

STUDENT DIRECTORY INFORMATION

Student directory information is designed to be used internally within the school district. Directory information is defined in the annual notice. It may include the student's name, grade level, enrollment status, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, photograph and other likeness, and other similar information.

Prior to developing a student directory or to giving general information to the public, parents will be given notice annually of the intent to develop a directory or to give out general information and have the opportunity to deny the inclusion of their child's information in the directory or in the general information about the students.

It is the responsibility of the superintendent to provide notice and to determine the method of notice that will inform parents.

Legal Reference: 20 U.S.C. § 1232g (1994).
34 C.F.R. Pt. 99, 300.560 - .574 (2002).
Iowa Code § 22; 622.10 (2005).
281 I.A.C. 12.3(6); 41.20.
1980 Op. Att'y Gen. 720.

Cross Reference: 504 Student Activities
506 Student Records
901.1 Public Examination of School District Records
902.4 Live Broadcast or Videotaping

Approved October 2005

Reviewed April 2008

Revised June 2008

AUTHORIZATION FOR RELEASING STUDENT DIRECTORY INFORMATION

The New Hampton Community School District has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act of 1974. A copy of the school district's policy is available for review in the office of the principal of all of our schools.

This law requires the school district to designate as "directory information" any personally identifiable information taken from a student's educational records prior to making such information available to the public.

Even though student addresses and telephone numbers are not considered directory information, military recruiters and post-secondary educational institutions may legally access this information without prior parental consent. Parents not wanting military recruiters and post-secondary institutions to access the information must ask the school district to withhold the information.

The school district has designated the following information as directory information: (The only items left out of this list are address and telephone numbers. Boards need to amend the form to reflect their practice.) student's name; grade level, enrollment status, participation in officially recognized activities and sports; weight and height of members of athletic teams; dates of attendance; degrees and awards received; photograph and other likeness and other similar information. You have the right to refuse the designation of any or all of the categories of personally identifiable information as directory information with respect to your student provided that you notify the school district in writing not later than _____, 20__ of this school year. If you desire to make such a refusal, please complete and return the slip attached to this notice.

If you have no objection to the use of student information, you do not need to take any action.

RETURN THIS FORM

New Hampton Community School District's Parental Directions to Withhold Student/Directory Information, for 20__ - 20__ school year.

Student Name: _____ Date of Birth _____

School: _____ Grade: _____

(Signature of Parent/Legal Guardian/Custodian of Child) (Date)

This form must be returned to your child's school no later than _____, 20__.
Additional forms are available at your child's school.

Parental Directions to Withhold Student Names, Addresses and Phone Numbers from Military Recruiters and Post-Secondary Educational Institutions, for 20__ - 20__ school year.

Student Name: _____ Date of Birth _____

School: _____ Grade: _____

(Signature of Parent/Legal Guardian/Custodian of Child) (Date)

This form must be returned to your child's school no later than _____, 20__.
Additional forms are available at your child's school.

USE OF DIRECTORY INFORMATION

The student handbook or similar publication given to each student which contains general information about the school will contain the following statement which is published at least annually in a prominent place or in a newspaper of general circulation in the school district:

The following information may be released to the public in regard to any individual student of the school district as needed. Any student over the age of eighteen or parent not wanting this information released to the public must make objection in writing to the principal. The objection needs to be renewed annually.

NAME, PARTICIPATION IN OFFICIALLY RECOGNIZED ACTIVITIES AND SPORTS, WEIGHT AND HEIGHT OF MEMBERS OF ATHLETIC TEAMS, DATES OF ATTENDANCE, DEGREES AND AWARDS RECEIVED, PHOTOGRAPH AND LIKENESS AND OTHER SIMILAR INFORMATION.

DATED _____, 20 ____.

STUDENT PHOTOGRAPHS

The board will permit student "portrait" photographs to be taken on school premises by a commercial photographer as a service to the students and their families.

Parents will be notified prior to the taking of pictures by a commercial photographer for student "portraits." In no case will students be required to have their picture taken or be pressured to purchase pictures.

Students or commercial photographers may take pictures of students upon consent for such things as the yearbook or student newspaper.

It shall be the responsibility of the superintendent, in conjunction with the principal, to develop administrative rules regarding student photographs.

Legal Reference: Iowa Code § 279.8 (2005).
1980 Op. Att'y Gen. 114.

Cross Reference: 506 Student Records

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Reviewed April 2008

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STUDENT LIBRARY CIRCULATION RECORDS

Student library circulation records are designed to be used internally to assist in the orderly administration of the school district libraries and media center. As a general rule, student library circulation records are considered confidential records and will not be released without parental consent. Individuals who may access such records include a student's parents, the student, authorized licensed employees, authorized government officials from the U.S. Comptroller General, the Secretary of Education, the Commissioner and Director of the National Institute of Education, and the Assistant Secretary for Education and State Education Department. Appropriate authorities in a health or safety emergency may access the student's library circulation records without the approval or the notification of the student's parents. Parents may not access records, without the student's permission, of a student who has reached the age of majority or who is attending a post-secondary educational institution unless the student is considered a dependent for tax purposes.

It shall be the school librarian's responsibility, as the person maintaining the student library circulation records, to approve requests for access to student library circulation records. Students' library circulation records may be accessed during the regular business hours of the school district. If copies of documents are requested, a fee for such copying shall be charged.

It shall be the responsibility of the superintendent, in conjunction with the school librarian, to develop administrative regulations regarding this policy.

Legal Reference: 20 U.S.C. § 1232g (1994).
34 C.F.R. Pt. 99 (2002).
Iowa Code §§ 22; 622.10 (2005).
281 I.A.C. 12.3(6).
1980 Op. Att'y Gen. 720, 825.

Cross Reference: 506 Student Records

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STUDENT HEALTH AND IMMUNIZATION CERTIFICATES

Students desiring to participate in athletic activities or enrolling in preschool/kindergarten or first grade in the school district shall have a physical examination by a licensed physician and provide proof of such an examination to the school district. A physical examination and proof of such an examination may be required by the administration for students in other grades enrolling for the first time in the school district.

A certificate of health stating the results of a physical examination and signed by the physician shall be on file at the attendance center. Each student shall submit an up-to-date certificate of health upon the request of the superintendent. Failure to provide this information may be grounds for disciplinary action.

Students enrolling for the first time in the school district shall also submit a certificate of immunization against diphtheria, pertussis, tetanus, poliomyelitis, rubeola, rubella, and other immunizations required by law. The student may be admitted conditionally to the attendance center if the student has not yet completed the immunization process but is in the process of doing so. Failure to meet the immunization requirement will be grounds for suspension, expulsion or denial of admission. Upon recommendation of the Iowa Department of Education and Iowa Department of Public Health, students entering the district for the first time may be required to pass a TB test prior to admission. The district may conduct TB tests of current students.

Exemptions from the immunization requirement in this policy will be allowed only for medical or religious reasons recognized under the law. The student must provide a valid Iowa State Department of Health Certificate of Immunization Exemption to be exempt from this policy.

Legal Reference: Iowa Code §§ 139.9; 280.13 (2005).
281 I.A.C. 33.5.
641 I.A.C. 7.

Cross Reference: 402.2 Child Abuse Reporting
501 Student Attendance
507 Student Health and Well-Being

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ADMINISTRATION OF MEDICATION TO STUDENTS

Some students may need prescription and nonprescription medication to participate in their educational program.

Medication shall be administered when the student's parent or guardian (hereafter "parent") provides a signed and dated written statement requesting medication administration and the medication is in the original, labeled container, either as dispensed or in the manufacturer's container.

When administration of the medication requires ongoing professional health judgment, an individual health plan shall be developed by the licensed health personnel with the student and the student's parent. Students who have demonstrated competence in administering their own medications may self-administer their medication. A written statement by the student's parent shall be on file requesting co-administration of medication, when competence has been demonstrated. By law, students with asthma or other airway constricting diseases may self-administer their medication upon approval of their parents and prescribing physician regardless of competency.

Persons administering medication shall include the licensed registered nurse, parent, physician, and persons who have successfully completed a medication administration course reviewed by the Board of Pharmacy Examiners. A medication administration course and periodic update shall be conducted by a registered nurse or licensed pharmacist, and a record of course completion kept on file at the agency.

A written medication administration record shall be on file including:

- date;
- student's name;
- prescriber or person authorizing administration;
- medication;
- medication dosage;
- administration time;
- administration method;
- signature and title of the person administering medication; and
- any unusual circumstances, actions, or omissions.

Medication shall be stored in a secured area unless an alternate provision is documented. Emergency protocols for medication-related reactions shall be posted. Medication information shall be confidential information.

Legal Reference: Iowa Code §§124.101(1), 147.107, 152.1, 155A.4(2), 280.16, 280.23 (2005)
Education [281]
Pharmacy [657]—§8.32(124, 155A), IAC
Nursing Board [655]—§6.2(152), IAC

Cross Reference: 506 Student Records
507 Student Health and Well-Being
603.3 Special Education
607.2 Student Health Services

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Reviewed January 2010

Revised June 2008

AUTHORIZATION-ASTHMA OR AIRWAY CONSTRICTING MEDICATION
SELF-ADMINISTRATION CONSENT FORM

_____/_____/_____
Student's Name (Last), (First), (Middle) Birthday School Date

In order for a student to self-administer medication for asthma or any airway constricting disease:

- Parent/guardian provides signed, dated authorization for student medication self-administration.
- Physician (person licensed under chapter 148, 150, or 150A, physician, physician's assistant, advanced registered nurse practitioner, or other person licensed or registered to distribute or dispense a prescription drug or device in the course of professional practice in Iowa in accordance with section 147.107, or a person licensed by another state in a health field in which, under Iowa law, licensees in this state may legally prescribe drugs) provides written authorization containing:
 - purpose of the medication,
 - prescribed dosage,
 - times or;
 - special circumstances under which the medication is to be administered.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use, and date.
- Authorization is renewed annually. If any changes occur in the medication, dosage or time of administration, the parent is to notify school officials immediately. The authorization shall be reviewed as soon as practical.

Provided the above requirements are fulfilled, a student with asthma or other airway constricting disease may possess and use the student's medication while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or after-school care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.

Pursuant to state law, the school district or accredited nonpublic school and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district or nonpublic school is to incur no liability, except for gross negligence, as a result of self-administration of medication by the student as established by Iowa Code § 280.16.

Medication Dosage Route Time

Purpose of Medication & Administration /Instructions

AUTHORIZATION-ASTHMA OR AIRWAY CONSTRICTING MEDICATION
SELF-ADMINISTRATION CONSENT FORM

Special Circumstances

_____/_____/_____
Discontinue/Re-Evaluate/
Follow-up Date

Prescriber's Signature

_____/_____/_____
Date

Prescriber's Address

Emergency Phone

- I request the above named student possess and self-administer asthma or other airway constricting disease medication(s) at school and in school activities according to the authorization and instructions.
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication
- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA).
- I agree to provide the school with back-up medication approved in this form.

Parent/Guardian Signature
(agreed to above statement)

_____/_____/_____
Date

Parent/Guardian Address

Home Phone

Emergency Phone

Business Phone

Self-Administration Authorization Additional Information

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION
OF PRESCRIPTION MEDICATION TO STUDENTS

_____/_____/_____
Student's Name (Last), (First), (Middle) Birthday School Date

School medications and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of the medication, directions for use, and date.
- Authorization is renewed annually and immediately when the parent notifies the school that changes are necessary.

Medication/Health Care	Dosage	Route	Time at School
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Administration instructions

Special Directives Signs to Observe and Side Effects

_____/_____/_____
Discontinue/Re-Evaluate/Follow-up Date

Prescriber's Signature Date

Prescriber's Address Emergency Phone

I request the above named student carry medication at school and school activities, according to the prescription, instructions, and a written record kept. Special considerations are noted above. The information is confidential except as provided to the Family Education Rights and Privacy Act (FERPA). I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION
OF PRESCRIPTION MEDICATION TO STUDENTS

Parent's Signature

_____/_____/_____
Date

Parent's Address

Home Phone

Emergency Phone

Business Phone

Additional Information

Authorization Form

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Reviewed January 2010

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COMMUNICABLE DISEASES - STUDENTS

Students with a communicable disease will be allowed to attend school provided their presence does not create a substantial risk of illness or transmission to other students or employees. The term "communicable disease" shall mean an infectious or contagious disease spread from person to person, or animal to person, or as defined by law.

Prevention and control of communicable diseases shall be included in the school district's blood borne pathogens exposure control plan. The procedures shall include scope and application, definitions, exposure control, methods of compliance, universal precautions, vaccination, post-exposure evaluation, follow-up, communication of hazards to employees and record keeping. This plan shall be reviewed annually by the superintendent and school nurse.

The health risk to immunodepressed students shall be determined by their personal physician. The health risk to others in the school district environment from the presence of a student with a communicable disease shall be determined on a case-by-case basis by the student's personal physician, a physician chosen by the school district or public health officials.

It shall be the responsibility of the superintendent, in conjunction with the school nurse, to develop administrative regulations stating the procedures for dealing with students with a communicable disease.

Legal Reference: School Board of Nassau County v. Arline, 480 U.S. 273 (1987).
29 U.S.C. §§ 701 *et seq.* (1994).
45 C.F.R. Pt. 84.3 (2002).
Iowa Code ch. 139 (2005).
641 I.A.C. 1.2-.5, 7.

Cross Reference: 403.3 Communicable Diseases - Employees
506 Student Records
507 Student Health and Well-Being

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COMMUNICABLE DISEASE CHART

Source: Iowa Department of Public Health (1992).

CONCISE DESCRIPTIONS AND RECOMMENDATIONS FOR EXCLUSION OF CASES FROM SCHOOL

DISEASE <i>*Immunization is available</i>	Usual Interval Between Exposure and First Symptoms of Disease	MAIN SYMPTOMS	Minimum Exclusion From School
CHICKENPOX	13 to 17 days	Mild symptoms and fever. Pocks are "blistery." Develop scabs, most on covered parts of body.	7 days from onset of pocks or until pocks become dry
CONJUNCTIVITIS (PINK EYE)	24 to 72 hours	Tearing, redness and puffy lids, eye discharge.	Until treatment begins or physician approves readmission.
ERYTHEMIA INFECTIOSUM (5 TH DISEASE)	4 to 20 days	Usual age 5 to 14 years – unusual in adults. Brief prodrome of low-grade fever followed by Erythema (slapped cheek) appearance on cheeks, lace-like rash on extremities lasting a few days to 3 weeks. Rash seems to recur.	After diagnosis no exclusion from school.
GERMAN MEASLES* (RUBELLA)	14 to 23 days	Usually mild. Enlarged glands in neck and behind ears. Brief red rash.	7 days from onset of rash. Keep away from pregnant women.
HAEMOPHILUS MENINGITIS	2 to 4 days	Fever, vomiting, lethargy, stiff neck and back.	Until physician permits return.
HEPATITIS A	Variable – 15 to 50 (average 28 to 30 days)	Abdominal pain, nausea, usually fever. Skin and eyes may or may not turn yellow.	14 days from onset of clinical disease and at least 7 days from onset of jaundice.
IMPETIGO	1 to 3 days	Inflamed sores, with puss.	48 hours after antibiotic therapy started or until physician permits return.
MEASLES*	10 days to fever, 14 days to rash	Begins with fever, conjunctivitis, runny nose, cough, and then blotchy red rash.	4 days from onset of rash.
MENINGOCOCCAL MENINGITIS	2 to 10 days (commonly 3 to 4 days)	Headache, nausea, stiff neck, fever.	Until physician permits return.
MUMPS*	12 to 25 (commonly 18) days	Fever, swelling and tenderness of glands at angle of jaw.	9 days after onset of swollen glands or until swelling disappears.
PEDICULOSIS (HEAD/BODY LICE)	7 days for eggs to hatch	Lice and nits (eggs) in hair.	24 hours after adequate treatment to kill lice and nits.
RINGWORM OF SCALP	10 to 14 days	Scaly patch, usually ring shaped, on scalp.	No exclusion from school. Exclude from gymnasium, swimming pools, and contact sports.
SCABIES	2 to 6 weeks initial exposure; 1 to 4 days reexposure	Tiny burrows in skin caused by mites.	Until 24 hours after treatment.
SCARLET FEVER SCARLATINA STREP THROAT	1 to 3 days	Sudden onset, vomiting, sore throat, fever, later fine rash (not on face). Rash usually on with first infection.	24 hours after antibiotics started and no fever.
WHOOPIING COUGH* (PERTUSSIS)	7 to 10 days	Head cold, slight fever, cough, and characteristic whoop after 2 weeks.	5 days after start of antibiotic treatment.

Readmission to School – It is advisable that school authorities require written permission from the health officer, school physician or attending physician before any pupil is readmitted to class following any disease which requires exclusion, not mere absence, from school.

REPORTABLE INFECTIOUS DISEASES

While the school district is not responsible for reporting, the following infectious diseases are required to be reported to the state and local public health offices:

Acquired Immune Deficiency Syndrome (AIDS)	Leprosy	Rubella (German measles)
Amebiasis	Leptospirosis	Rubeola (measles)
Anthrax	Lyme disease	Salmonellosis
Botulism	Malaria	Shigellosis
Brucellosis	Meningitis (bacterial or viral)	Tetanus
Campylobacteriosis	Mumps	Toxic Shock Syndrome
Chlamydia trachomatis	Parvovirus B 19 infection (fifth disease and other complications)	Trichinosis
Cholera	Pertussis (whooping cough)	Tuberculosis
Diphtheria	Plague	Tularemia
E. Coli 0157:h7	Poliomyelitis	Typhoid fever
Encephalitis	Psittacosis	Typhus fever
Giardiasis	Rabies	Venereal disease
Hepatitis, viral (A,B, Non A-Non-B, Unspecified)	Reye's Syndrome	Chancroid
Histoplasmosis	Rheumatic fever	Gonorrhea
Human Immunodeficiency Virus (HIV) infection other than AIDS	Rocky Mountain spotted fever	Granuloma Inguinale
Influenza	Rubella (congenital syndrome)	Lymphogranuloma Venereum
Legionellosis		Syphilis
		Yellow fever

Any other disease which is unusual in incidence, occurs in unusual numbers of circumstances, or appears to be of public health concern, e.g., epidemic diarrhea, food or waterborne outbreaks, acute respiratory illness.

REPORTING FORM

Source: Iowa Department of Public Health (1997).

REPORT THE FOLLOWING DISEASES IMMEDIATELY BY TELEPHONE (1-800-362-2736)

- | | | |
|------------|-------------------|---------------------------|
| Botulism | Poliomyelitis | Yellow Fever |
| Cholera | Rabies (Human) | Disease outbreaks of |
| Diphtheria | Rubella | any public health concern |
| Plague | Rubeola (measles) | |

REPORT ALL OTHER DISEASES BELOW.

WEEK ENDING _____

See other side for list of reportable infectious diseases.

DISEASE	PATIENT		COUNTY OR CITY	DOB	SEX
	Name	Parent (If applicable)			
	Name Parent (If applicable)				
	Address				
	Attending Physician				
	Name Parent (If applicable)				
	Address				
	Attending Physician				
	Name Parent (If applicable)				
	Address				
	Attending Physician				
	Name Parent (If applicable)				
	Address				
	Attending Physician				
	Name Parent (If applicable)				
	Address				
	Attending Physician				

Reporting Physician, Hospital, or Other Authorized Person

Address

Remarks:

FOR SCHOOLS ONLY: Report over 10% absent only. Total enrollment: _____					
	Monday	Tuesday	Wednesday	Thursday	Friday
No. Absent					
% of Enrollment					
REPORT NUMBER OF CASES ONLY					
___	Chickenpox	___	Gastroenteritis		
___	Erythema infectiosum (5 th Disease)	___	Influenza-like illness (URI)		

STUDENT ILLNESS OR INJURY AT SCHOOL

When a student becomes ill or is injured at school, the school district shall attempt to notify the student's parents as soon as possible.

The school district, while not responsible for medical treatment of an ill or injured student, will have employees present administer emergency or minor first aid if possible. An ill or injured child will be turned over to the care of the parents or qualified medical employees as quickly as possible.

It shall be the responsibility of the principal to file an accident report with the superintendent within twenty-four hours after the student is injured.

Annually, parents shall be required to complete a medical emergency authorization form indicating the procedures to be followed, if possible, in an emergency involving their child. The authorization form will also include the phone numbers of the parents and alternative numbers to call in case of an injury or illness.

The superintendent shall be responsible, in conjunction with the school nurse, to develop rules and regulations governing the procedure in the event a student should become ill or be injured at school.

Legal Reference: Iowa Code § 613.17 (2005).

Cross Reference: 507 Student Health and Well-Being

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EMERGENCY PLANS AND DRILLS

Students will be informed of the appropriate action to take in an emergency. Emergency drills for fire, weather, and other disasters shall be conducted each school year. Fire and tornado drills shall be each conducted regularly during the academic school year with a minimum of two before December 31 and two after January 1.

Each attendance center shall develop and maintain a written plan containing emergency and disaster procedures. The plan will be communicated to and reviewed with employees. Employees shall participate in emergency drills. Licensed employees shall be responsible for instructing the proper techniques to be followed in the drill.

Legal Reference: Iowa Code § 100.31 (2005).
281 I.A.C. 41.25(3).

Cross Reference: 507 Student Health and Well-Being
711.10 School Bus Safety Instruction
804 Safety Program

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