



## Medical Guidelines for Parents/Guardians and School Joint Responsibility Agreement

### A. PURPOSE

The purpose of this Agreement is to ensure that \_\_\_\_\_ (Parents/Guardians) of \_\_\_\_\_ ("Student") understand the Fresno County Office of Education's ("School") medical and behavioral guidelines that promote a safe and healthy learning environment. These guidelines will apply to Student unless other or more specific procedures are established by the IEP team or Student's treating or consulting physician.

### B. MEDICAL/BEHAVIORAL GUIDELINES

#### Communication

Given Student's disabilities and medical condition, and his/her educational, social, and emotional needs, Parents/Guardians and School acknowledge their mutual obligation to communicate, completely, truthfully, and continually with one another. Parent/Guardian and School acknowledge that either party may request an IEP meeting at any time authorized by law to consider changes to Student's educational program.

#### Educational/Health Services

School has an obligation to provide an appropriate education to Student. Before providing any required and agreed upon health aids and services, School must receive the following:

- Parents'/Guardians' written request for, and consent to, such health aids or services, and
- a physician's written authorization approving the standardized procedures to be used.

Parent/Guardian agrees to provide written notification of the discontinuance of such health aids or services.

#### Emergencies

Parent/Guardian acknowledges that School will be provided with a current and complete emergency card in case of an injury/illness or behavioral emergency. If Student should have an illness or injury at School, it is Parents'/Guardians' responsibility to transport the Student home or to his/her physician. School may place a "911" call for emergency medical assistance.

#### Non-Violent Crisis Intervention

Non-Violent Crisis Intervention techniques are used in the Intervention Program to maintain safety, minimize acting out behaviors, and promote respectful interactions. Non-Violent Crisis Intervention may be used when a student is in danger of hurting him/herself, hurting others, or damaging property. Physical restraint will be used as a last resort.

### C. CONSENTS AND AGREEMENTS

#### Illness

If Student is ill, Student should remain at home to promote a rapid recovery and to prevent the spread of communicable illness to other students and staff. School's supervising nurse shall make the decision if a Student is to be sent home due to illness or injury. Parents/Guardians agree that Student with any symptoms listed below will not attend School:

- sore throat, stomach ache, cough, rash, fever of 100.0 degrees or one (1) full degree above Student's normal core temperature;
- headache, nausea/vomiting, ear ache;
- if student has a chronic health condition, such as chronic chest congestion, frequent seizures, chronic allergic problems, and these symptoms seem to be worse than normal; and
- if student receives oxygen and has an oxymeter reading below acceptable standard as determined by physician.

Students may return to School once they are free from symptoms. If Student had an elevated temperature, they must have a normal temperature for **24 hours** before returning to School. If Student becomes ill at School, Parent/Guardian must be available to pick Student up or make arrangements for Student to be transported home if circumstances will not allow the Student to return home using Student's regular means of transportation.

**Post-illness Procedures**

If Student has been hospitalized or has been ill for five (5) or more consecutive school days, Student will not be allowed to return to School without medical clearance signed by Student's treating physician. Upon Student's return to School following hospitalization or a serious illness, Parent/Guardian shall inform the School of any changes in medical protocols or needs, changes in medication, and provide any information, including physician's orders, pertinent to Student's medical/educational needs. Parent/Guardian agrees to provide these clearances and statements. If additional hospital and/or medical records are needed, School will request Parent/Guardian sign an *Authorization for Release and Exchange of Information* form.

**Medication**

If Student needs over-the-counter or prescription medication at School, a physician's authorization is required. Parent/Guardian must complete a *Medication at School* form. Parent/Guardian is responsible for providing complete information regarding all medication administered to Student, whether at School or at home, and for updating this information following any change in Student's medications. Parent/Guardian understands that School will not administer medication without proper physician authorization. School will not discontinue a medication without a written directive from the parent/guardian and physician's authorization. Parent/Guardian is responsible to supply all medications that are required at School.

**Supplies**

Any supplies that are required for Student's toileting, personal care, or that are required due to medical needs must be provided by Parents/Guardians. Such items include, but are not limited to: diapers, suction equipment, feeding supplies, catheters, etc.

**Medical Records**

Parent/Guardian agrees to work with School in good faith to ensure that School has access to all necessary medical information to provide Student with an appropriate educational program. Since Student's disability requires the use of medical aids and services as part of Student's educational program, Parent/Guardian may be asked to sign an *Authorization for Release and Exchange of Information* form to authorize the sharing of information with educational/service agencies. All records are kept confidential. This release authorizes School to share only the information required for School to provide Student with a free and appropriate public education.

If Parent/Guardian has any questions about this agreement, please contact \_\_\_\_\_ at \_\_\_\_\_ or by email to \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Address City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
FCOE School Nurse

\_\_\_\_\_  
FCOE School Nurse Phone Number

***Once signed and returned, your school will make a copy and send home for your records***