

A. STUDENT HEALTH SERVICES GENERALLY

The board will provide health services to students as required by law. State law authorizes school employees to administer medication prescribed by a health care practitioner only upon the written request of the parents; give emergency health care when reasonably apparent circumstances indicate that any delay would seriously worsen the physical condition or endanger the life of the student; and perform any other first aid or lifesaving technique in which training has been provided to school employees. A registered nurse will be available to provide assessment, care planning, and ongoing evaluation of students with special health care service needs in the school setting.

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The superintendent may develop procedures or delegate the development of procedures to each principal for providing these health services and meeting the board requirements listed below.

1. Each school should have emergency information on file from the parents of each student. In cases where parents do not provide requested information, reasonable attempts must be made by school administrators to obtain such information.
2. The principal shall determine at the beginning of each school year prior to the beginning of classes, and thereafter as circumstances require, which employees will be selected to participate in the health services program. The principal shall inform his or her staff about which health services duties are delegated to which employees.
3. Traditional high schools may offer school-based health clinics for access by students with parental permission.
4. Any employee designated to provide health care services must receive appropriate training.
5. Health manuals prepared by the governing state agencies must be followed in developing appropriate procedures and for determining which tasks must be performed by registered nurses.
6. Procedures must be consistent with all related board policies, including policy 4230, Communicable Diseases – Students, and policy 6125, Administering Medicines to Students.
7. Procedures must be consistent with state and federal law for students with disabilities, including the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act. The

Policies Governing Services for Children with Disabilities will be followed, as applicable.

8. Procedures must be consistent with guidelines adopted by the State Board of Education under G.S. 115C-12(31) to serve students with diabetes, including developing and implementing individual diabetes care plans for such students and providing information and training to school personnel to appropriately support and assist such students, in accordance with their individual diabetes care plans.
9. Written information maintained by the school or school personnel regarding a student's medicinal and health needs is confidential. Parents and students must be accorded all rights provided by the Family Educational Rights and Privacy Act (FERPA) and state confidentiality laws. Any employee who violates the confidentiality of the records may be subject to disciplinary action.
10. School personnel must obtain parental consent for medical services as required by law. Parents will be notified of their rights in accordance with policy 1310/4002, Parental Involvement.
11. Health professionals will be consulted in the development of health services. Opportunities also will be provided for input from staff, parents, and students on the health services provided.

B. SCHOOL SYSTEM MENTAL HEALTH PLAN

The superintendent shall develop a school-based mental health plan that includes a mental health training program and suicide risk referral protocol that satisfies the requirements of State Board of Education Policy SHLT-003. The superintendent shall submit the plan to the board for approval and direct implementation of the plan within all applicable deadlines.

By September 15 of each year, the superintendent shall report to the Department of Public Instruction on (1) the content of the school system's mental health plan, including the mental health training program and suicide risk referral protocol, and (2) the school system's prior school year compliance with the requirements of State Board of Education Policy SHLT-003. The board will review the components of the school system's mental health plan at least every five years, starting August 1, 2025, and will update the mental health plan in accordance with any updated requirements provided by the State Board of Education.

Legal References: Americans with Disabilities Act, 42 U.S.C. 12134, 28 C.F.R. pt. 35; Family Educational Rights and Privacy Act, 20 U.S.C. 1232g; Individuals with Disabilities Education Act, 20 U.S.C. 1400 *et seq.*, 34 C.F.R. pt. 300; Rehabilitation Act of 1973, 29 U.S.C. 705(20), -794, 34 C.F.R. pt. 104; G.S. [90-21.10B](#), 115C-12(12), -12(31), -36, -307(c), -375.1, -375.3, -376.5; 16 N.C.A.C. 6D .0402; 21 N.C.A.C. 36 .0221, .0224; *Policies Governing Services for Children with Disabilities*, State Board of Education Policies EXCP-000, SHLT-003

Cross References: Parental Involvement (policy 1310/4002), Communicable Diseases – Students (policy 4230), Student Records (policy 4700), Administering Medicines to Students (policy 6125)

Adopted: September 7, 2021

Revised: