan  
<http://healthvermont.gov/family/toolkit/tools/Asthma%20Action%20Plan7-09.pdf>

**Emergency Information Card**

In case of accident or illness, I request the school to contact me. If not able to reach me, I hereby authorize the school personnel to seek emergency medical care, including notifying my child's doctor and transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Date of recent immunizations: \_\_\_\_\_ (DPT, Td, MMR, HepB)

Does your child have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, dial 1-800-250-8427 for Green Mountain Care information

**Child's Primary Care Provider;**

\_\_\_\_\_  
Name phone date of last well exam

**Childs Dentist;**

\_\_\_\_\_  
Name phone date of last well exam

\* a well exam not a sick appointment

**Siblings:**

<b>Last Name</b>	<b>First Name</b>	<b>DOB</b>	<b>Grade</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Permission for Over the Counter Medications**

My child has permission to receive the following medications at schools:

Acetaminophen \_\_\_\_\_ ibuprofen \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

I give permission for release of information to my child's physician and from my child's physician, Dr. \_\_\_\_\_, regarding immunizations, well child exams, and pertinent medical conditions.

\_\_\_\_\_  
**Parent/guardian signature**

\_\_\_\_\_  
**date**

