

Agenda of Regular

The Board of Trustees Mineral Wells ISD

A Regular of the Board of Trustees of Mineral Wells ISD will be held Tuesday, August 8, 2006, beginning at 6:00 PM in the District Services Complex.

The subjects to be discussed or considered or upon which any formal action may be taken are listed below. Items do not have to be taken in the same order as shown on this meeting notice. Unless removed from the consent agenda, items identified within the consent agenda will be acted on at one time.

1. **Call to Order/Establish Quorum**
2. **Closed Session**
 - A. Resignations of Certified Personnel
 - B. Employment/Appointment/Reassignment/Evaluation/Compensation/Duties of Personnel
 - C. Renewal/Nonrenewal/Assignment/Reassignment/Probationary Status/Return to Probationary Status/Continuing Status of District Personnel
3. **Open Session**
4. **Prayer**
5. **Pledge of Allegiance**
6. **Certification of Public Notice**
7. **Public Forum - Delegations/Communications**
8. **Comments & Compliments**
9. **Superintendent's Report**
 - A. Accountability Rating
 - B. Report on Budget/Tax Rate
10. **Consent Agenda Items**
 - A. Monthly financial reports, bills, and checks written since the last meeting 4
 - B. Minutes of the July 20, 2006, meeting of the Board 10
 - C. Interlocal Participation Agreement for the Education Service Center Region XI Purchasing Consortium 16
11. **Review Updated (LEGAL) Policies and Act On (LOCAL) Policies**
 - A. Explanatory Notes - Update 78 17

- B. BAA (LEGAL) - Board Legal Status: Powers and Duties
 - C. BBB (LEGAL) - Board Members: Elections
 - D. BBBA (LEGAL) - Board Members: Reporting Campaign Funds
 - E. BBFA (LEGAL) - Ethics: Conflict of Interest Disclosures
 - F. BDF (LEGAL) - Board Internal Organization: Citizen Advisory Committees
 - G. CCG (LEGAL) - Local Revenue Sources: Ad Valorem Taxes
 - H. CDA (LOCAL) - Other Revenues: Investments
 - I. CE (LEGAL) - Annual Operating Budget
 - J. CHF (LEGAL) - Purchasing and Acquisition: Payment Procedures
 - K. CKC (LOCAL) - Safety Program/Risk Management: Emergency Plans
 - L. CO (LEGAL) - Food Services Management
 - M. CRD (LEGAL) - Insurance and Annuities Management: Health and Life Insurance
 - N. CRD (LOCAL) - Insurance and Annuities Management: Health and Life Insurance
 - O. DBD (LOCAL) - Employment Requirements and Restrictions: Conflict of Interest
 - P. DC (LEGAL) - Employment Practices
 - Q. DEA (LEGAL) - Compensation and Benefits: Salaries, Wages, and Stipends
 - R. DEA (LOCAL) - Compensation and Benefits: Salaries, Wages, and Stipends
 - S. DEB (LOCAL) - Compensation and Benefits: Fringe Benefits
 - T. DHE (LOCAL) - Employee Standards of Conduct: Searches and Alcohol/Drug Testing
 - U. EFAA (LEGAL) - Instructional Materials Selection and Adoption: Textbook Selection and Adoption
 - V. EHBC (LEGAL) - Special Programs: Compensatory/Accelerated Services
 - W. EHBE (LEGAL) - Special Programs: Bilingual Education/ESL
 - X. EHBG (LEGAL) - Special Programs: PreKindergarten
 - Y. EKB (LEGAL) - Testing Programs: State Assessment
 - Z. FDA (LOCAL) - Admissions: Interdistrict Transfers
 - AA. FDA (LEGAL) - Interdistrict Transfers: Public Education Grants
 - BB. FDB (LEGAL) - Admissions: Intradistrict Transfers
 - CC. FEA (LEGAL) - Attendance: Compulsory Attendance
 - DD. FEB (LEGAL) - Attendance: Attendance Accounting
 - EE. FFAB (LEGAL) - Wellness and Health Services: Immunizations
 - FF. FFAB (EXHIBIT) - Wellness and Health Services: Immunizations
 - GG. FFAC (LEGAL) - Wellness and Health Services: Medical Treatment
 - HH. FL (LOCAL) - Student Records
 - II. FOC (LEGAL) - Student Discipline: Placement in a Disciplinary Alternative Education Setting
12. **MWISD Student Handbook for 2006-2007** **27**
13. **MWISD School Nurse Handbook for 2006-2007** **30**
14. **Consideration of Fuel Bids**
15. **Vote on Closed Session Items**

16. Adjournment

BREAKDOWN OF TAX RECEIPTS RECEIVED FROM TAX ASSESSOR-COLLECTOR

REPORT # 30 DATE: 7/7/2006

YEAR	RECEIPTS		GENERAL FUND		INT & SINK	
	TAXES	P/I	TAXES	P/I	TAXES	P/I
2005	\$ 32,963.88	\$5,141.51	\$ 29,538.93	\$ 4,607.31	\$ 3,424.95	\$ 534.20
2004	\$ 3,505.78	\$ 983.38	\$ 3,143.28	\$ 881.70	\$ 362.50	\$ 101.68
2003	\$ 2,796.75	\$1,146.68	\$ 2,504.49	\$ 1,026.85	\$ 292.26	\$ 119.83
2002	\$ 1,110.21	\$ 584.93	\$ 1,014.07	\$ 534.28	\$ 96.14	\$ 50.65
2001	\$ 53.94	\$ 34.66	\$ 49.27	\$ 31.66	\$ 4.67	\$ 3.00
2000	\$ 10.65	\$ 8.21	\$ 9.57	\$ 7.38	\$ 1.08	\$ 0.83
1999	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1998	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1997	\$ 26.98	\$ 30.49	\$ 23.11	\$ 26.12	\$ 3.87	\$ 4.37
1996	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PRIOR	\$ 0.56	\$ 0.96	\$ 0.38	\$ 0.64	\$ 0.18	\$ 0.32
CED	\$ 2.93		\$ 2.93			
TOTAL	\$ 40,471.68	\$7,930.82	\$ 36,286.03	\$ 7,115.93	\$ 4,185.65	\$ 814.89
1% CURR	\$ 329.70	\$ 51.42	\$ 381.12			
1% PRIOR	\$ 75.05	\$ 27.89	\$ 102.94			
1% TOTAL	\$ 404.75	\$ 79.31	\$ 484.06			
TOTAL	\$ 40,066.93	\$7,851.51	\$ 35,801.97	\$ 7,115.93	\$ 4,185.65	\$ 814.89

DEPOSIT BREAKDOWN	LM FUND	I & S FUND	TOTAL
CURRENT YEAR			\$ -
CURR YEAR PAST DUE	\$ 29,157.81	\$ 3,424.95	\$ 32,582.76
CURRENT YEAR P/I	\$ 4,694.12	\$ 534.20	\$ 5,228.32
PRIOR YEAR	\$ 6,641.23	\$ 760.70	\$ 7,401.93
PRIOR YEAR P/I	\$ 2,508.62	\$ 280.69	\$ 2,789.31
IN LIEU OF TAXES			\$ -
EXCESS FUNDS			\$ -
CED	\$ 2.93		\$ 2.93
INTEREST ON DEPOSITS			\$ -
TOTAL	\$ 43,004.71	\$ 5,000.54	\$ 48,005.25

YTD TAX COLLECTIONS-LM FUND	\$4,521,058.50
YTD TAX COLLECTIONS-I&S FUND	<u>\$ 480,603.33</u>
TOTAL YTD TAXES COLLECTED	\$5,001,661.83

BREAKDOWN OF TAX RECEIPTS RECEIVED FROM TAX ASSESSOR-COLLECTOR

REPORT # 31 DATE: 7/14/2006

YEAR	RECEIPTS		GENERAL FUND		INT & SINK	
	TAXES	P/I	TAXES	P/I	TAXES	P/I
2005	\$ 24,360.06	\$3,632.31	\$ 21,829.05	\$ 3,254.91	\$ 2,531.01	\$ 377.40
2004	\$ 1,477.08	\$ 442.80	\$ 1,324.35	\$ 397.01	\$ 152.73	\$ 45.79
2003	\$ 380.56	\$ 158.92	\$ 340.79	\$ 142.31	\$ 39.77	\$ 16.61
2002	\$ 259.37	\$ 138.35	\$ 236.91	\$ 126.37	\$ 22.46	\$ 11.98
2001	\$ 52.64	\$ 34.60	\$ 48.08	\$ 31.60	\$ 4.56	\$ 3.00
2000	\$ 82.38	\$ 64.25	\$ 74.03	\$ 57.74	\$ 8.35	\$ 6.51
1999	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1998	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1997	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1996	\$ 9.74	\$ 12.27	\$ 8.29	\$ 10.44	\$ 1.45	\$ 1.83
PRIOR	\$ 7.24	\$ 11.65	\$ 4.85	\$ 7.81	\$ 2.39	\$ 3.84
CED	\$ -		\$ -			
TOTAL	\$ 26,629.07	\$4,495.15	\$ 23,866.36	\$ 4,028.20	\$ 2,762.71	\$ 466.95
1% CURR	\$ 243.61	\$ 36.32	\$ 279.93			
1% PRIOR	\$ 22.69	\$ 8.61	\$ 31.30			
1% TOTAL	\$ 266.30	\$ 44.93	\$ 311.23			
TOTAL	\$ 26,362.77	\$4,450.22	\$ 23,555.12	\$ 4,028.20	\$ 2,762.71	\$ 466.95

DEPOSIT BREAKDOWN	LM FUND	I & S FUND	TOTAL
CURRENT YEAR			\$ -
CURR YEAR PAST DUE	\$ 21,549.12	\$ 2,531.01	\$ 24,080.13
CURRENT YEAR P/I	\$ 3,254.91	\$ 377.40	\$ 3,632.31
PRIOR YEAR	\$ 2,006.01	\$ 231.70	\$ 2,237.71
PRIOR YEAR P/I	\$ 773.29	\$ 89.55	\$ 862.84
IN LIEU OF TAXES			\$ -
EXCESS FUNDS			\$ -
CED	\$ -		\$ -
INTEREST ON DEPOSITS	\$ 36.59		\$ 36.59
TOTAL	\$ 27,619.92	\$ 3,229.66	\$ 30,849.58

YTD TAX COLLECTIONS-LM FUND	\$4,544,924.86
YTD TAX COLLECTIONS-I&S FUND	\$ 483,366.04
TOTAL YTD TAXES COLLECTED	\$5,028,290.90

BREAKDOWN OF TAX RECEIPTS RECEIVED FROM TAX ASSESSOR-COLLECTOR

REPORT # 32 DATE: 7/31/2006

YEAR	RECEIPTS		GENERAL FUND		INT & SINK	
	TAXES	P/I	TAXES	P/I	TAXES	P/I
2005	\$ 12,878.40	\$2,113.50	\$ 11,540.33	\$ 1,893.91	\$ 1,338.07	\$ 219.59
2004	\$ 2,237.74	\$ 671.36	\$ 2,006.36	\$ 601.94	\$ 231.38	\$ 69.42
2003	\$ 311.20	\$ 130.71	\$ 278.68	\$ 117.05	\$ 32.52	\$ 13.66
2002	\$ 60.32	\$ 32.56	\$ 55.10	\$ 29.74	\$ 5.22	\$ 2.82
2001	\$ 92.26	\$ 60.90	\$ 84.27	\$ 55.63	\$ 7.99	\$ 5.27
2000	\$ 47.06	\$ 36.70	\$ 42.29	\$ 32.98	\$ 4.77	\$ 3.72
1999	\$ 4.50	\$ 4.06	\$ 4.07	\$ 3.67	\$ 0.43	\$ 0.39
1998	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1997	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1996	\$ 8.56	\$ 10.79	\$ 7.29	\$ 9.18	\$ 1.27	\$ 1.61
PRIOR	\$ 6.85	\$ 9.45	\$ 4.59	\$ 6.33	\$ 2.26	\$ 3.12
CED	\$ -		\$ -			
TOTAL	\$ 15,646.89	\$3,070.03	\$ 14,022.98	\$ 2,750.44	\$ 1,623.91	\$ 319.59
1% CURR	\$ 128.75	\$ 21.14	\$ 149.89			
1% PRIOR	\$ 27.69	\$ 9.57	\$ 37.26			
1% TOTAL	\$ 156.44	\$ 30.71	\$ 187.15			
TOTAL	\$ 15,490.45	\$3,039.32	\$ 13,835.83	\$ 2,750.44	\$ 1,623.91	\$ 319.59

DEPOSIT BREAKDOWN	LM FUND	I & S FUND	TOTAL
CURRENT YEAR			\$ -
CURR YEAR PAST DUE	\$ 11,390.44	\$ 1,338.07	\$ 12,728.51
CURRENT YEAR P/I	\$ 1,912.49	\$ 219.59	\$ 2,132.08
PRIOR YEAR	\$ 2,445.39	\$ 285.84	\$ 2,731.23
PRIOR YEAR P/I	\$ 856.53	\$ 100.00	\$ 956.53
IN LIEU OF TAXES			\$ -
EXCESS FUNDS			\$ -
CED	\$ -		\$ -
INTEREST ON DEPOSITS	\$ -		\$ -
TOTAL	\$ 16,604.85	\$ 1,943.50	\$ 18,548.35

YTD TAX COLLECTIONS-LM FUND	\$4,558,947.84
YTD TAX COLLECTIONS-I&S FUND	\$ 484,989.95
TOTAL YTD TAXES COLLECTED	\$5,043,937.79

BREAKDOWN OF TAX RECEIPTS RECEIVED FROM TAX ASSESSOR-COLLECTOR

REPORT # **33** DATE: **7/31/2006**

YEAR	RECEIPTS		GENERAL FUND		INT & SINK	
	TAXES	P/I	TAXES	P/I	TAXES	P/I
2005	\$ 8,473.62	\$1,001.80	\$ 7,593.21	\$ 897.71	\$ 880.41	\$ 104.09
2004	\$ 1,795.45	\$ 537.43	\$ 1,609.80	\$ 481.86	\$ 185.65	\$ 55.57
2003	\$ 1,337.42	\$ 561.74	\$ 1,197.66	\$ 503.04	\$ 139.76	\$ 58.70
2002	\$ 384.77	\$ 207.79	\$ 351.45	\$ 189.80	\$ 33.32	\$ 17.99
2001	\$ 50.73	\$ 33.48	\$ 46.34	\$ 30.58	\$ 4.39	\$ 2.90
2000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1999	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1998	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1997	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1996	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PRIOR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 12,041.99	\$2,342.24	\$ 10,798.46	\$ 2,102.99	\$ 1,243.53	\$ 239.25
1% CURR	\$ 84.74	\$ 10.02	\$ 94.76			
1% PRIOR	\$ 35.69	\$ 13.40	\$ 49.09			
1% TOTAL	\$ 120.43	\$ 23.42	\$ 143.85			
TOTAL	\$ 11,921.56	\$2,318.82	\$ 10,654.61	\$ 2,102.99	\$ 1,243.53	\$ 239.25

DEPOSIT BREAKDOWN	LM FUND	I & S FUND	TOTAL
CURRENT YEAR			\$ -
CURR YEAR PAST DUE	\$ 7,498.45	\$ 880.41	\$ 8,378.86
CURRENT YEAR P/I	\$ 927.13	\$ 104.09	\$ 1,031.22
PRIOR YEAR	\$ 3,156.16	\$ 363.12	\$ 3,519.28
PRIOR YEAR P/I	\$ 1,205.27	\$ 135.17	\$ 1,340.44
IN LIEU OF TAXES			\$ -
EXCESS FUNDS			\$ -
CED	\$ -		\$ -
INTEREST ON DEPOSITS	\$ -		\$ -
TOTAL	\$ 12,787.01	\$ 1,482.79	\$ 14,269.80

YTD TAX COLLECTIONS-LM FUND	\$4,569,746.30
YTD TAX COLLECTIONS-I&S FUND	\$ 486,233.48
TOTAL YTD TAXES COLLECTED	\$5,055,979.78

Accounts Payable Invoice Listing Report

<u>VENDOR</u>	<u>INVOICE NUMBER</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
AVAYA INC	2723991020	SERVICE AGREEMENT	\$ 378.42
AWARDS & MORE ENGRAVING	15433	Silver Wall Holders - Black/White Plastic Per Square	80.00
AWARDS & MORE ENGRAVING	15475	Silver Wall Holder - Black/White Plastic 12X3 Name Plates	55.00
CIMARRON CLAIMS ADMIN SERVICE INC	1275	Campus Planners	1,350.00
	46127	WORKERS' COMP FIXED COST 1ST QUARTER	6,642.60
DCS INFORMATION SYSTEMS	52821-0606	criminal history checks	31.35
DIRECT ENERGY BUSINESS SERVICES	226986	SERVICE	43,008.92
HENSLEE, FOWLER ET AL	49531	LEGAL FEES	2,092.50
MASTERCARD	803	MISC. OPERATING EXPENSES	7.95
RANDY'S TEXACO	53703	TRANSPORTATION EXPENSE	37.50
RANDY'S TEXACO	53769	TRANSPORTATION EXPENSE	37.50
SBC GLOBAL SERVICES, INC.	SW038530	MAINTENANCE AGREEMENT-#0706020092606	373.57
SBC LONG DISTANCE	811340500	SERVICE-CORPORATION #346970	233.56
SHELL CREDIT CARD CTR	65196123607	FUEL	261.00
SINGH, LAKHERAM M.D.	803	TRANSPORTATION EXPENSE	200.00
SINGH, LAKHERAM M.D.	803		
SMITH, CATHY	802	REIMBURSEMENT	60.00
STRIPES AND MORE	10772	TRANSPORTATION EXPENSE	255.00
SUDDENLINK	803	CONTRACTED SERVICES	4,700.00
TASB	268359	TASB Summer Leadership Institute - Thursday, June 8 - Saturday, June 10 - Ray M. Crass	630.00
U-HAUL INTERNATIONAL	2411749	TRANSPORTATION EXPENSE	69.90
UNIFIRST CORPORATION	8290841651	TRANSPORTATION EXPENSE	89.29
UNIFIRST CORPORATION	8290843748	TRANSPORTATION EXPENSE	84.34
UNIFIRST CORPORATION	8290847961	TRANSPORTATION EXPENSE	90.46
General Fund Total			\$ 60,768.86

<u>VENDOR</u>	<u>INVOICE NUMBER</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
CLAIMS ADMIN SERVICE INC	46127-1	WORKERS' COMP FIXED COST 1ST QUARTER	\$3,200.00
Food Service Total			\$3,200.00

**MINERAL WELLS INDEPENDENT SCHOOL DISTRICT
MINERAL WELLS, TEXAS**

REGULAR BOARD MEETING

The Board of Trustees of the Mineral Wells Independent School District met on Tuesday, July 20, 2006, in the District Services Complex, 906 S.W. 5th Avenue, Mineral Wells, Texas. Board President Dr. Ty L. Gore called the meeting to order at 6:05 p.m.

BOARD MEMBERS PRESENT:

Dr. Ty L. Gore, President; Rodney Henderson, Vice-President; Joel Hardeman, and David Bullock

MEMBERS ABSENT:

Dr. Moss Dickerson, Doug Pennington, and Holt Price

CENTRAL ADMINISTRATORS PRESENT:

Ray M. Crass, Superintendent and Linda Porter-Bradford, Assistant Superintendent

CLOSED SESSION:

The Board adjourned into closed session at 6:06 p.m.

The Board adjourned from closed session at 6:58 p.m.

OPEN SESSION:

The Board reconvened in open session at 7:00 p.m.

PRAYER:

Dr. Ty L. Gore opened the meeting with prayer.

PLEDGE OF ALLEGIANCE:

The Board led the audience in the pledge of allegiance.

CERTIFICATION OF PUBLIC NOTICE OF MEETING:

Ray M. Crass, superintendent, certified that the provisions of Texas Government Code Chapter 551 had been complied with in connection with public notice of meeting.

PUBLIC FORUM - DELEGATIONS/COMMUNICATIONS:

None

COMMENTS & COMPLIMENTS:

None

SUPERINTENDENT'S REPORT:

Sammy Martin, Buford and Thompson vice-president, distributed preliminary budget figures to the Board on the multi-purpose complex. Mr. Martin reported that they are looking at 9.5 million dollars on the multi-purpose complex, which is approximately \$580,000.00 over the budget. It was reported that \$350,000.00 of this amount involves the offsite drainage issue, and the other increases are site utilities and dirt work.

Mike King, Huckabee & Associates architect, informed the board members that these are just preliminary figures from the plans to be shown tonight. Mr. King reported that they are estimating a little high and as the plans are developed the costs will get more in line. He briefly reviewed the plans with the board members and audience. He stated that they would like to come back on September 12 at the board meeting to talk with them about the complete set of documents and set the bid date. He reported that they would like to wrap it up a week after that in their office signing and sealing their documents and give them to Buford and Thompson to send out for bids by the end of September. He stated that they would like to award the construction project on October 23. He announced that the breakdown of the budget is 9.8 million for the multi-purpose complex and 3.5 million for the junior high project which is 13.3 million. He reminded the Board that the bond that passed was for 13.950 million.

Superintendent Crass reported that the district received the preliminary FIRST (Financial Integrity Rating System of Texas) Rating from the state. Mr. Crass announced that the district received a superior achievement rating with all 21 indicators being answered yes. He complimented Paul Hearn, Chief Financial Officer, and his staff for a job well done.

CONSENT AGENDA ITEMS:

Rodney Henderson moved and Joel Hardeman seconded a motion to approve the consent agenda items as follows:

- Approved the monthly financial reports, bills, and checks written since the last meeting.
- Approved a quarterly investment report as presented. (copy attached)
- Approved the minutes of the June 6, 2006, meeting of the Board.
- Approved the ESC Region XI Principal Assessment Contract for 2006-2007 as presented. (copy attached)

The motion carried 4-0.

CONSIDER AN ORDER AUTHORIZING ISSUANCE OF UNLIMITED TAX SCHOOL BUILDING AND REFUNDING BONDS, SERIES 2006:

After a brief overview by Joshua McLaughlin, RBC Capital Markets vice-president, Rodney Henderson moved and David Bullock seconded a motion to approve an order authorizing issuance of unlimited tax school building and refunding bonds, series 2006 as presented. The motion carried 4-0. (copy attached)

CONSIDER AN ORDER AUTHORIZING ISSUANCE OF UNLIMITED TAX SCHOOL BUILDING BONDS, SERIES 2006:

No action was taken on this item.

CONSIDER APPROVAL OF FINANCIAL ADVISORY AGREEMENT WITH RBC CAPITAL MARKETS:

Joel Hardeman moved and Rodney Henderson seconded a motion to approve the financial advisory agreement with RBC Capital Markets as presented. The motion carried 4-0. (copy attached)

BIDS FOR OFFICE, INSTRUCTIONAL, LIBRARY, AND ATHLETIC SUPPLIES:

Rodney Henderson moved and Joel Hardeman seconded a motion to approve all catalogue discount bids and vendor bids and place them on the district's approved vendor list. The motion carried 4-0. (copy attached)

STUDENT ATHLETIC/ACCIDENT INSURANCE FOR THE 2006-2007 SCHOOL YEAR:

Rodney Henderson moved and Joel Hardeman seconded a motion to approve the only bid from Texas Monarch Management as the provider for student/athletic insurance coverage for the 2006-2007 school year. The motion carried 4-0. (copy attached)

REVIEW UPDATED (LEGAL) POLICIES AND ACT ON (LOCAL) POLICIES:

Joel Hardeman moved and Rodney Henderson seconded a motion to move consideration of the TASB Localized Policy Manual Update 78 to the August board meeting to allow additional study of the policies. The motion carried 4-0.

VOTE ON CLOSED SESSION ITEMS:

Rodney Henderson moved and Joel Hardeman seconded a motion to accept the resignations of the following individuals:

<u>NAME</u>	<u>ASSIGNMENT</u>	<u>EFFECTIVE DATE</u>
Carlos Ortiz	Technology Support	June 30, 2006

Glen Mears	MWHS-Counselor	June 15, 2006
Linda Medlin	MWHS-Counselor	June 15, 2006
Yvonne Nowell	MWHS-Family & Consumer Science	June 27, 2006
Gloria Rehm	MWHS-Teacher/Spanish	July 13, 2006
Michelle Stone	MWHS-Teacher/Character Ed.	July 17, 2006
Kelly Tuggle	MWHS-Teacher/SE/Resource/Lead	June 13, 2006
Amy Yoder	MWHS-Teacher/SE/Resource/Coach	June 1, 2006
Sherry Kendrick	Houston-Teacher/SE/Resource/ESL	June 23, 2006
Deidre Browder	Houston-Teacher/Music	June 19, 2006
Unika Boldon	MWJH-Teacher/SE	June 19, 2006
Sarah Byars	MWJH-Teacher/SS/Cheer	July 7, 2006
Desiree Kilpatrick	MWJH-Teacher/SC	June 1, 2006
Harold Owen	MWJH-Teacher/Math/Teen Leader	June 1, 2006
Dawn Fuller	Lamar-Teacher/1	July 7, 2006
Melissa Myers	Lamar-Teacher/1	June 16, 2006
David Kimbrough	Director of Transportation	July 31, 2006
Lacy Moses	Travis-Teacher/4	June 1, 2006
Mildred Ragle	Travis-Assistant Principal	July 6, 2006
John Uptergrove	Travis-Assistant Principal	July 6, 2006

The motion carried 4-0.

Rodney Henderson moved and David Bullock seconded a motion to approve the employment of the following individuals:

<u>NAME</u>	<u>ASSIGNMENT</u>	<u>EFFECTIVE DATE</u>
Tony Biasatti	MWHS-Teacher/Coach	2006-2007 School Year
Ann Blair	MWHS-Counselor	2006-2007 School Year
Darla Denise Broesche	MWHS-Teacher/Spanish	2006-2007 School Year
Brandy Campbell	MWHS-Assistant Principal	2006-2007 School Year
Carey Carter	MWHS-Teacher/MH Specialists	2006-2007 School Year
William Carter	MWHS-Teacher/MH	2006-2007 School Year
Jacquelyn Flaming	MWHS-Teacher/Health	2006-2007 School Year
Steve Goben	MWHS-Teacher/SS/Coach	2006-2007 School Year
Laura Harris	MWHS-Teacher/Ag	2006-2007 School Year
Shandy Monty	MWHS/Teacher/Fam Con Sci	2006-2007 School Year
Kayla Pearce	MWHS/Teacher/Science	2006-2007 School Year
Jeffery Smith	MWHS-Assistant Principal	2006-2007 School Year
Courtney Wright	MWHS-Teacher/SC/Coach	2006-2007 School Year
Lynn Carroll	Houston-Teacher/2	2006-2007 School Year
Linda Fischer	Houston-Teacher/2	2006-2007 School Year
Summer Langford	Houston-Teacher/SE/Life Skills	2006-2007 School Year
Jana Pettit	Houston/Teacher/2	2006-2007 School Year
Barbara Schipper	Houston/Teacher/3	2006-2007 School Year
Diane Shaw	Houston/Teacher/Music	2006-2007 School Year
Wendy Shirley	Houston/Teacher/2	2006-2007 School Year
LaCee Small	Houston/Teacher/3	2006-2007 School Year
Cynthia Weems	Houston/Teacher/3	2006-2007 School Year

Connie Borgeson	MWJH-Teacher/SE	2006-2007 School Year
Haidee Couger	MWJH-Teacher/SC	2006-2007 School Year
Jerri Lionberger	MWJH-Teacher/SE/Adaptive	2006-2007 School Year
Dustin Payne	MWJH-Teacher/SS/Coach	2006-2007 School Year
John Rodriguez	MWJH-Teacher/SS/Coach	2006-2007 School Year
Kerry Schindler	MWJH-Teacher/PE/Coach	2006-2007 School Year
Kathy Valliere	MWJH-Counselor	2006-2007 School Year
Roger VanWesten	MWJH-Teacher/MH	2006-2007 School Year
Courtney Chaney	Lamar-Teacher/1	2006-2007 School Year
Kendra Fowler	Lamar-Teacher/1	2006-2007 School Year
Rebecca Goodwin	Lamar/Teacher/K	2006-2007 School Year
Erinn Graham	Lamar-Teacher/K	2006-2007 School Year
Vicki Gregory	Lamar-Teacher/K	2006-2007 School Year
Priscilla Hammond	Lamar-Teacher/1	2006-2007 School Year
Stephanie Schrimsher	Lamar-Teacher/K	2006-2007 School Year
Jeanne Simpson	Lamar-Teacher/SE/Skills	2006-2007 School Year
Robin Wilson	Lamar-Teacher/1	2006-2007 School Year
Randy Gover	Travis-Assistant Principal	2006-2007 School Year
Debra Harman	Travis-Teacher/SE	2006-2007 School Year
Cindy Koiner	Travis-Teacher/SS	2006-2007 School Year
Brenda (Renee) Myers	Travis-Teacher/4	2006-2007 School Year

The motion carried 4-0.

Joel Hardeman moved and Rodney Henderson seconded a motion to approve the reassignments of the following individuals:

<u>NAME</u>	<u>ASSIGNMENT</u>	<u>EFFECTIVE DATE</u>
Tymmie Boyd	Houston-Counselor	August 1, 2006
Dianna Leggett	Houston-Assistant Principal	August 1, 2006
Natalie Griffin	Travis-Assistant Principal	August 1, 2006
John Kuhn	Lamar-Assistant Principal	August 1, 2006
Shanna Coker	MWJH-Assistant Principal	August 1, 2006
Nan Brandt	DREAM Academy-Director of Guidance & Counseling & At-Risk Coordinator	August 1, 2006

The motion carried 4-0.

Joel Hardeman moved and David Bullock seconded a motion to approve the employment of the following individuals:

<u>NAME</u>	<u>ASSIGNMENT</u>	<u>EFFECTIVE DATE</u>
James Maitlen	Director of Transportation	July 10, 2006
John Clark	DSC Network Specialist	July 10, 2006

The motion carried 4-0.

ADJOURNMENT:

Upon a motion by Rodney Henderson and a second by Joel Hardeman, the meeting was adjourned at 7:58 p.m. The motion carried 4-0.

Dr. Ty L. Gore, President

Doug Pennington, Secretary

jb

Interlocal Participation Agreement
for the
Education Service Center Region XI Purchasing Consortium

This Interlocal Participation Agreement (agreement) is entered into by and between Education Service Center Region XI (the ESC) and Mineral Wells Independent School District.

Whereas, the purpose of this agreement is to provide the district with additional purchasing options by satisfying the provisions of the *Interlocal Cooperation Act* of the Government Code. Members of the Region XI Purchasing Consortium will be eligible to purchase through cooperatives with whom the ESC has executed separate Interlocal Participation Agreements for the specific purpose of qualifying Region XI Purchasing Consortium member districts.

Additional purchasing options will include, but will not be limited to, participation in the *Texas Interlocal Purchasing System* (TIPS) administered by ESC Region VIII, *The Cooperative Purchasing Network* (TCPN) administered by ESC Region IV and any ESC Region XI proposal which satisfy the competitive bid laws for the state of Texas.

Whereas, execution of this agreement does not obligate the district to make any purchases, to pay any membership fees or to incur any cost or obligation other than staff training, as indicated below.

The district agrees to send at least one staff member to training and orientation relating to each of the expanded purchasing options. The training will be conducted at Region XI ESC and will not exceed four hours in length for each of the purchasing programs available to Consortium members.

Now Be It Resolved, upon approval of this Interlocal Participation Agreement by the (district) and the ESC, a legal cooperative relationship does exist and shall continue to exist until such time as either party to this agreement voids the agreement through official action.

Mineral Wells ISD

Independent School District (Name)

Education Service Center Region XI

BY: _____
Authorizing Signature

BY: _____
Authorizing Signature

Printed Name: Ray M. Crass

Richard Ownby
Executive Director
ESC Region XI

Title: Superintendent

ISD County/Dist Code: 182-903

Date: August 8, 2006

Date: _____

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District: Mineral Wells ISD

BAA (LEGAL) BOARD LEGAL STATUS
POWERS AND DUTIES

A new item 8—on INTERNAL AUDITOR—has been added. HB 1 from the recently completed special legislative session on school finance newly requires that any internal auditor that may be employed by the district be selected by and report directly to the board.

BBB (LEGAL) BOARD MEMBERS
ELECTIONS

Please note: HB 1, from the recently completed special legislative session on school finance, requires school districts to hold trustee elections on the same date as:

- The election of members of the governing body of a municipality located in the district, or
- The general election for state and county officers (November of even numbered years).

Additionally, elections held on the same date as the municipality or county must be held as joint elections, with common polling places.

Analysis by TASB Legal Services attorneys, in consultation with the Elections Division of the Office of the Texas Secretary of State, suggests that districts that held or cancelled trustee elections in May will not be required to hold another election on November 7, 2006 (the next general election). Districts should work with local counsel to determine what actions need to be taken for the 2007 election cycle.

Districts with questions about how these provisions apply to their trustee elections should contact the Secretary of State's Election Division at 1-800-252-VOTE (8683).

HB 1 does not require an immediate change in policy. Districts already committed to a November 7, 2006, election may proceed by having a joint election with the county. Preclearance from the U.S. Department of Justice may be required for November elections to the extent the district makes changes in election practices or procedures.

BBBA (LEGAL) BOARD MEMBERS
REPORTING CAMPAIGN FUNDS

For clarity, TASB attorneys have added to this policy Election Code provisions pertaining to terminating the campaign treasurer appointment of an inactive candidate or political committee. Included are circumstances under which a candidate or committee become inactive and the process by which the board terminates the campaign treasurer appointment.

BBFA (LEGAL) ETHICS
CONFLICT OF INTEREST DISCLOSURES

The newly enacted Local Government Code requirement that local government officers file a conflicts disclosure statement—for themselves and family members—includes by reference the Government Code definition of "family member." That definition—a person related within the first degree by consanguinity or affinity—has been added on page 3.

FAQs about this new requirement and a chart of the various conflict disclosure requirements may be found at <https://www.tasb.org/apps/icen/icenDetail.cfm?kv=232>. (Click on the title, "Legal FAQs: HB 914.")

BDF (LEGAL) BOARD INTERNAL ORGANIZATION
CITIZEN ADVISORY COMMITTEES

A perceived requirement—that elementary, middle, and junior high school students each engage in physical activity at least 30 minutes per school day or 135 minutes per school week—has been deleted from STATEMENT FOR PUBLIC INSPECTION.

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TASB's Governmental Relations Division indicates that, while it may have been the intention of the 79th Legislature to require physical activity time for middle school, that intention was not enacted into law. The State Board of Education will consider this summer an extension of a physical education and/or physical activity requirement to middle schools to remedy the legislative oversight.

CCG (LEGAL) LOCAL REVENUE SOURCES AD VALOREM TAXES

Key local property tax provisions from HB 1, enacted by the recently completed special legislative session on school finance, are incorporated into this policy, as follows:

- TAX RATE CAP, on page 1, reflects the newly imposed limit on the tax rate adopted by a local district. The new cap may not exceed by more than 17 cents the product of the "compression percentage" and \$1.50 (or actual rate levied for 2005 if greater than \$1.50).
- 2006 TAX YEAR ELECTION, on page 4, addresses a 2006 transition provision requiring voter approval of a tax rate exceeding the rollback rate. The election must be called no later than August 31 and held on September 30. But for this transitional change, such an election would be governed by the time lines specified by Tax Code 26.08(a) and (b), subsections that appear in the policy immediately above the 2006 addition.
- COLLECTION AND DEPOSIT OF TAX INCREMENTS, on page 9, affects certain districts' payments into the tax increment funds.

At DISCOUNTS, on page 4, the text has been revised to reflect HB 2491 (from the regular session of the 79th legislature): a district now has clear statutory authority to adopt early-payment discounts even if the district contracts with another entity for the collection of taxes.

CDA (LOCAL) OTHER REVENUES INVESTMENTS

On page 3, we have added text addressing INTEREST RATE RISK, as suggested by independent auditors working with school districts to respond to various risk assessment issues addressed by General Accounting Standards Board (GASB) Statement 40. Essentially, the provision specifies that the district will reduce the risk of interest rate fluctuation by specifying final and weighted-average-maturity limits and by diversification.

In reviewing this policy, the district might concurrently fulfill its obligation to review—at least annually—this particular policy and to document its review and any resulting changes. The following sections merit special attention to ensure that they are in harmony with practice:

- MONITORING MARKET PRICES, on page 2: The law requires the policy to define the methods/resources that will be used to monitor the market price of investments.
- FUNDS/STRATEGIES, on page 2: The law requires the policy to define an investment strategy for each fund type to be invested.
- PORTFOLIO REPORT, beginning on page 3: While not required by law, good investment management practice suggests that the board at least annually consider overall portfolio performance and refine policies and strategies as needed to enhance the investment program. This provision was intended to provide a longer view of performance than quarterly, as provided by law, and somewhat presumes a diversified portfolio.

The district should confer with its investment counselor, its local attorney, and others with expertise in investment management when reviewing this policy. (The *TASB Regulations Resource Manual*, an administrative document available to policy administrators through myTASB, contains a model resolution form that may be used to document the review and changes.)

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Please advise your policy consultant/analyst of any policy changes that arise from this review.

CE (LEGAL) ANNUAL OPERATING BUDGET

At PUBLICATION OF PROPOSED BUDGET SUMMARY, on page 3, appears a new requirement imposed by HB 1, enacted by the recently completed special legislative session on school finance. Statute now requires the district to post on the Internet—at the same time it publishes the required “notice of the meeting on the budget and proposed tax rate”—a comparison of the proposed budget with the previous year’s budget. The comparison must include per-student and aggregate spending in six categories:

- Instruction
- Instructional support
- Central administration
- District operations
- Debt service
- Any other category designated by the commissioner of education

CHF (LEGAL) PURCHASING AND ACQUISITION PAYMENT PROCEDURES

HB 2425 from the 78th regular legislative session amends the “Prompt Payment Law” to set the rate of interest payable by the district for tardy payment of vendor invoices to one percent over the prime rate. The prime rate is established on the first weekday in July and “prime-plus-one” applies to any payments due between September 1 and August 31 of the ensuing year.

This indexing is reflected on page 1 at INTEREST.

CKC (LOCAL) SAFETY PROGRAM/RISK MANAGEMENT EMERGENCY PLANS

Your current policy—addressing emergency procedures, retaining students during emergencies, evacuation procedures, and drills—has been effectively superseded by the district’s Emergency Operations Plan (EOP) aligned with the Texas School Safety Center (TSSC) template.

The TSSC template was promulgated in response to SB 11, from the 79th regular legislative session; districts were required to have developed a compatible plan by March 1, 2006. The EOP addresses emergency preparedness and emergency response and recovery as systems built on planning, training, drills, assessment, interagency cooperation, accountability, recordkeeping, and evaluation.

We recommend replacing your (LOCAL) policy with the streamlined language enclosed that speaks to the superintendent’s responsibility for ensuring that the plan is maintained and staff trained on an ongoing basis.

CO (LEGAL) FOOD SERVICES MANAGEMENT

SB 42 from the 79th regular session prohibits districts from barring a parent or grandparent from providing any food product of his or her choosing for a classroom birthday celebration or to students at school-related functions. The legislation, also known as “Lauren’s Law,” is effective with the 2006–2007 school year.

The Texas Department of Agriculture does not believe this more recent law conflicts with the Texas Public School Nutrition Policy (TPSNP) promulgated by the Commissioner of Agriculture and last revised in June 2004, six months before the 79th Legislature convened. TDA “policy” guidance states:

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TDA recognizes that celebrating student birthdays with a classroom party is a time-honored tradition that provides the opportunity for parental involvement in the education of their children, which is beneficial for students, parents and teachers. Foods otherwise restricted by the policy are permitted in classroom student birthday parties. It is recommended such parties be scheduled at the end of the lunch period for the class so that these celebrations will not replace a nutritious lunch. Federal regulations do not permit foods of minimal nutritional value to be served in the food service area during meal periods.

In essence, TDA's guidance does not construe such birthday celebrations as a violation. "Lauren's Law" (and the fact that it amends, curiously, the portion of the Education Code that speaks to the required curriculum, rather than some more generalized section) blurs the picture. TASB attorneys believe that districts can still specify when classroom birthday celebrations may be held, so long as they are held after lunch service ends for that classroom.

In updated FAQs—issued January 24, 2006—TDA further notes, "Lauren's Law' does not supersede the TPSNP 'Event Day' provisions, which limits such [event] days to three per year; if a school permits restricted food at more than three school events per year, TDA will not reimburse the school for meals served for any days in excess of the three days permitted under the TPSNP."

The complete document may be found at <http://www.squaremeals.org>. (Click on "Texas Public School Nutrition Policy," then "Frequently Asked Questions.")

CRD (LEGAL) INSURANCE AND ANNUITIES MANAGEMENT HEALTH AND LIFE INSURANCE

New language regarding the health care supplement appears at DESIGNATION OF COMPENSATION FOR BENEFITS, on page 5. This text, drawn from HB 1 from the recently completed special legislative session on school finance, essentially clarifies previous statutory language. [Further statutory details regarding this supplement are included at DEA(LEGAL), in this update.]

In addition to this change, the policy itself has been extensively redeveloped to more closely track statutory language, to present the various provisions in a more logical flow, and to include additional text from current statute where such text might be helpful.

CRD (LOCAL) INSURANCE AND ANNUITIES MANAGEMENT HEALTH AND LIFE INSURANCE

Changes in CRD(LEGAL) have prompted a review—and significant redevelopment—of the companion (LOCAL) policy to more precisely reflect the interaction of continuation coverage with Family and Medical Leave and the district's health care plan, TRS Active Care or otherwise. The resulting policy clarifies:

- The board's role in establishing its contribution toward the employee's health insurance premium cost, allowing for differentiated contributions for part-time employees.
- An employee's responsibility for sustaining the full premium cost while on unpaid leave—subject to the exception provided by federal law for family and medical leave. That exception requires the district to sustain its customary contribution through the family and medical leave period.
- The requirement that an absent employee who is not on paid leave (or family and medical leave) may continue participating—with the employee funding the entire premium cost—for as long as the group health insurance plan permits. (TRS Active Care currently allows a participant to continue coverage for up to six full months after the unpaid leave begins, until employment terminates, or until eligibility terminates for a reason unrelated to the unpaid leave.)

DBD (LOCAL) EMPLOYMENT REQUIREMENTS AND RESTRICTIONS CONFLICT OF INTEREST

We have rewritten the SUBSTANTIAL INTEREST section to make it clear that the substantial interest of an employee's relative does not in itself obligate the employee to file an affidavit. As noted in the policy text,

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however, the superintendent must file an affidavit if his or her relative (in the first degree) has a substantial conflict.

DC (LEGAL) EMPLOYMENT PRACTICES

At INTERNAL AUDITOR, on page 1, appears a new requirement from HB 1 from the recently completed special legislative session on school finance. Also recited at BAA(LEGAL), the law now requires that any internal auditor that may be employed by the district be selected by and report directly to the board.

DEA (LEGAL) COMPENSATION AND BENEFITS SALARIES, WAGES, AND STIPENDS

HB 1, from the recently completed special legislative session on school finance, prompts two additions:

- At STATE FUNDING, on page 1, new statute provides, subject to recapture and inclusive of the compensation supplement, \$2,500 for each classroom teacher, full-time librarian, full-time counselor, and full-time school nurse. This increase in compensation becomes effective with the 2006–2007 school year.
- At DESIGNATION OF COMPENSATION FOR BENEFITS, on page 5, revised statutory language addresses the (health care) compensation supplement. Eligible employees will annually elect in writing, (at the same time that the employee may elect to participate in a cafeteria plan) to earmark a portion of the supplement for the cafeteria plan or for payment of health care premiums.

In addition to these key changes, the policy has been restructured and its provisions revised for clarity:

- On page 1, DEFINITIONS have been added from TEA rules to further explain the introductory paragraph addressing the MINIMUM SALARY SCHEDULE.
- Education Code language has been added to EMPLOYEES FORMERLY ON CAREER LADDER—beginning on page 2—to more precisely define the salary guarantee to teachers and librarians on the career ladder in 1993 (when the career ladder was repealed).
- Repeated at PAY INCREASES, on page 3, are prohibitions—also found at CE(LEGAL)—against:
 - An employee's receiving a supplementary financial benefit after services are rendered or performance of a contract begun.
 - An employee's receiving a salary advance and loan.
- Further material from federal regulations implementing the Fair Labor Standards Act has been added to pages 4–6.
- The section on PRINCIPAL PERFORMANCE INCENTIVES, previously at the end of the policy, has been deleted to avoid redundancy, as these provisions also appear at BQB(LEGAL).

DEA (LOCAL) COMPENSATION AND BENEFITS SALARIES, WAGES, AND STIPENDS

This policy has been substantially revised for clarity as follows:

- The term “compensation plans” replaces “pay structures” to encompass pay schedules, stipends, benefits, and incentives.
- At PAY ADMINISTRATION, we have restated the administrative authority of the superintendent over the compensation plans. This authority includes classification of positions and determination of appropriate pay for new and reassigned employees.

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- At ANNUAL PAY INCREASES, we have refined the text addressing the superintendent's responsibility of determining annual increases for individual employees, consistent with compensation plans and the approved budget.
- A new section on MID-YEAR PAY INCREASES restricts mid-contract increases in pay unless the employee has been reassigned or duties have been increased, with these increases requiring board approval. However, the superintendent is authorized to grant a mid-year pay increase to a noncontract employee whose assignment or duties have changed or for market value adjustments. Increases of this type are reported to the board.
- The new last paragraph at EXEMPT addresses the superintendent's authority to assign supplemental duties to exempt employees. Other provisions previously at SUPPLEMENTAL DUTIES have been deleted in favor of a cross-reference to DK(LOCAL)—Assignments and Schedules.

The COMPENSATORY TIME section, on page 2, has been revised to more clearly present the options and requirements governing overtime payment and compensatory time. As with current policy, a nonexempt employee may not accumulate more than 60 hours of compensatory time and must "clear the balance sheet" at the end of each fiscal year.

DEB (LOCAL) COMPENSATION AND BENEFITS FRINGE BENEFITS

We recommend that the district delete its DEB(LOCAL) policy; the enclosed FDA(LOCAL) has been redeveloped to address the district's current policy regarding all nonresident transfer students.

- For districts that admit nonresident transfer students, transfer request procedures for all applicants, including children of nonresident district employees, are covered by the new streamlined FDA(LOCAL), making separate provisions at DEB(LOCAL) regarding children of nonresident employees unnecessary.
- For districts that do not admit nonresident transfer students except for children of nonresident employees, that exception addressed at FDA(LOCAL).

Deleting nonresident student provisions from DEB(LOCAL) leaves no policy text, only a pointer to other policy codes. For that reason and since these codes are also identified within your manual's cross-index, we recommend deletion of your DEB(LOCAL) in its entirety.

DHE (LOCAL) EMPLOYEE STANDARDS OF CONDUCT SEARCHES AND ALCOHOL/DRUG TESTING

At DRUG-RELATED VIOLATIONS, we have added—at item 2—"providing an adulterated, diluted, or a substituted specimen on an alcohol or drug test" as a violation of district policy. While such a violation has long been noted in DHE(LEGAL) as an offense requiring a report to the Texas Department of Public Safety, it was not specifically restated in DHE(LOCAL) as a violation of policy.

EFAA (LEGAL) INSTRUCTIONAL MATERIALS SELECTION AND ADOPTION TEXTBOOK SELECTION AND ADOPTION

This policy has been extensively supplemented with key Education Code provisions and State Board of Education rules regarding state and local textbook selection responsibilities. On page 1 is found the critical distinction between "conforming" (covering all Texas Essential Knowledge and Skills [TEKS] elements) and "nonconforming" (covering at least half but less than all TEKS elements). On page 2 is included the DURATION OF SELECTION provision, previously at CMD but more appropriately expressed here. Similarly, the CRIMINAL OFFENSE provision on page 2 echoes language found at DBD.

While the policy contains no other substantive changes, TASB attorneys have adjusted text throughout to more closely track statutory language.

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EHBC (LEGAL) SPECIAL PROGRAMS COMPENSATORY/ACCELERATED SERVICES

A new section titled COMPENSATORY EDUCATION ALLOTMENT—appearing on page 1—has been drawn from the Education Code to anchor the policy.

At OPTIONAL FLEXIBLE SCHOOL DAY PROGRAM, beginning on page 4, we have incorporated provisions from HB 1, enacted by the recently completed special legislative session on school finance, effective for the 2006–2007 school year. Districts may apply to the commissioner of education for permission to offer an “optional flexible school day program” to at-risk students in grades 9–12 that would allow them to work at their own pace, with flexible hours, flexible days, and even on a part-time schedule. When approved by the commissioner, credits and funding are determined based on accumulation of time spent, not on a calendar year or semester.

Other changes to the policy are nonsubstantive, more closely tracking statutory language or the statutory order of topics and omitting, where appropriate, excessive detail.

EHBE (LEGAL) SPECIAL PROGRAMS BILINGUAL EDUCATION/ESL

New state law regarding assessment of limited English proficient students anchors revision of this policy. HB 1, arising from the recently completed special legislative session on school finance, establishes new requirements (found at PROGRAM EXIT on page 5) for exiting students from a bilingual or English as a Second Language program. Exiting may occur if the student is found to be able to participate equally in a regular all-English program. English proficiency is determined by TEA-approved tests; local tests are no longer permitted in making this determination. Proficiency in the student’s primary language is no longer considered; the student must perform satisfactorily on English language assessments, and parental evaluation is no longer considered.

On page 6 may be found HB 1 provisions regarding POST–EXIT MONITORING: the language proficiency assessment committee must reevaluate an exited student if he or she earns a failing grade in a foundation curriculum subject within the first two years of leaving the bilingual or ESL program.

These revisions allow for redevelopment of the policy to more closely track statute and to present the legal provisions in a more comprehensible manner.

EHBG (LEGAL) SPECIAL PROGRAMS PREKINDERGARTEN

HB 1 from the recently completed special legislative session broadens prekindergarten eligibility to include:

- A child of an active duty member of the U.S. armed forces.
- A child of a member of the state military forces or reserves called to active duty.
- A child of a member injured or killed while on active duty.

These new provisions may be found at ELIGIBILITY on page 1.

EKB (LEGAL) TESTING PROGRAMS STATE ASSESSMENT

Prompted by SB 658 from the 79th regular session, the commissioner of education adopted rules, effective April 3, 2006, concerning exceptions to the statewide testing calendar and restrictions on University Inter-scholastic League activities on test dates. The rule, summarized on pages 1 and 2 under ALTERNATE TEST DATES, defines four exceptional circumstances whereby a requesting district may be granted an alternate test date:

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- Inclement weather or natural disasters severely impacting attendance on a test date.
- Health epidemics resulting in extensive absenteeism.
- Death of a student or school official that might impact student performance.
- Sudden emergencies on the day of testing (e.g., power outages, water main break, fire on campus).

If the commissioner approves an alternate test date, the commissioner may also prohibit the district or campus from participating in UIL competition on the new date.

Although not recited in this policy, it is of note that the legislation also requires the commissioner to provide UIL a three-year calendar of dates earmarked for testing, to develop a procedure for changing—in exceptional circumstances—these dates, and to establish criteria for determining whether a UIL competition must be cancelled if it conflicts with a changed date.

FDA (LOCAL) ADMISSIONS
INTERDISTRICT TRANSFERS

Changes are as follows:

- “Ancestral language” has been added to the array of considerations that cannot be used when granting or denying a student transfer in accordance with Texas Education Code 25.032.
- New language at FACTORS notes that, when approving transfers, the superintendent will consider availability of space and instructional staff and the student’s disciplinary history and attendance record.
- Under REVOCATION OF TRANSFER, the policy now clarifies that a transfer may be withdrawn in accordance with the written transfer agreement if the student violates district rules and regulations. The district will notify the student’s home district if the student’s transfer is revoked.
- The provision on TUITION has been generalized to affirm the authority of the board to set tuition if it deems it appropriate and to waive tuition for financial hardship.

Please note: Available June 20, Update 30 to the *TASB Regulations Resource Manual* contains a new model transfer agreement for processing interdistrict transfer requests.

FDAA (LEGAL) INTERDISTRICT TRANSFERS
PUBLIC EDUCATION GRANTS

While this policy has been redeveloped for clarity and to more closely reflect statutory language, a key change is shown in the first paragraph on page 1. Eligibility for public education grants or intradistrict transfers previously hinged on two conditions regarding the student’s assigned school:

- Fifty or more students at the school failed to perform satisfactorily on state mandated assessments in any two of the three preceding years, OR
- The school was identified as “low performing” in any of the three preceding years. HB 1, from the recent special legislative session on school finance, revamped the terminology and replaced “low performing” with “academically unacceptable.”

Now, an eligible student may attend a public school in the district in which the student resides, or the student may use a public education grant to attend any other district chosen by the student’s parent.

FDB (LEGAL) ADMISSIONS
INTRADISTRICT TRANSFERS

Beginning on page 2, at OTHERS IN SPECIAL EDUCATION STUDENT’S HOUSEHOLD, appears new text drawn from HB 1 from the recently completed special session on school finance. Under this provision, a stu-

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dent living in the same household as a special education intradistrict transfer student must be allowed to attend the same campus (if the student is otherwise eligible to attend school in the district and the campus includes the appropriate grade level). The district is not required to provide transportation to such a student.

As at FDAA(LLEGAL), the text at STUDENTS IN ACADEMICALLY UNACCEPTABLE SCHOOLS (on page 3) has been updated to reflect the shift in terminology from “low performing” to “academically unacceptable.”

FEA (LEGAL) ATTENDANCE
COMPULSORY ATTENDANCE

Several revisions, intended for clarity and completeness, appear under EXCUSED ABSENCES, on pages 3–4:

- At SPECIAL EDUCATION MATTERS, text from longstanding State Board of Education rule has been added. That provision allows students to miss school for special education assessments and related services without triggering compulsory attendance enforcement.
- At COURT PROCEEDINGS, a State Board of Education rule has been added allowing the excused absence—for compulsory attendance purposes—of a student who has been referred to juvenile court (for delinquent conduct or conduct indicating a need for supervision). This provision is recoded from FEB (Attendance Accounting) to this more appropriate code.
- At HUMAN SERVICES ACTIVITIES has been added the State Board compulsory attendance exemption for abused or neglected students who have been referred to the Texas Department of Human Services or a county or local welfare unit. This provision has been recoded from FEB since it pertains to compulsory attendance rather than attendance accounting.

FEB (LEGAL) ATTENDANCE
ATTENDANCE ACCOUNTING

As noted at FEA(LLEGAL), above, various provisions specific to compulsory attendance have been moved from FEB(LLEGAL). Remaining provisions—dealing with attendance accounting—have been re-examined for clarity and consistency with statutory language. As a result of that inspection, various nonsubstantive changes have been made throughout this policy.

Please note that the third paragraph on page 1, dealing with the superintendent’s responsibility for safekeeping of attendance records and reports, has existed in State Board of Education rule since 1996. It has been added to policy for a more complete rendering of legal requirements.

FFAB (LEGAL) WELLNESS AND HEALTH SERVICES
IMMUNIZATIONS

At MILITARY DEPENDENTS, on page 2, appears a 2004 Texas Department of State Health Services rule allowing provisional admission of military dependents transferring from one school to another while awaiting receipt of immunization records.

Please note: On page 1 of this policy, we include a pointer to http://www.dshs.state.tx.us/immunize/imm_sched.shtml where the Texas Department of State Health Services displays its updated immunization charts. To ensure that your policy manual does not present out-of-date immunization requirements, we recommend deletion of FFAB(EXHIBIT) in favor of this pointer. See the explanatory note below for further information.

FFAB (EXHIBIT) WELLNESS AND HEALTH SERVICES
IMMUNIZATIONS

Because this cited material is regularly updated by the Texas Department of State Health Services, we are urging deletion of this exhibit in favor of charts maintained on the TDSHS Web site. As noted at FFAB(LE-

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GAL), the URL for this Web site is now contained in the (LEGAL) policy. For *Policy On Line* users, this URL will appear as an active hyperlink.

FFAC (LEGAL) WELLNESS AND HEALTH SERVICES
MEDICAL TREATMENT

HB 1, from the recently completed special legislative session on school finance, enacted law allowing a student suffering from a severe allergic reaction (“anaphylaxis”) to self-administer appropriate medicine, within the same constraints that apply to asthmatics.

FL (LOCAL) STUDENT RECORDS

Information recently released by the U.S. Department of Education regarding the Family Educational Rights and Privacy Act (FERPA) both simplifies and complicates the issue of “directory information”—student-specific information that must be released to any requestor, unless a parent has indicated otherwise.

- Districts do not have to allow parents to pick and choose (for release or withholding) individual items from the directory information listing established by a district. Instead the district can have an “all or nothing” provision whereby parents agree to or object to release of all directory information.

Your current FL(LOCAL) expressly permits parents to make such an item-by-item objection. Because that practice is clearly **not** a federal expectation and because the practice vastly complicates—and greatly increases the likelihood of errors in—releasing information, we recommend that the district adopt the “all or nothing” approach. Consequently, we have deleted from the enclosed policy a sentence permitting parents to selectively release certain kinds of directory information.

- Districts do have the authority to offer parents two different “directory information” lists: one list detailing information that will be released **by the school or district for specifically identified school purposes** and another for information that will be provided to **any requestor**. Examples of the former include publication of the student’s name, photo, and other information in the yearbook and newspaper, in choral and athletic programs, and on honor rolls. If the parent opts not to allow release of directory information for these specific purposes, release of information will be governed by the second listing. Any exceptions—for school purposes or otherwise—would require individual parental consent. Further information may be found in the **Model Student Handbook** recently released by Policy Service to superintendents and designated policy contacts. If your district would like to revise its FL(LOCAL) policy to exercise this new option, please contact your policy consultant/analyst for assistance.

FOC (LEGAL) STUDENT DISCIPLINE
PLACEMENT IN A DISCIPLINARY ALTERNATIVE EDUCATION SETTING

At COMPLETION OF PROCEEDINGS UPON WITHDRAWAL, on page 6, text has been added from current law—enacted in 2003—to close a troublesome Chapter 37 loophole that allowed a student facing disciplinary proceedings for a violation of the Student Code of Conduct to withdraw and avoid disciplinary consequences. The law authorizes a district to complete the proceedings for a withdrawing student and, if the student re-enrolls at a later date within the same or subsequent school year, to impose the consequences at that time. Also, a district to which the student may have transferred to avoid the proceedings and consequences may complete the proceedings and impose the appropriate disciplinary consequence.

This provision echoes similar language found at FOD(LEGAL) and was contained within HB 1314 from the 78th Legislature.

2006-2007 Changes for the Student Handbook

Control of Communicable Disease

1. The principal (or his designee) of a school is authorized to exclude a child from school if the child has symptom of a communicable disease. *These symptoms include:*
 1. Temperature over 100 degrees
 2. Skin eruption or rash
 3. Repeated vomiting and/or diarrhea

All reasonable attempts will be made to notify the child's parent/guardian of the condition. If symptoms are noted near the end of the school day, a note will be sent home with the child.

2. If a child is sent home with symptoms of a possible contagious condition and the child's physician states that the condition is not of a contagious nature, the child may return to school with a written statement from the doctor.

The re-admission of a child with a contagious condition will be left primarily to the decision of the school nurse and principal (or his designee). The following criteria will be used:

Chicken Pox	Exclude until all blisters are scabbed over
Impetigo	Must have note of treatment/readmission from Dr.
Infect. Hepatitis	Must have not of readmission from Dr.
Pediculosis	No evidence of lice or nits, only 2 school days allowed for Texas
Pink Eye	Must have note of treatment/readmission from Dr.
Ringworm	Must have note of treatment/readmission and keep covered at school
Scabies	Must have note of treatment/readmission from Dr.
Scarlet Fever	Exclude for all 7 days if untreated, 48 hours with note from Dr.

ILLNESS and/or INJURY

1. Every student in the MWISD must have a completed and signed emergency/health update form on file in the nurse's office. Please be sure that any person listed as an emergency contact for your child will be willing to assume responsibility for him/her if you cannot be reached. Students will be sent home according to the above criteria. If you prefer that you be notified of every minor illness or injury, written notice should be sent to the nurse's office.
2. The school nurse at your child's school does not take the place of your child's physician, and will not attempt to diagnose illness or assess injury which occurred during non-school hours. If you are concerned about any aspect of your child's health, he/she should be taken to a physician for evaluation.
3. If your child has a chronic health condition or develops one during the school year it is your responsibility to keep the school nurse informed as needed.
4. Only very simple First-Aid will be administered by school personnel. In case of severe injury every reasonable attempt will be made to notify parent/guardian. In an emergency situation, if a parent/guardian or emergency contact person cannot be reached, the child may be transported to the nearest hospital by ambulance.

Participating in campus parent organizations. Parent organization contacts include:

Lamar	Tracey Adkins	Houston	Sharon Garcia
Travis	Patti Newsom	Junior High	Sally Guise
High School	Earl Ann Bumpas		

Changes for Travis Elementary

Grades 4-6

Language Arts

A minimum of six reading grades should be taken per six weeks. Grades may come from the following: literature response, comprehension activities, vocabulary, literary elements, reading strategies, study skills. A minimum of six written communication grades should be taken per six weeks. Grades may come

from the following usage, mechanics, sentence structure, and composition. One of the six written communication grades will be a six weeks' spelling average.

Additional Information on Existing Subjects

Camp Grady Spruce

Another activity that is a large part of Travis School is the trip to Camp Grady Spruce. This takes place in March each year, and is available to sixth grade students. Certain standards of behavior are required of students who wish to participate. Discipline Guidelines include:

1. Students who have MORE THAN ONE suspension (in school or out of school) will NOT be allowed to attend Camp Grady Spruce.
2. Students who have been assigned to DAEP or expelled ONE OR MORE times will NOT be allowed to attend Camp Grady Spruce.

Attendance at PTO Socials

1. Students who have MORE THAN ONE suspension (in school or out of school) will NOT be allowed to attend PTO Socials.
2. Students who have been assigned to DAEP or expelled ONE OR MORE times will NOT be allowed to attend PTO Socials.
3. Students who were absent or in ISS on the day of the social will NOT be allowed to attend the PTO Social.

Dress Code Changes

Shoes must be worn at all time. Footwear styles which are dangerous, noisy and/or distracting, such as flip-flops, beach/shower shoes, house/bedroom slippers, extremely high or spike heels, and thongs are not acceptable.

Conduct Changes

For a student to be considered a "super kid" their conduct grade must be 95 or more cumulative. A student with more than 4 conduct points deducted in a six weeks period will not be considered for "super kids". Any student that had been suspended, been to ISS or assigned to the DAEP will not be considered for "super kids".

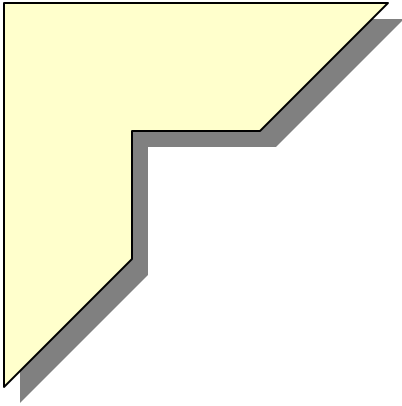


Mineral Wells

Independent School District

**School Nurses
Handbook**

2006-2007



Mineral Wells Independent School District School Nurses Handbook

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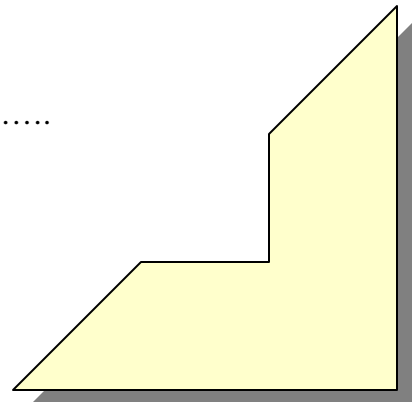
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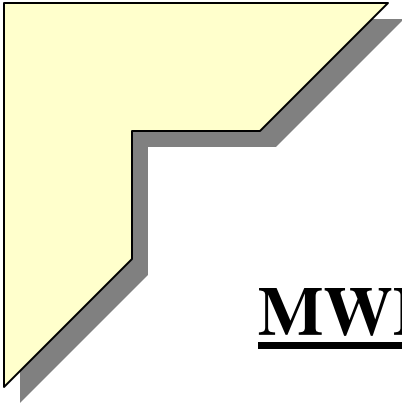
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Section A

MWISD School Nursing Services

- I. Role and Purpose of the School Nurse
 - A. Qualifications
 - B. Performances, Responsibilities, and Duties

Mineral Wells Independent School District

School Health Program

Job Title: School Nurse

Reports To: Building Principal, Assistant Superintendent for Personnel and Administration, and District Head Nurse/Medical Services Supervisor

Role and Purpose:

The role of the school nurse involves implementing a program of health services for the district within the framework of the philosophy and objectives established by board policy, consistent with statutes and standards of regulatory agencies, and in accordance with regulations and procedures. The major focus of school nursing services is to provide a school health program which fulfills the educational objectives for all students, assures a safe and healthful environment, and provides emergency care for sudden illness or injury. The school nurse is especially prepared and uniquely qualified in preventive health, health assessment, and referral procedures.

Qualifications:

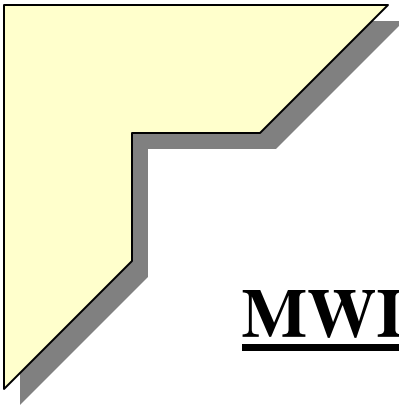
Minimum Certification/Education

1. Graduated from an accredited school of nursing with a Registered Nursing Degree *or* Licensed Vocational Nurse
2. Current registration with The Texas State Board of Nurse Examiners
3. Special knowledge/skills: Clinical nursing; Child health care

Minimum Experience: None Required

Performance Responsibilities and Duties:

Determine emergency physical needs of the students and staff.
Implement programs of preventive measures to promote the health and well-being of students and staff.
Conduct student health screening programs as required.
Cooperate with personnel in planning and implementing school health services.
Assist in staff development programs regarding school health services and student health.
Assist teachers in planning and implementing health education instruction.
Implement health services for students.
Prepare and submit state required reports and maintain accurate health records as required.
Interact with students to promote a positive attitude toward personal health.
Promote positive parent and community relations through effective communication and interaction with parents and community members.
Promote maximum wellness through appraisal and counseling.
Promote communicable disease control.
Serve as member of the MWISD Health Advisory Council.
Interface with local and state agencies to find resources for improving the health of students.
Perform other health duties and functions as assigned by Assistant Superintendent for Administration.



Section B

MWISD School Health Program

I. Components of a School Health Program

A. Health Services

B. Health Education

C. School Environment

1. Responsibility of the School Board

2. Role of the School Nurse

II. M.W.I.S.D School Health Plan

I. Components of a School Health Program

Health Services

Health services must be comprehensive in design to meet the educational objectives and health needs of the students. Health services should serve all students in affording them the opportunity to reach maximum mental, physical, and emotional potential. Emphasis should be placed on the relationship of a student's health to successful living and learning.

The health services portion of the school health program utilizes personnel from nursing, medical, dental, other professional disciplines, and ancillary health paraprofessionals.

Health Education

The promotion of health and health education should be the basis for a school health program's immediate, intermediate, and long-term goals. School nurses should make use of every opportunity while talking with students, administrators, parents, and/or community leaders to teach on-going methods of acquiring and maintaining better health.

The primary role of the school health program is not one of formal health education. School nurses are not expected to have responsibility for regular health classes. Yet, the school nurse and other professionals--through informal student contact, as guest speakers on health issues and as health advocate resources persons ---have vital input to health education.

The school nurse promotes health education by:

- ❖ Utilizing all screening programs and first-aid procedures as learning experiences for the student.
- ❖ Assisting the classroom teacher by presenting health concepts in science, biology, home, and family, living, child development, physical education, and health classes.
- ❖ Supplementing the regular classrooms curriculum - dental health, nutrition, drug abuse, smoking, first aid, personal hygiene, and cardiopulmonary resuscitation

School Environment

A healthful school environment is one in which students can develop a high level of physical and emotional well being. The development of such an environment requires the cooperation of appropriate persons.

Responsibility of the School Board

The local board of education and administrators have a direct and continuing responsibility to provide a safe and healthful school environment for students and staff, including the social and emotional factors related to healthful school living.

The physical environment includes adequate ventilation, temperature control, lighting, seating, maintenance, and safety of buildings and grounds. The environment must be barrier-free or

accessible for students with all types of handicapping conditions. This does not mean every facility must be accessible and barrier-free, but rather that the program is accessible in some way to a student with a handicap.

The mental/emotional climate of the school is less tangible. It includes the interaction of students with students, students with teachers, teachers with teachers, and teachers with administrator. All service staff personnel share in the promotion of positive mental/emotional health within the school.

Each person needs a healthy emotional climate, providing nurturing and maintaining acceptance, recognition, and security. Schools are educational facilities where skills for living are learned by example as well as precept. Skills include development of positive health attitudes and practices of students, assistance in making decisions for health or health care, and reinforcement of good health practices learned at home.

Planning and organizing the school day are important aspects of the emotional climate. Scheduling should include time for students to take care of basic physical needs. Change of activity with physical exercise helps to improve learning. Proper emphasis on healthful living habits in the school can influence the student in later life.

To a large degree, the healthful school environment is influenced by the attitudes and values of the total school population---students and staff. It is a joint responsibility and can only be achieved through cooperative planning and efforts.

Role of the Nurse

The school nurse is administrative team member, serving as an advisory and resource person. The nurse must observe environment factors and, if necessary, convey any concerns regarding sanitation or safety hazards to the principal and the health program administrator. The nurse should emphasize the need for continuing safety awareness in the school.

The Nurse may assist through:

- Periodic inspection of school buildings and grounds for safety and sanitary conditions.
- Periodic inspection of the cafeterias.
- Suggestions to the school safety council.
- Work with the principal for correction of undesirable conditions found on the school premises.
- Promotion of satisfactory heating and lighting.

Mineral Wells Independent School District School Health Plan

It is a belief of Mineral Wells Independent School District that school health services are a support service, apart from the primary education mission of the school, but necessary to the proper functioning of the complete system. Health services are provided by nurses who are unique in utilizing their nursing background to further the educational experience of those in their care. This is accomplished through:

- I. Individual Health Screening
- II. Control of Communicable Disease
- III. Emergency and Illness Care
- IV. Special Physical Health
- V. Coordination of Health Resources
- VI. Student Emotional Health

- I. Individual health screening is completed by administering vision and hearing screening to all students in grades pre-K, K, 1, 3, 5, 7, 9, and to all students who are new to the district. In addition, all referrals to special education, and those students individually referred by teachers and/or parents are screened. Spinal screening is done on students in grades 5 and 8. Acanthosis screening is done on students in grades 3, 5, and 7. The parents of those students failing the re-checks of any screening process are notified by form letter, which includes a section to be completed by the examining professional and then returned to the school.
- II. Prevention and control of communicable disease in the school setting is an essential part of insuring a healthful and safe environment for students and faculty, and permits each student opportunity to maximize his/her education. School communicable disease prevention and control programs address prevention in term of active immunization programs and provide specific guidelines to minimize the transmission of disease by the early identification of illness and use of universal precautions.

Students are screened on an individual basis for symptoms of contagious disease. Students sent home may return to school when asymptomatic or with a note from a physician, stating that the condition is not contagious. The Texas Department of Health's *Communicable Disease Chart for School and Child-Care Centers* is the tool used when deciding if a child should be excluded or readmitted.

Students are screened on an individual "as needed" basis for wide spread conditions such as head lice.

Students with reportable diseases will be reported to the Texas Department of Health, Public Health Region 2/3 in Mineral Wells, and school nurses also work with the Texas Department of Health and the local medical community in the control of serious outbreaks of communicable disease.

The school nurse is also responsible for submitting state required reports concerning compliance with immunizations and results of vision, hearing, spinal, and acanthosis screening.

III. Emergency and illness care is accomplished by providing a place for the efficient care of the ill and injured students and staff. A stock of basic first aid supplies will be maintained in the nurse's office on each campus, and supplied to all teachers/staff as needed for minor first aid. Cots are available for ill or injured students and staff.

Only very basic first aid will be provided to students. Every attempt will be made to notify parents or authorized individuals if any injury appears to be of a serious nature.

Student emotional health should be monitored through the day-to day communications with the students who are referred to the clinic. Appropriate referrals will be made to the school counselor when warranted. All information must be kept confidential.

Medications are to be given at school only when absolutely necessary. All medication must be in the original container. Medication may be given for one day only with a handwritten, signed note from the parent or guardian stating the name of the medication, time to be given, and dosage to be administered. A medication administration form will be sent home with the student and any additional medication will only be given upon receipt of the completed form.

Prescription medications may be administered with only the parent's signature on the authorization form

Controlled substances (Ritalin, Adderall, etc.) must be counted upon receipt with parent/guardian or faculty/staff witness, and the agreed upon number of pills must be documented on the correct form, along with signature of person bringing the medication and the nurse/staff receiving the medication. If a student brings the medication, the signature of a faculty/staff witness must be obtained.

All medications should be kept in locked cabinets, and all medications administered should be documented, including the student's name, time administered, and dosage given.

Sick and injured students must obtain a completed and signed nurse referral form from the referring teachers/staff *before* coming to the clinic. Except in an emergency, students should not be seen and/or treated in the clinic without a nurse referral form. This is a three-part form stating the nature of the complaint, the nurse's findings, and the disposition of the student. At the completion of the clinic visit, the full-page white copy of the nurse referral form is removed by the nurse and filed in the student's health folder. The remainder of the form should be given to the student, with the yellow copy returned to the referring teacher, and the pink copy retained by the student to be taken home to the child's parent/guardian.

In case of illness or injury of a serious nature, every effort will be made to contact the parent/guardian. If parent/guardian cannot be reached, one of the names listed on the child's emergency contact form will be contacted.

In the event a student must be released to any person other than the parent/guardian for transport to the physician's office or emergency room, a copy of the student's emergency contact form, (which also acts as a medical release/permission to treat form), must be sent with that person.

In case of serious injury, an accident report should be completed by nurse/staff treating the student. One copy should be sent to the District Service Complex.

Child protective services must be contacted when there is suspicion of abuse or neglect within 48 hours (1-800-252-5400 or <https://www.reportabuse.ws/>).

- IV. Special physical health care includes providing the necessary support for students with special health needs, making it possible for those students to attend school. This may include seizure disorders, tube feedings, catheterizations/self-catheterizations, students confined to wheelchairs, students with tracheotomies, etc. A “plan of care” should also be initiated and maintained on these students. In addition, the school nurse should provide:
 - A. Training for those supervising these special students
 - B. Resources for both the family and faculty
 - C. Information to properly document procedure

- V. Coordination of health resources involves interfacing with the local and state agencies to find resources for improving the health of our students. The school nurse may:
 - A. Assist in locating financial resources for parents of student who qualify for dental, vision, and hearing assistance.
 - B. Acts as a coordinator for health care of migrant students
 - C. Obtain video tapes to show to the entire student population on physical and emotional health care.
 - D. Facilitate programs for special student groups.
 - E. Helps to coordinate programs for outside sources (i.e. Texas Department of Health)
 - F. Assist parents in obtaining medical care for their children through contacting local resources, setting up appointments, and coordinating transportation when necessary.

- VI. Student emotional health is monitored through the day-to-day communication with the students who are referred to the clinic. All information is kept confidential. Appropriate referrals are made to the school counselor when warranted.

Mineral Wells Independent School District

School Health Services

Student Handbook Information

The role of the school nurse involves implementing a school health program which assures a safe and healthful environment and provides emergency care for sudden illness or injury. The school nurse is especially prepared and uniquely in preventive health, health assessment, and screening/referral procedures.

Control of Communicable Disease

1. The principal of a school is authorized to exclude a child from school if the child has symptoms of a communicable disease.

These symptoms include: Temperature = to or > than 100 degrees
Skin Eruption or Rash
Red, Crusty, Painful and/or Itchy Eyes
Repeated Vomiting and/or Diarrhea

All reasonable attempts will be made to notify a child's parent/guardian of the condition. If symptoms are noted near the end of the school day, a note will be sent home with the child.

2. If a child is sent home with symptoms of a possible contagious condition and the child's physician states that the condition is not of a contagious nature, the child may return to school with a written statement from the doctor.

The re-admission of a child with a contagious condition will be left primary to the decision of the school nurse and principal. The following criteria will be used:

Varicella (Chickenpox)	Exclude until all blisters are scabbed over.
Impetigo	Must have note of treatment/re-admission from examining professional.
Infect. Hepatitis	Must have note of re-admission examining professional.
Pediculosis (Head Lice)	No lice/nits, only 48 hours will be allowed for treatment student must clear through nurse's office when returning to school.
Conjunctivitis (Pink Eye)	Must have notice of treatment/re-admission from examining professional.
Rash	48hrs. will be allowed for treatment, child must be cleared through nurse's office.
Ringworm	Must have notice of treatment from examining professional. Keep covered at school
Scabies	Must have notice of treatment/re-admission from examining professional.
Scarlet Fever	Exclude for 7 days if untreated, 48 hrs. with note re-admission examining professional.

Illness/Injury

1. Every student in the MWISD must have a completed and signed emergency/health update form on file in the nurse's office. Please fill out and return as quickly as possible. Please be sure that any person listed as an emergency contact for your child will be willing to assume responsibility for him/her if you cannot be reached. Students will be sent home according to the above criteria. If you prefer that you be notified of every minor illness or injury, written notice should be sent to the nurse's office.
2. The school nurse at your child's school *does not* take the place of your child's physician, and will not attempt to diagnose illness or assess injury which occurred during non-school hours. If you are concerned about any aspect of your child's health, he/she should be taken to a physician for evaluation.

3. If your child has a chronic health condition or develops one during the school year it is your responsibility to keep the school nurse informed as needed.
4. Only very simple first aid will be administered by school personnel. In case of severe injury every reasonable attempt will be made to notify parent/guardian. In an emergency situation, if parent/guardian or emergency contact person cannot be reached, child may be transported to the nearest hospital by ambulance.

Health Screening

Students in Texas schools are required to be screened for vision and hearing deficits, spinal abnormalities, and Acanthosis. Parents will be notified of results only if abnormalities are found.

Immunizations

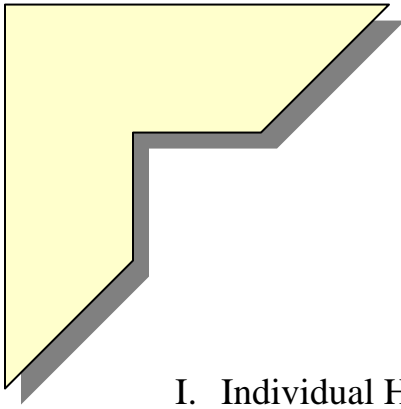
1. Please check and be sure that your child's immunizations are up to date. If students do not receive immunizations as required, he/she will be excluded from school until immunizations are received and written proof is brought to the school nurse's office. Since many types of personal immunization records are in use, any document will be acceptable, provided it has been validated by a physician or public health personnel. The month, day, and year that the vaccination was received must be recorded on all immunizations records.
2. Minimum state vaccine requirements for Texas children per Texas Department of Health.

Medications: Prescription:

1. Only absolutely necessary prescribed medication should be sent to school. Dosage schedules should be arranged to give medications at home whenever possible.
2. School personnel may not administer any medication without written prescription/recommendation from the child's physician and written permission from his/her parent or guardian. Medication permission forms are available in each school's nurse's office.
3. Texas state law requires that student medication to be given at school must be sent in the original pharmacy labeled container, which must include child's name, directions for giving the medication, the name of the medication, and the physician's name and number.

Medications: Over the Counter:

1. When your physician requires over the counter medication to be given at school, a medication permission form which has been signed by the child's physician must be on file, and the medication must be sent in the original container.
2. *Any medication sent to school in a non-original container (plastic bag, envelope, etc.) will not be administered and will be discarded.*
3. If medication is left in the front office with no name on it, reasonable attempts will be made to identify the student who brought the medication. *If identification is not made within one week the medication will be discarded.*



Section C

Student Services

- I. Individual Health Screening
 - A. Vision Screening
 - B. Hearing Screening
 - C. Spinal Screening
 - D. Acanthosis Screening
 - E. Individual Medical History
- II. Control of Communicable Disease
 - A. Enforcing Immunization Requirements
 - B. Exclusion of Symptomatic Students
 - C. Parent Counseling
 - D. Working with TDH
- III. Emergency and Illness Care
 - A. School Clinic
 - B. First Aid and Emergent Care
 - C. Medications
 - D. Ill and Injured Students
 - E. Medical Alert List
 - F. Care Plans
- IV. Special Physical Health
 - A. Special Physical Health Care; Definition
 - B. Special Physical Health Care Services
 - C. Procedures
 - D. Forms
- V. Coordination of Health Resources
 - A. Providing Health Material
 - B. Becoming a Resource Person
 - C. Serving as a Member of the MWISD Health Advisory Council
 - D. Monitoring Health Hazards in the School
- VI. Student Emotional Health
 - A. Child Abuse
 - B. Suicide
 - C. Substance Abuse

I. Individual Health Screening

A. Vision Screening:

1. Vision screening is routinely done on all students in grades Pre-K, K, 1, 3, 5, 7, 9, and on all students new to the district following state guidelines.
2. Vision screening is done on all referrals to Special Education.
3. Vision screening is done on students referred individually by teachers and/or parents.
4. Parents/guardians of students, who do not pass the vision screening and re-checks, are notified by form letter, which includes a section to be completed by the examining Optometrist/Ophthalmologist, which should be returned to the school nurse.
5. Screeners are certified according to state requirements.
6. Annual reports are submitted as required by TDH.

B. Hearing Screening:

1. Hearing screening is routinely done on all students in grades Pre-K, K, 1, 3, 5, 7, 9, and on all students new to the district following state guidelines.
2. Hearing screening is done on all referrals to Special Education.
3. Hearing screening is done on students referred individually by teachers and/or parents.
4. Parents/guardians of students, who do not pass the hearing screening and re-checks, are notified by form letter, which includes a section to be completed by the attending physician, and then returned to the school nurse.
5. Screeners are certified according to state requirements.
6. Annual reports are submitted as required by TDH.

C. Spinal Screening:

1. Spinal screening is done on all students in grades 5 and 8, following state guidelines. State guidelines require screening of all students in any two grades between grades 5 and 9, as long as the same two grades are screened each year.
2. Parents/guardians of students, who do not pass the spinal screening and re-checks, are notified by form letter, which includes a section to be completed by the attending physician, and then returned to the school nurse.
3. Screeners are certified according to state requirements.
4. Annual reports are submitted as required by TDH.

D. Acanthosis Screening:

1. Acanthosis screening is done on all students in grades 3, 5, and 7, following state guidelines.
2. Parents/guardians of students, who do not pass the acanthosis screening and re-checks, are notified by form letter, which includes a section to be completed by the attending physician, and then returned to the school nurse.
3. Screeners are certified according to state requirements.
4. Annual reports are submitted as required by TDH.

E. Individual Medical History:

1. Medical history is obtained on all new students at the time of enrollment, when parents/guardians are asked to complete a health information form. Individual parent conferences are held as necessary to obtain additional information on students with medical problems that might require emergency or special care.
2. For addition medical and/or emergency procedures see Iii. Emergency and Illness Care.

II. Control of Communicable Diseases

A. Enforcement of Immunizations requirements as mandated by State:

1. Maintain a complete immunization record on each student.
2. Inform parents of immunizations dues, including availability of immunization clinics.
3. Work with Texas Department of Health, Public Health Region 2/3, in setting up special clinics in the schools.
4. Suspend students from school when not in compliance with state guidelines. If a student transfers from one school district to another, a grace period of 30 days may be allowed while awaiting the transfer of the immunization record.
5. Maintain a "Hot Line" with the Texas Department of Health on reporting certain communicable disease.

See following:

- State immunization law and misc. TDH information pertinent to law
- TEA directive about dates on health records
- MWISD cumulative health record

B. Screening of individual students evidencing symptoms of contagious disease:

Students sent home may return to school when asymptomatic and/or with note from their physician stating that they are not contagious.

See following: -Prevention and control program guidelines

C. Counseling with parents on treatment and readmission following a contagious condition:

See following:

- TDH guidelines
- Local school health guidelines
- TDH communicable disease chart
- Notice to parent re: Contagious condition

D. Working with Texas Department of Health and local medical community in the control of serious conditions:

See following:

- Hepatitis
- Chickenpox

III. Emergency and Illness Care

A. Clinics:

1. The clinic on each school campus should provide a place for the efficient care of ill and injured students.
2. Clinics should be used for nursing purposes only and should provide for the isolation of students who show evidence of a contagious condition.
3. Hot and cold running water should be available in the clinic.
4. Restroom facilities should be available in or immediately adjacent to the clinic.
5. Universal precautions should be followed at all times.

B. First Aid and Emergencies:

1. Only very basic first aid is given in the school. Parents are always to be notified if an injury appears to be of a serious nature.
2. Emergency cards or information sheets should be completed by parents/guardians for every student.
3. Standing orders are kept on file in each clinic for specified emergency situations.

See following: -Emergency Instruction/Health information form

C. Medication:

1. Only necessary prescribed medication should be sent to school. Dosage schedules should be arranged to give medications at home whenever possible.
2. School personnel may not administer medication without a written prescription/recommendation from child's physician, and written permission from child's parent/guardian.
3. Texas state law requires that student medication sent to school must be in the original pharmacy labeled container. This container must include the child's name, the name of the medication, directions for giving the medication, the physician's name and phone number, and the current prescription number.
4. When the child's physician requires that any over-the-counter medication be given at school, that medication must be sent in the original container, and must be accompanied by a medication permission form which has been completed and signed by the child's physician. MWISD medications permission forms are available in the nurse's office on each campus.
5. Students in MWISD school district are not allowed to carry medication with him/her at school. Medication must be brought to the clinic before the beginning of the school day. Any medication brought to school by a student in an envelope, plastic bag, or any other non-labeled, non-original container will not be administered, and will be discarded.
6. Medications may be given for one day with a handwritten note signed by the parent/guardian stating the name of the medication, the time the medication is to be given, and the dose of the medication. A permission form will be sent home with the student for return to school the next day.
7. Medications should only be administered by persons who have been instructed about medication administration by the school nurse.
8. All medications should be documented when giving, either on the original permission form or on a confidential, separate log provided for that purpose.
9. All medications are to be kept in a locked area.

D. Sick and Injured Students:

1. Every student referred to the clinic must have a nurse referral form, the top portion of which has been completed and signed by the referring teacher/staff. True emergencies are the only exception to this rule. Any students sent to the clinic without a referral in a non-emergency situation should be sent back to the teacher/staff to obtain one. After disposition of each case, the remainder of the form should be completed and signed by the school nurse/office staff that treated the student, and the white top sheet should be filed in the student's health folder. The yellow half sheet is to be returned to the teacher, and the pink half sheet should be sent home to the parent/guardian.
2. If any student receives a head injury, which appears to be moderate, parent should be notified by note or phone.
3. When any illness or injury appears to be off of a serious nature, every effort should be made to contact the parent/guardian immediately, or if unable to reach parent/guardian, one of the persons listed on the student's emergency contact form should be contacted.
4. An accident report should be completed on any accident which occurs during the school day or on the way to or from school if the injury:
 - a. Causes the child to be absent from school.
 - b. Requires professional medical care, for example, stitches or treatment for a broken bone.
 - c. Parent is advised to seek medical attention for an injury received during the school day, but does not take the child out of school.
5. Accident reports may be completed by the school nurse, secretary, principal, or classroom teacher. Forms are kept in the school office or clinic.

See following: - Accident report
 - Emergency instructions/health information update form

E. Medical Alert:

1. Information pertaining to a student who has special medical problems should be issued to that child's teacher, after obtaining permission from the child's parent/guardian.
2. Faculty members may be updated on a need-to-know basis concerning medical problems or changes in medical status, after obtaining permission from the child's parent/guardian.

F. Care Plans:

1. Students with serious medical conditions should have a detailed care plan on file.

IV. Special Physical Health

A. Special Physical Health Care:

In order for certain students to attend school in a regular school setting they must have access to specialized physical health care services. The school nurse shall assume responsibility for the general supervision of specialized health care services and make recommendations regarding the school personnel designated to perform any special procedures. Since the enactment of the federal statute P194142, Educational Handicap Act, the number of students requiring specialized service continues to escalate.

1. A district approved request, signed by parent/guardian, to have a specialized physical health care services procedure administrated shall be on file in the school office.
2. A signed statement from the student's physician, authorizing the administering of specialized physical health care services procedures at school shall be on file in the health office.
3. A daily documentation of specialized physical health care procedures must be maintained on a district-approved form, and including the signature of the school personal who perform the procedure. When the daily log is completed, it shall be placed in the student's cumulative health record.

B. Specialized Physical Health Care Services may include but are not limited to:

1. Intermittent Clean Catheterization
2. Seizure Care
 - a. Care plans are made as individual problems warrant.
 - b. All seizures are documented.
3. Tube Feedings
4. Other procedures will be taken from the NASN Procedures, Models, and Guidelines Manuel as necessary.

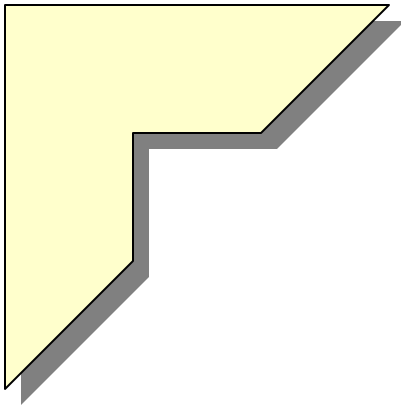
V. Coordination Of Health Resources

- A. Provide health materials to teachers as needed.
- B. Teach specific health units as a resource person.
 - 1. Dental – First And Third Grades
 - 2. Boys and Girls Hygiene/Growth and Development – Fourth and Fifth Grades
 - 3. General Health – As Requested by Teachers
 - 4. Coordinate Materials from American Heart Association
 - 5. Coordinate Materials From American Cancer Society
- C. Serving as a member of the MWISD Health Advisory Council.
- D. Observing and reporting possible health hazards in the schools.

VI. Emotional Health

School nurse will coordinate with community leaders/resources to provide support and information in instances of emotional stress/disturbances including but not limited to.

1. Child abuse
2. Suicide
3. Substance abuse
4. Family or community crises



Section D

MWISD Framework Guidelines

- I. MWISD Health Advisory Council
- II. MWISD Bloodborne Pathogens Control Plan

I. Mineral Wells Independent School District Health Advisory Council

Health Advisory Council Senate Bill 19 Implications

Sec. 28.004 Local School Health Education Advisory Council and Health Education Instructions:

- A. The board of trustees of each school district shall establish a local school health education advisory council to assist the district in ensuring that local community values are reflected in the district's health education instruction.
- B. A school district must consider the recommendations of the local school health education advisory council before changing the district's health education curriculum or instruction.
- C. The local school health education advisory council's duties include recommending:
 - 1. The number of hours of instruction to be provided in health education;
 - 2. Health education curriculum appropriate for specific grade levels that may include a coordinated health education program designed to prevent obesity, cardiovascular disease, and Type II diabetes through coordination of:
 - i. Health education
 - ii. Physical education
 - iii. Nutritional services
 - iv. Parental involvement
 - v. Instruction to prevent the use of tobacco
 - 3. Appropriate grade levels and methods of instruction for human sexuality instruction.
- D. The board of trustees shall appoint members to the local school health education advisory council. A majority of the members must be persons who are parents of students enrolled in the district and who are not employed by the district. The board of trustees also may appoint one or more persons from each of the following groups or a representative from a group other than a group specified under this subsection:
 - 1. Public school teachers
 - 2. Public school administrators
 - 3. District students
 - 4. Health care professionals
 - 5. The business community
 - 6. Law enforcement
 - 7. Senior citizen
 - 8. Clergy members
 - 9. Nonprofit health organizations

- E. Any course material and instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the board of trustees with the advice of the school health education advisory council and must:
 - 1. Present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age
 - 2. Devote more attention to abstinence from sexual activity than to any other behavior
 - 3. Emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity
 - 4. Direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with human immunodeficiency virus or acquired immune deficiency syndrome
 - 5. Teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condom is included in curriculum content.

- F. A school district that provides human sexuality instruction may separate student according to sex for instructional purposes.

- G. The board of trustees shall determine the specific content of the district's instruction in human sexuality, in accordance with subsections (e) and (f). A school district shall notify a parent of each student enrolled in the district of:
 - 1. The basic content of the district's human sexuality instruction to be provided to the student; and
 - 2. The parent's right to remove the student from any part of the district's human sexuality instruction.

- H. A school district shall make all curriculum materials used in the district's human sexuality instruction available for reasonable public inspection.

Section 3: Chapter 38, Education Code, is amended by adding Section 38.013 and 38.014 to read as follows:

- A. The agency shall make available to each school district a coordinated health program designed to prevent obesity, cardiovascular disease, and Type II diabetes in elementary school students. The program must provide for coordinating:
 - 1. Health education
 - 2. Physical education and physical activity
 - 3. Nutrition services; and
 - 4. Parental involvement

- B. The agency shall notify each school district of the availability of the program.

Sec. 38.014 Implementation of coordinated health program for elementary school students:

A. Each school district shall:

1. Participate in appropriate training for the implementation of the program approved by the agency under Section 38.013; and
2. Implement the program in each elementary school in the district

B. The agency, in cooperation with the Texas Department of Health, shall adopt a schedule for regional education services centers to provide necessary training under this section.

Section 4. This Act applies beginning with the 2001-2002 school year.

Section 5. Not later than September 1, 2007, each school district must participate in the training required by Section 38.014, Education Code, as added by this Act.

Section 6. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2001.

I hereby certify that S.B. No. 19 passes the Senate on April 11, 2001, by the following vote: Yeas 29, Nays 0, one present not voting; and that the Senate concurred in the House amendments on May 26, 2001, by the following vote: Yeas 30, Nays 0, one present not voting.

I hereby certify that S.B. No. 19 passed in the House, with amendments, on May 23, 2001, by the following vote: Yeas 142, Nays 0, two present not voting.

II. Bloodborne Pathogens Exposure Control Plan

Minimum standard

This exposure control plan is adopted as the minimum standard to implement the Bloodborne Pathogens Exposure Control Plan required in Health and Safety Code, 81.304.

Applicability

These minimum standards apply to a governmental units that employs employees who: provide services in a public or private facility providing health care related services, including a home health care organization; or otherwise have a risk of exposure to blood or other material potentially containing bloodborne pathogens in connection with exposure to sharps. The Texas Department of Health may, in accordance with rules adopted by the Texas Board of Health, waive the application of Health and Safety Code, Chapter 81, Subchapter H, to rural county if the department finds that the application of the subchapter to the county would be burdensome. A waiver granted under the 96.501 expires December 31, 2001. "Rural County" is a county that: (1) has a population of 50,000 or less; or (2) has a population of more than 50,000 but: (A) does not have located within the county a general or special hospital licensed under Health and Safety Code, Chapter 241, with more than 100 beds; and (B) was not, based on the 1990 federal census, completely included within an area designated as urbanized by the Bureau of the Census of the United States Department of Commerce.

Guidance

This plan is provided by the department to be analogous with Title 29 Code of Federal Regulations 1910.1030, Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens Standard as specified in Health and Safety Code, 81.304. Employers should review the plan for particular requirements as applicable to their specific situation. Governmental units may modify the plan appropriately to their practice settings. Employers will need to include provisions relevant to their particular facility or organization in order to develop an effective, comprehensive exposure control plan.

Review

Employers review annually the exposure control plan, update when necessary, and document when accomplished.

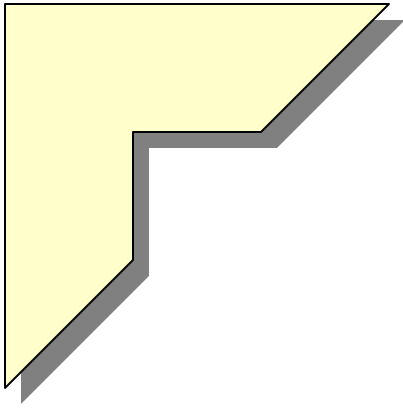
When parentheses are noted, specific details for modification are present in instruction form.

Bloodborne Pathogen exposure control plan

Facility Name: _____

Date of Preparation: _____

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standard, the following exposure control plan exists:



Section E

APPENDIX

I. MWISD Board Policies

A. (E) – Instruction

B. (F) – Students

II. Texas Administrative Code

III. MWISD School Nurse Forms

Mineral Wells ISD
182903

STUDENT WELFARE:
WELLNESS AND HEALTH SERVICES

FFA
(LEGAL)

WELLNESS
POLICY

By the first day of school of the 2006-07 school year, each district participating in a program authorized by the Richard B. Russell National School Lunch Act, 42 U.S.C. 1751 et seq., or the Child Nutrition Act, 42 U.S.C. 1771 et seq., shall establish a local school wellness policy for schools in the district. The policy shall, at a minimum:

1. Include goals for nutrition, education, physical activity, and other school-based activities that are designed to promote student wellness in a manner that the District determines is appropriate;
2. Include nutrition guidelines selected by the District for all foods available on each school campus during the school day with the objectives of promoting student health and reducing childhood obesity;
3. Provide an assurance that guidelines for reimbursable school meals shall not be less restrictive than the regulations and guidance issued by the U.S. secretary of agriculture pursuant to the Child Nutrition and National School Lunch Acts;
4. Establish a plan for measuring implementation of the local wellness policy, including designation of one or more persons within the District or at each school, as appropriate, charged with operational responsibility for ensuring that the school meets the local wellness policy; and
5. Involve parents, students, representatives of the school food authority, the Board, administrators, and the public in the development of the school wellness policy.

Child Nutrition and WIC Reauthorization Act of 2004, Pub. L. No. 108-265, sec. 204, 118 Stat. 729 (2004) [See EHAA for state law requirements relating to health education]

CHANGE IN
HEALTH
SERVICES

Before the District or a school may expand or change the health care services available at a school in the District from those that were available on January 1, 1999, the Board must:

1. Hold a public hearing at which the Board provides an opportunity for public comment and discloses all information on the proposed health care services, including:
 - a. All health care services to be provided;
 - b. Whether federal law permits or requires any health care service provided to be kept confidential from parents;
 - c. Whether a child's medical records will be accessible to the parent;
 - d. Information concerning grant funds to be used;
 - e. The titles of persons who will have access to the medical records of a student; and

- f. The security measures that will be used to protect the privacy of students' medical records.
2. Approve the expansion or change by a record vote.

Education Code 38.012

DATE ISSUED: 11/29/2005
UPDATE 77
FFA(LLEGAL)-P

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Mineral Wells ISD
182903

WELLNESS AND HEALTH SERVICES:
PHYSICAL EXAMINATIONS

FFAA
(LEGAL)

VISION AND HEARING SCREENING	As soon as possible after admission and within a period set by rule, a student required to be screened shall undergo approved screening for vision and hearing disorders and any other special senses and communication disorders specified by the Texas Department of State Health Services (TDSHS). <i>Health and Safety Code 36.005(a)</i>
DISTRICT RESPONSIBILITY	The Superintendent shall ensure that each student admitted to the District complies with the screening requirements set by TDSHS or submits an affidavit of exemption (see below). <i>Health and Safety Code 36.005(c)</i>
SCREENING SCHEDULE	
ROUTINE SCREENING	All students enrolled in the District shall be screened for vision and hearing problems in prekindergarten; kindergarten; and first, third, fifth, and seventh grades before May 31 of each year. Upon written request approved by TDSHS, the screening of vision and hearing may instead occur in prekindergarten; kindergarten; and first, second, fourth, and sixth grades. <i>25 TAC 37.23(d), (f)</i>
SCREENING ON ENROLLMENT	Students four years of age and older, who are enrolled in the District for the first time, must be screened for possible vision and hearing problems within 120 calendar days of enrollment. If the student is enrolled within 60 days of the date school closes for the summer, the student must be tested by December 31 of that year. <i>25 TAC 37.23(e)(1)</i>
OUTSIDE SCREENING	Except for students enrolled in kindergarten or first grade, the District shall exempt a student from screening if the student's parent or legal guardian submits proof that the student's vision and/or hearing has been screened within the prior reporting year. Proof of vision and hearing screening upon initial enrollment must be submitted to the District by the dates for screening upon enrollment. Proof for all other students must be submitted by May 31. <i>25 TAC 37.23(e)(3), 37.26(a), (b)</i>
PROVISIONAL ADMISSION	The parent, guardian, managing conservator, or person having legal responsibility for the student's support may execute an affidavit stating that a person other than the screener used by the District shall conduct the screening as soon as is feasible. The student may be admitted on a provisional basis, or the student may be denied admission, until the screening results are provided to the District. <i>25 TAC 37.23(g)</i>
EXEMPTION-RELIGIOUS BELIEFS	The District shall not require a student to be screened if the parent, guardian, managing conservator, or person having legal responsibility for the student's support submits to the District, on or before the date vision or hearing screening is scheduled, an affidavit in lieu of the record of screening stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination of which the affiant is an adherent or member. <i>Health and Safety</i>

Code 36.005(b); 25 TAC 37.23(h)

RECORDS	The District shall maintain the screening records required by statute and regulation. <i>Health and Safety Code 36.006; 25 TAC 37.24</i>
TRANSFER OF RECORDS	A student's screening records may be transferred among districts without the consent of the student or minor student's parent, managing conservator, or guardian. The District shall honor an original or true copy of the proofs of screening upon the transfer of a student from another Texas district. When the District's official record for a student contains entries of vision or hearing examinations or screening test results, the original or true and correct copy of the record may be transferred between districts. <i>Health and Safety Code 36.006(c); 25 TAC 37.28</i>
REPORTS	On or before June 30 of each year, the District shall submit to TDSHS a report on the screening status of its aggregate population screened during the reporting year. The results of required professional examinations or screening tests shall be reported as specified on forms approved by TDSHS. <i>Health and Safety Code 36.006; 25 TAC 37.26(c)(1)</i>
ACANTHOSIS NIGRICANS SCREENING	As soon as possible after admission and as required by rule, each student required to be screened shall undergo approved screening for acanthosis nigricans. Acanthosis nigricans screening shall be performed at the same time hearing and vision screening or spinal screening is performed. <i>Health and Safety Code 95.002(d), 95.003(a)</i>
	"Acanthosis nigricans" means a light brown or black velvety, rough, or thickened area on the surface of the skin that may signal high insulin levels indicative of insulin resistance. <i>Health and Safety Code 95.001(1)</i>
DISTRICT RESPONSIBILITY	The Superintendent shall ensure that each student admitted to the District complies with the screening requirements or submits an affidavit of exemption. <i>Health and Safety Code 95.003(c)</i>
APPLICABILITY	Students who attend public schools located in TEA Regional Education Service Centers 1, 2, 3, 4, 10, 11, 13, 15, 18, 19, and 20 shall be subject to screening. <i>Health and Safety Code 95.002(b)</i>
OUTSIDE SCREENING	The student or minor student's parent, managing conservator, or guardian may elect to substitute a professional examination for the screening. <i>Health and Safety Code 95.003(a)</i>
EXEMPTION- RELIGIOUS BELIEFS	A student is exempt from screening if it conflicts with the tenets and practices of a recognized church or religious denomination of which the student is an adherent or a member. To qualify for the exemption, the student or minor student's parent, managing conservator, or guardian must submit, on or before the day of the screening procedure, an affidavit stating the objections to the screening. <i>Health and Safety Code 95.003(b)</i>
RECORDS	The Superintendent shall maintain the screening records required by the statute and regulations. <i>Health and Safety Code 95.004(a)</i>
TRANSFER OF RECORDS	A student's screening records may be transferred among schools without the consent of the individual, or, if the student is a minor, the student's parent, managing conservator, or guardian. <i>Health and Safety Code 95.004(c)</i>
ANNUAL	Each district shall submit an annual report on the screening status of the students

REPORT	in attendance during the reporting year and shall include in the report any other required information. <i>Health and Safety Code 95.004(e)</i>
SPINAL SCREENING	Each student required by rule of the TDSHS to be screened shall undergo approved screening for abnormal spinal curvature. <i>Health and Safety Code 37.002(a)</i>
DISTRICT RESPONSIBILITY	The Superintendent shall ensure that each student admitted to the District complies with the screening requirements or submits an affidavit of exemption (see below). <i>Health and Safety Code 37.002(c), 25 TAC 37.148(m)</i>
SCREENING SCHEDULE	
ROUTINE SCREENING	Students in grades six and nine shall be screened for abnormal spinal curvature before the end of the school year. The screening requirement for students entering grades six or nine may be met if the student has been screened for spinal deformities during the previous year. Districts may implement a program that includes screening in grades five and eight in lieu of grades six and nine. <i>25 TAC 37.148(a), (b)</i>
SCREENING ON ENROLLMENT	New students enrolling in grades scheduled for screening (i.e., grades six and nine or five and eight), who have no record of having received their scheduled screening(s) shall be screened the year they enroll. Districts shall consider offering a student enrolling in grades ten, eleven, or twelve the opportunity for spinal screening if the student has no record of having been screened previously. <i>25 TAC 37.148(c)</i>
EXEMPTION- RELIGIOUS BELIEFS	A student is exempt from screening if it conflicts with the tenets and practices of a recognized church or religious denomination of which the student is an adherent or a member. The minor student's parent, managing conservator, or guardian must submit an affidavit stating the objections to screening. This affidavit shall be submitted on or before the day of the screening procedure each year the screening is performed. <i>Health and Safety Code 37.002(b); 25 TAC 37.148(d)</i>
ANNUAL REPORT	Each district shall submit to TDSHS an annual report of spinal screening performed during the school year no later than June 30 of the reporting year. The report shall be submitted as specified on a form issued by TDSHS. <i>25 TAC 37.148(n)</i>
TRANSFER OF RECORDS	A student's health record shall be acceptable as proof of screening if such record contains entries of screening results. In such case, the original or a true and correct copy of that record may be transferred between schools and shall be honored upon transfer of a student from another district in Texas or within the United States. <i>25 TAC 37.148(o)</i>

DATE ISSUED: 04/01/2005
UPDATE 73
FFAA(LEGAL)-P

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Mineral Wells ISD
182903

WELLNESS AND HEALTH SERVICES:
PHYSICAL EXAMINATIONS

FFAA
(LOCAL)

UIL PARTICIPATION	A student desiring to participate in the UIL athletic program shall submit a statement from a health care provider authorized under UIL rules indicating that the student has been examined and is physically able to participate in the athletic program. This examination is required in the first year of middle school competition and the first and third years of high school competition. In other years, the student shall complete a medical appraisal form. A student may be required to have a physical examination based on answers to the appraisal form.
ADDITIONAL SCREENING	The District may provide additional screening as District and community resources permit.
REFERRALS	Parents of students identified through any screening programs as needing treatment or further examination shall be advised of the need and referred to appropriate health agencies.

DATE ISSUED: 12/02/2002
UPDATE 69
FFAA(LOCAL)-A1

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Mineral Wells ISD
182903

WELLNESS AND HEALTH SERVICES:
IMMUNIZATIONS

FFAB
(LEGAL)

IMMUNIZATION REQUIREMENT Each student shall be fully immunized against diphtheria, rubeola (measles), rubella, mumps, tetanus, and poliomyelitis. The Texas Board of Health may modify or delete any of these immunizations or may require immunizations against additional diseases as a requirement for admission to any elementary or secondary school. *Education Code 38.001(a), (b)*

The Texas Department of State Health Services (TDSHS) requires students in kindergarten through twelfth grade to have the following additional vaccines, according to the immunization schedules set forth in department regulations: pertussis, hepatitis B, hepatitis A (for students attending schools in high incidence geographic areas as designated by the department), and varicella (chickenpox). *25 TAC 97.63(2)(B)* [See FFAB(EXHIBIT) or the TDSHS Web site at

<http://www.tdh.state.tx.us/immunize/docs/school/6-14.pdf>

In the event of an outbreak of vaccine-preventable disease, the local health authority may require or recommend additional doses or boosters to provide further protection. *25 TAC 97.72*

APPLICABILITY The vaccine requirements apply to all students entering, attending, enrolling in, and/or transferring to the District. *25 TAC 97.61(a)*

EXCEPTIONS Immunization is not required for admission to the District:

1. If the student submits to the admitting official:

MEDICAL REASONS

- a. An affidavit or a certificate signed by the student's physician (M.D. or D.O.) who is duly registered and licensed to practice medicine in the United States and who has examined the student.

The affidavit or certificate must state that, in the physician's opinion, the immunization required is medically contraindicated or poses a significant risk to the health and well-being of the student or any member of the student's household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

or

REASONS OF CONSCIENCE

- b. An affidavit signed by the student or, if a minor, the student's parent or guardian stating that the student declines immunization for reasons of conscience, including a religious belief. The affidavit will be valid for a two-year period.

The affidavit must be on a form obtained from the TDSHS and must be submitted to the admitting official not later than the 90th day after the date the affidavit is notarized.

A student who has not received the required immunizations for reasons of conscience may be excluded from school in times of emergency or epidemic declared by the commissioner of public health.

or

**MILITARY
DUTY**

2. If the student can prove that he or she is a member of the armed forces of the United States and is on active duty. *Education Code 38.001(c), (c-1), (f); Health and Safety Code 161.004(a), (d)(2), 161.0041; 25 TAC 97.62*

**PROVISIONAL
ADMISSION**

A student may be provisionally admitted or enrolled if the student has begun the required immunizations. The student must have an immunization record that indicates the student has received at least one dose of each age-appropriate vaccine specified in the regulations.

**COMPLETION
OF
VACCINATIONS**

To remain enrolled, the student must continue to receive the necessary immunizations as rapidly as medically feasible. The student must complete the required subsequent doses in each vaccination series on schedule and provide acceptable evidence of vaccination to the District.

**REVIEW OF
STATUS**

A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the District will exclude the student from school attendance until the required dose is administered.

**HOMELESS
STUDENT**

A student who is homeless, as defined in the McKinney-Vento Homeless Education Act, shall be admitted temporarily for 30 days if acceptable evidence of vaccination is not available. The school shall promptly refer the student to appropriate public health programs to obtain the required vaccinations. [See FD and FDC]

**TRANSFER
STUDENTS**

A student can be enrolled provisionally for no more than 30 days if he or she transfers from one Texas school to another, and is awaiting the transfer of the immunization record.

Education Code 38.001(e); 25 TAC 97.66, 97.69; Atty. Gen. Op. GA-178 (2004)

**EVIDENCE OF
IMMUNIZATION**

A student shall show acceptable evidence of vaccination before entry, attendance, or transfer to the District. *25 TAC 97.63(2)*

Vaccines administered after September 1, 1991, shall include the month, day, and year each vaccine was administered. The following documentation is acceptable:

1. Documentation of vaccines administered that includes the signature or stamp of the physician or his or her designee, or public health personnel;
2. An official immunization record generated from a state or local health authority, such as a registry; or
3. A record received from school officials including a record from another

state.

25 TAC 97.68

Serologic confirmations of immunity to measles, rubella, mumps, hepatitis A, hepatitis B, or varicella are acceptable. Evidence of measles, rubella, mumps, hepatitis A, or hepatitis B, or varicella illnesses must consist of a laboratory report that indicates either confirmation of immunity or infection.

A parent- or physician-validated history of varicella disease (chickenpox) or varicella immunity is acceptable in lieu of vaccine. A written statement from a physician, or the student's parent or guardian, or school nurse, must support histories of varicella disease.

25 TAC 97.65

IMMUNIZATION RECORDS Not later than the 30th day after a parent or other person with legal control of a student under a court order enrolls the student in the District, the parent or other person, or the district in which the student most recently attended school, shall furnish to the District a record showing that the student has the required immunizations. *Education Code 25.002(a)(3)*

Each district shall keep an individual immunization record during the period of attendance for each student admitted. The records shall be sufficient for a valid audit to be completed. The records shall be open for inspection at all reasonable times by TEA, local health departments, or the TDSHS. *Education Code 38.002(a); 25 TAC 97.67*

TRANSFER OF RECORDS Each district shall cooperate in transferring students' immunization records to other schools. Specific approval from students, parents, or guardians is not required before transferring those records. *Education Code 38.002(b)*

ANNUAL REPORT Districts shall submit annual reports of the immunization status of students, in a format prescribed by TDSHS, to monitor compliance with immunization requirements. All districts shall submit the report at the time and in the manner indicated in the instructions printed on the form. *Education Code 38.002(c); 25 TAC 97.71*

CONSENT TO IMMUNIZATION In addition to persons authorized to consent to immunization under Family Code Chapters 151 (parents) and 153 (conservators), the following persons may consent to the immunization of a child:

1. A guardian of the child; and
2. A person authorized under the law of another state or a court order to consent for the child.

Family Code 32.101(a)

The district in which the child is enrolled may give consent to the immunization if:

1. The persons listed above are not available; and
2. The district has written authorization to consent from a person listed above.

Family Code 32.101(b)(5)

The District may not consent for the child if it has actual knowledge that a person listed above has:

1. Expressly refused to give consent to the immunization;
2. Been told not to consent for the child; or
3. Withdrawn a prior written authorization for the District to consent.

Family Code 32.101(c)

DUTY TO PROVIDE INFORMATION

A district that consents to immunization of a child shall provide the health-care provider with sufficient and accurate health history and other information as set forth in Family Code 32.101(e).

FORM OF CONSENT

Consent to immunization must meet the requirements of Family Code 32.002(a). [See FFAC] The District has the responsibility to ensure that the consent, if given, is an informed consent. The District is not required to be present when the immunization is requested if a consent form has been given to the health-care provider. *Family Code 32.101(f), 32.102*

LIABILITY

A district consenting to immunization of a child is not liable for damages arising from an immunization administered to a child authorized under Family Code Subchapter B except for injuries resulting from the district's own acts of negligence. *Family Code 32.103*

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UPDATE 73
FFAB(LEGAL)-P

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Mineral Wells ISD
182903

WELLNESS AND HEALTH SERVICES:
IMMUNIZATIONS

FFAB
(EXHIBIT)

This chart summarizes the vaccine requirements incorporated in Title 25, Health Services, Section 97.61-97.72 of the Texas Administrative Code. This chart is not intended as a substitute for consulting the Texas Administrative Code, which has other provisions and details.

KINDERGARTEN THROUGH GRADE 12 (K-12)

Vaccine	Required Doses(1)
Diphtheria, Tetanus Toxoid, and Pertussis Vaccine (DTP), DTaP, DT, Td)	Five doses of any combination DTaP/DTP unless fourth dose was given on or after fourth birthday.
	Students 7 years or older:
	Three doses of any combination DTP/DTaP/DT/Td vaccine (Pertussis vaccine is not required.)
	One dose of Td required ten years after last dose of DTP/DTaP/DT
Polio (IPV)	Four doses unless the third dose was on or after fourth birthday.
Measles, Mumps, Rubella (MMR) (2)	Two doses of a measles-containing vaccine with the first dose on or after the first birthday; second dose by age 5 or entry into kindergarten.
Hepatitis B(2, 3)	Three doses are required for the following grades in the following school years:
	2004-05 K-5 and 7-10
	2005-06 K-11
	2006-07 K-12
Varicella(2, 4)	One dose on or after first birthday for the following grades:
	2004-05 K-4 and 7-10
	2005-06 K-5 and 7-11
	2006-07 K-12
	(Two doses if vaccine given at 13 years of age or older.)
Hepatitis A(2, 5)	Two doses on or after second birthday(5) for kindergarten-grade 3 only.

NOTE:

(1) Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

(2) Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in lieu of vaccine.

(3) Two doses of adult hepatitis B vaccine (RecombivaxR) are acceptable. Dosage and type of vaccine must be clearly documented. (Two 10 mcg/1.0 ml of RecombivaxR)

(4) Serologic proof of immunity or documentation of previous illness may substitute for vaccination. Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine."

(5) Hepatitis A vaccine is required for students attending a school located in a high incidence geographic area designated by the Texas Department of State Health Services. Thirty-nine counties affected by the hepatitis A requirement are: Bexar, Brewster, Brooks, Cameron, Crockett, Culberson, Dimmitt, Duval, Edwards, El Paso, Frio, Grayson, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Moore, Nueces, Pecos, Potter, Presidio, Randall, Read, Reeves, Starr, Sutton, Terrell, Terry, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala.

Exemptions: The law allows (A) physicians to write a statement stating that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child, and (B) parents or guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents or guardians to elect an exemption simply because of inconvenience.

For children needing medical exemptions, a written statement by the physician should be submitted to the school.

Instructions for the affidavit to be signed by parents or guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at

[HTTP://WWW.IMMUNIZETEXAS.COM.](http://www.immunizetexas.com)

Schools should maintain an up-to-date list of students with exemptions, so they can be excluded from attending school if an outbreak occurs.

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FFAB(EXHIBIT)-P

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Mineral Wells ISD
182903

WELLNESS AND HEALTH SERVICES:
MEDICAL TREATMENT

FFAC
(LEGAL)

CONSENT TO
MEDICAL
TREATMENT

The school in which a minor student is enrolled may consent to medical, dental, psychological, and surgical treatment of that student, provided all of the following conditions are met:

1. The person having the power to consent as otherwise provided by law cannot be contacted.
2. Actual notice to the contrary has not been given by that person.
3. Written authorization to consent has been received from that person.

Family Code 32.001(a)(4)

FORM OF
CONSENT

Consent to medical treatment under this policy shall be in writing, signed by the school official giving consent, and given to the doctor, hospital, or other medical facility that administers the treatment. The consent must contain:

1. The name of the student.
2. The name of one or both parents, if known, and the name of the managing conservator or guardian of the student, if either has been appointed.
3. The name of the person giving consent and the person's relation to the student.
4. A statement of the nature of the medical treatment to be given.
5. The date on which the treatment is to begin.

Family Code 32.002

MINOR'S
CONSENT TO
TREATMENT

A minor may consent to medical, dental, psychological, and surgical treatment furnished by a licensed physician or dentist if the minor:

1. Is 16 years of age and residing separate and apart from the minor's parents, managing conservator, or guardian, with or without the consent of the parents, conservator, or guardian and regardless of the duration of the residence, and is managing his or her own financial affairs, regardless of the source of the income;
2. Consents to the diagnosis and treatment of any infectious, contagious, or communicable disease required to be reported to the Texas Department of Health, including all reportable diseases under Health and Safety Code 81.041;
3. Is unmarried and pregnant, and consents to hospital, medical, or surgical treatment, other than abortion, related to her pregnancy; or
4. Consents to examination and treatment for drug or chemical addiction, drug or chemical dependency, or any other condition directly related to drug or chemical use.

Family Code 32.003; Planned Parenthood of Cent. Mo. v. Danforth, 428 U.S. 52 (1976); Bellotti v. Baird, 443 U.S. 622 (1979)

**ADMINISTERING
MEDICATION**

Upon adoption of policies concerning the administration of medication to students by District employees, the District, the Board, and the District's employees are immune as described below, provided:

1. The District has received a written request to administer the medication from the parent, legal guardian, or other person having legal control of the student.
2. When administering prescription medication, the medication is administered either:
 - a. From a container that appears to be the original container and to be properly labeled; or
 - b. From a properly labeled unit dosage container filled by a registered nurse or another qualified District employee, as determined by District policy, from a container that appears to be the original container and to be properly labeled.

**BY VOLUNTEER
PROFESSIONALS**

If the District provides liability insurance for a licensed physician or registered nurse who provides volunteer services to the District, the Board may allow the physician or nurse to administer to any student nonprescription medication or medication currently prescribed for the student by the student's personal physician.

**IMMUNITY
FROM CIVIL
LIABILITY**

The District, the Board, and its employees shall be immune from civil liability for damages or injuries resulting from the administration of medication to a student in accordance with this policy.

Education Code 22.052(a), (b)

**SELF-
ADMINISTRATION
OF ASTHMA
MEDICINE**

A student with asthma may possess and self-administer prescription asthma medicine while on school property or at a school-related event or activity if:

1. The medicine has been prescribed for that student as indicated by the prescription label on the medicine;
2. The self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider; and
3. A parent of the student provides to the school:
 - a. Written authorization, signed by the parent, for the student to self-administer the medicine while on school property or at a school-related event or activity; and
 - b. A written statement, signed by the student's physician or other licensed health care provider, that states:
 1. That the student has asthma and is capable of self-administering the medicine;
 2. The name and purpose of the medicine;
 3. The prescribed dosage for the medicine;
 4. The times at which or circumstances under which the medicine may be administered; and
 5. The period for which the medicine is prescribed.

The physician's statement must be kept on file in the school nurse's office, or, if there is no school nurse, in the office of the principal of the school the student attends.

NO WAIVER OF IMMUNITY

The provisions above neither waive any liability or immunity nor create any liability for or a cause of action against the District, the Board, or its employees.

Education Code 38.015

DIETARY SUPPLEMENTS

A District employee commits a Class C misdemeanor offense if the employee:

1. Knowingly sells, markets, or distributes a dietary supplement that contains performance enhancing compounds to a primary or secondary education student with whom the employee has contact as part of the employee's school district duties; or
2. Knowingly endorses or suggests the ingestion, intranasal application, or inhalation of a dietary supplement that contains performance enhancing compounds by a primary or secondary education student with whom the employee has contact as part of the employee's school district duties.

Education Code 38.011(a), (c)

PRESCRIPTION MEDICATION AND SPECIAL EDUCATION STUDENTS

An employee of the District is prohibited from requiring a child to obtain a prescription for a substance covered under the federal Controlled Substances Act (21 U.S.C. 801 et seq.) as a condition of attending school, receiving an evaluation for special education, or receiving special education and related services.

An employee is not prohibited from consulting or sharing classroom-based observations with parents regarding a student's academic and functional performance, behavior in the classroom or school, or the need for evaluation for special education or related services.

20 U.S.C. 1412(a)(25)

PSYCHOTROPICS AND PSYCHIATRIC EVALUATIONS

A District employee may not:

1. Recommend that a student use a psychotropic drug; or
2. Suggest any particular diagnosis; or
3. Use the refusal by a parent to consent to administration of a psychotropic drug to a student or to a psychiatric evaluation or examination of a student as grounds, by itself, for prohibiting the child from attending a class or participating in a school-related activity.

Psychotropic drug means a substance that is used in the diagnosis, treatment, or prevention of a disease or as a component of a medication and intended to have an altering effect on perception, emotion, or behavior.

Education Code 38.016(b) does not:

1. Prevent an appropriate referral under the Child Find system required under 20 U.S.C. Section 1412, as amended; or

2. Prohibit a District employee who is a registered nurse, advanced nurse practitioner, physician, or certified or appropriately credentialed mental health professional from recommending that a child be evaluated by an appropriate medical practitioner; or
3. Prohibit a school employee from discussing any aspect of a child's behavior or academic progress with the child's parent or another District employee.

The Board shall adopt a policy to ensure implementation and enforcement of Education Code 38.016.

A violation of Education Code 38.016(b) does not override the immunity from personal liability granted in Education Code 22.051 or other law or the District's sovereign or governmental immunity.

Education Code 38.016

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Mineral Wells ISD
182903

WELLNESS AND HEALTH SERVICES:
MEDICAL TREATMENT

FFAC
(LOCAL)

STUDENT ILLNESS	Procedures shall be established by the administration to ensure that proper attention is given any student who becomes ill during the course of a school day.
ACCIDENTS INVOLVING STUDENTS	Emergency procedures shall be established by the administration to ensure proper attention for any student injured at school. Records shall be maintained on all accidents that require the attention of a medical doctor.
EMERGENCY TREATMENT FORMS	Each year, students and parents shall complete and sign a form that provides emergency information and authorizes school officials to obtain emergency medical treatment, as provided by law.
ADMINISTERING MEDICATION	No employee shall give any student prescription medication, nonprescription medication, herbal substances, anabolic steroids, or dietary supplements of any type, except as provided below.
EXCEPTIONS	Employees authorized by the Superintendent or designee may administer to students:
PROVIDED BY PARENT	<ol style="list-style-type: none"> 1. Prescription medication in accordance with legal requirements. [See FFAC (LEGAL)] 2. Nonprescription medication, upon a parent's written request, when properly labeled and in the original container. 3. Herbal substances or dietary supplements provided by the parent and only if required by the Individualized Education Program or Section 504 plan of a student with disabilities.
PROVIDED BY DISTRICT	<ol style="list-style-type: none"> 4. Nonprescription medication provided on an emergency basis by the District and consistent with: <ol style="list-style-type: none"> a. Protocols established by the District's medical advisor who must be licensed to practice medicine in the state of Texas; and b. Parental consent given on the emergency treatment form.
PSYCHOTROPICS	<p>Except as permitted by Education Code 38.016, an employee shall not:</p> <ol style="list-style-type: none"> 1. Recommend to a student or a parent that the student use a psychotropic drug; 2. Suggest a particular diagnosis; or 3. Exclude the student from a class or a school-related activity because of the parent's refusal to consent to psychiatric evaluation or examination or treatment of the student.

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UPDATE 71
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Mineral Wells ISD
182903

WELLNESS AND HEALTH SERVICES:
COMMUNICABLE DISEASES

FFAD
(LEGAL)

REPORTS School authorities, including the Superintendent, principal, teacher, school health official, or counselor, shall report to the local health authority those students attending school who are suspected of having a notifiable condition, as defined by state law and the Texas Board of Health. If there is no local health authority appointed or if the District is outside the jurisdiction of a local health authority, the report shall be made to the regional director. *25 TAC 97.2(d), 97.5(a); Health and Safety Code 81.041, 81.042*

EXCLUSION The principal shall exclude from attendance any student suffering from a communicable condition, as defined by the Texas Board of Health, until one of the criteria for readmittance is fulfilled. *25 TAC 97.7(b)*

READMITTANCE Students excluded for reason of communicable disease shall be readmitted by one or more of the following methods, as determined by the local health authority:

1. Certificate of the attending physician attesting to their recovery and noninfectiousness.
2. Permit for readmission issued by the local health authority.
3. After a period of time corresponding to the duration of the communicability of the disease, as established by the commissioner of health.

25 TAC 97.7(c)

BACTERIAL MENINGITIS TEA shall prescribe procedures by which the District shall provide information relating to bacterial meningitis to its students and their parents each school year. The procedures must ensure that the information is reasonably likely to come to the attention of the parents of each student. The agency shall prescribe the form and content of the information. *Education Code 38.0025*

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Mineral Wells ISD
182903

WELLNESS AND HEALTH SERVICES:
COMMUNICABLE DISEASES

FFAD
(LOCAL)

**CHRONIC
REPORTABLE
DISEASES**

Unless otherwise provided below, a student with a chronic reportable disease (Hansen's disease, viral hepatitis type B, AIDS or HIV infection) shall be allowed to attend school in his or her usual instructional setting with the approval of his or her doctor. The District employee responsible for the school health program shall function as the liaison with the student's doctor and be the coordinator of services provided by other staff. [See FFA]

CONFIDENTIALITY

Only those persons with a direct need to know, such as the principal, school nurse, or other person responsible for the school health program, shall be informed of the condition of the student who has a chronic reportable disease.

However, the parents of a minor student or an adult student may give written authorization specifying other persons or positions to whom such information may be released. District personnel who have such knowledge shall be provided with information concerning any precautions that may be necessary and shall be advised of confidentiality requirements. [See FL]

**RISK OF
TRANSMISSION**

The District medical advisor and the local health authority, in consultation with the person responsible for the school health program and the student's doctor, shall determine whether a significant risk of transmitting a chronic reportable disease exists. If it is determined that a significant risk of transmission exists, the student may be temporarily removed from the classroom until one of the following events occurs:

1. An appropriate school program adjustment is made.
2. An appropriate alternative or special education program is established.
3. The local health authority determines that the significant risk has abated and the student can return to class.

Each removal of a student from school attendance under this circumstance shall be reviewed by the District medical advisor in consultation with the student's doctor at least once a month to determine whether the condition precipitating the removal has changed.

**RISK TO
AFFECTED
STUDENT**

A decision to remove a student from the classroom for his or her own protection when cases of communicable diseases are occurring in the school population shall be made in accordance with Texas Department of Health guidelines [see FFAD(EXHIBIT)]; however, the placement of a special education student can be changed only by an ARD committee.

**REFERRAL TO
SPECIAL
PROGRAMS**

A student removed from the classroom under this policy may be referred to the ARD committee for assessment and a determination of eligibility for special education. A student determined to be ineligible for special education services may nevertheless be eligible for other special services as a student who has a

disability under Section 504 of the Rehabilitation Act.

Any decisions regarding restrictions on school attendance, participation in school activities, and hygiene procedures shall be made by the ARD committee (in the case of a special education student) or a group of professionals who are knowledgeable about the student (in the case of a student who has a disability under Section 504). These committees shall consult the local health authority and the student's physician and parents in making such decisions. They shall also consider the significant health risk posed to and by the student in determining an appropriate individual education plan or other services to be provided.

**PEDICULOSIS
(LICE)**

No student shall remain in school with head lice in the hair. Students excluded from school for pediculosis may return to school when they present acceptable evidence that treatment has been started.

All students excluded from school for pediculosis shall be checked by an appropriate school official upon their return.

The Board empowers the following school officials to check students for pediculosis:

1. School nurse.
2. Building principal.
3. Classroom teacher.

The parent of a student found to have head lice shall pick up his or her child from school and agree to treat the student's condition in accordance with guidelines approved by the Department of Health before the child returns to school. The student's siblings, if any are enrolled in District schools, shall also be screened.

Upon returning to school, the student shall bring, signed by the parent, the form letter indicating that the treatment has been completed. The student shall be screened again in five days, and if nits are found, the child will be excluded again and the parent/guardian shall be contacted to bring appropriate treatment for nit removal.

A record of all cases of head lice (pediculosis) shall be kept by date, student name, teacher and/or grade level, and action taken by the clinic. Nurses/health assistants shall document also the date and teacher's name of any class that had to be screened for head lice.

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Mineral Wells ISD
182903

WELLNESS AND HEALTH SERVICES:
SCHOOL-BASED HEALTH CENTERS

FFAE
(LEGAL)

SCHOOL-BASED
HEALTH
CENTERS

The District may, if it identifies the need, design a model for the delivery of cooperative health-care programs for students and their families and may compete for grants to provide such programs. The model program may provide for delivery of conventional health services and disease prevention of emerging health threats that are specific to the District.

On the recommendation of an advisory council, the District may establish a school-based health center at one or more campuses in the District to meet the health-care needs of students and their families. The District may contract with a person to provide services at a school-based health center.

Education Code 38.051

PROGRAMS
GOALS

All health-care programs should be designed to meet the following goals:

1. Reducing student absenteeism;
2. Increasing a student's ability to meet the student's academic potential; and
3. Stabilizing the physical well-being of a student.

Education Code 38.063(c)

CONSENT
REQUIRED

A school-based health center may provide services to a student only if the District or the provider with whom the District contracts obtains the written consent of the student's parent or guardian or another person having legal control of the student. The student's parent or guardian or another person having legal control of the student may give consent to receive ongoing services or may limit consent to one or more services provided on a single occasion. The consent form must list every service the center delivers in a format that complies with all applicable state and federal laws and allows a person to consent to one or more categories of services. *Education Code 38.053*

PERMISSIBLE
SERVICES

The permissible categories of services are:

1. Family and home support;
2. Health care, including immunizations;
3. Dental health care;
4. Health education; and
5. Preventive health strategies.

Education Code 38.054

SERVICES
NOT

Reproductive services, counseling, or referrals may not be provided through a school-based health center using grant funds awarded under Education Code Chapter 38, Subchapter B. Any service provided using grant funds must be

PERMITTED provided by an appropriate professional who is properly licensed, certified, or otherwise authorized under state law to provide the service. *Education Code 38.055, 38.056*

The staff of a school-based health center and the person who consents to treatment shall jointly identify any health-related concerns of a student that may be interfering with the student's well-being or ability to succeed in school. If it is determined that a student should be referred for mental health services, the staff of the center shall notify verbally and in writing the person who has authority to consent, and the referral shall not be made unless the person provides written consent for the service to be provided and specific written consent for each treatment occasion. *Education Code 38.057*

ADVISORY COUNCIL The Board may establish and appoint members to a local health education and health-care advisory council to make recommendations on the establishment of school-based health centers and to assist the District in ensuring that local community values are reflected in the operation of each center and in the provision of health education. A majority of the members must be parents of students enrolled in the District. In addition to the appointees who are parents, the Board shall also appoint at least one teacher, one administrator, one licensed health-care professional, one member of the clergy, one person from law enforcement, one member of the business community, one senior citizen, and one student. *Education Code 38.058*

The District may seek assistance in establishing and operating a school-based health center from any public agency in the community. *Education Code 38.059*

If the District is located in a county with a population not greater than 50,000 or that has been designated as a health professional shortage area, a medically underserved area, or a medically underserved community, the District shall make a good-faith effort to identify and coordinate with existing providers. *Education Code 38.060*

PRIMARY CARE PHYSICIAN If a person receiving a medical service from a school-based health center has a primary care physician, the staff of the center shall provide notice of the service to that physician. Before delivering service to a person with a primary care physician under the state Medicaid program, a state children's health plan program, or a private health insurance or health benefit plan, the staff of the center shall notify that physician to share medical information and obtain authorization for delivering the medical service. *Education Code 38.061*

FUNDING The District shall comply with the funding requirements and limitations set out in Education Code 38.062-.063 and with rules adopted by the commissioner of public health. *Education Code 38.062-.063*

STANDARDS FOR STATE-FUNDED CENTERS If the District receives a grant from the Texas Department of State Health Services (TDSHS) to assist with the costs of operating school-based health centers, it must comply with TDSHS standards for funded centers. *25 TAC 37.531, 37.538*

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Mineral Wells ISD
182903

WELLNESS AND HEALTH SERVICES:
INDIVIDUALIZED HEALTH PLAN

FFAF
(LEGAL)

DIABETES
MANAGEMENT
AND
TREATMENT
PLAN

The parent or guardian of a student who will seek care for diabetes while at school or while participating in a school activity, and the physician responsible for the student's diabetes treatment, shall develop a diabetes management and treatment plan (DMTP).

REQUIRED
ELEMENTS

The DMTP must:

1. Identify the health-care services the student may receive at school;
2. Evaluate the student's ability to manage and level of understanding of the student's diabetes; and
3. Be signed by the parent or guardian and the physician.

SUBMISSION
TO SCHOOL

The parent or guardian must submit the DMTP to the school:

1. Before or at the beginning of the school year;
2. On enrollment of the student, if the student enrolls after the beginning of the school year; or
3. As soon as practicable following a diagnosis of diabetes for the student.

Health and Safety Code 168.002

INDIVIDUALIZED
HEALTH PLAN

Upon receiving the student's DMTP, the school principal, or designee, and the school nurse, if a school nurse is assigned to the school, shall develop an individualized health plan (IHP) for the student. The IHP shall be developed in collaboration with the student's parent or guardian and, to the extent practicable, the physician responsible for the student's diabetes treatment and one or more of the student's teachers.

A student's IHP must incorporate components of the student's DMTP, including the information required under Health and Safety Code 168.002(b) [see REQUIRED ELEMENTS, above].

Health and Safety Code 168.001(3); 168.003

REQUIRED CARE

Each school shall adopt a procedure to ensure that a school nurse or at least one unlicensed diabetes care assistant (UDCA) is present and available to provide the required care to a student with diabetes during the regular school day. The District may not restrict the assignment of a student with diabetes to a particular campus on the basis that the campus does not have the required UDCA's.

Health and Safety Code 168.007(c), (d)

If a school nurse is assigned to a campus and the nurse is available, the nurse

shall perform the tasks necessary to assist a student with diabetes in accordance with the student's IHP.

SCHOOL
NURSE NOT
AVAILABLE

If a school nurse is not assigned to the campus or a school nurse is not available, a UDCA shall perform the tasks necessary to assist the student in accordance with the student's IHP and in compliance with any guidelines provided during UDCA training. A UDCA may perform these tasks only if the parent or guardian of the student signs an agreement that:

1. Authorizes a UDCA to assist the student; and
2. States that the parent or guardian understands that a UDCA is not liable for civil damages [see IMMUNITY FROM LIABILITY, below].

Health and Safety Code 168.007(a)

If a school nurse is not assigned to a campus:

1. A UDCA must have access to an individual with expertise in the care of persons with diabetes, such as a physician, a registered nurse, a certified diabetes educator, or a licensed dietitian; or
2. The principal must have access to the physician responsible for the student's diabetes treatment.

Health and Safety Code 168.007(b)

UNLICENSED
DIABETES CARE
ASSISTANTS

At each school in which a student with diabetes is enrolled, the principal shall:

1. Seek school employees who are not health-care professionals to serve as UDCAs and to care for students with diabetes; and
2. Make efforts to ensure the school has:
 - a. At least one UDCA if a full-time nurse is assigned to the school; and
 - b. At least three UDCAs if a full-time nurse is not assigned to the school.

"School employee" means a person employed by a school, a local health department that assists the school under Health and Safety Code Chapter 168 (Care of Students with Diabetes), or another entity with whom the school has contracted to perform its duties under that chapter.

"Unlicensed diabetes care assistant" means a school employee who has successfully completed the required training [see UDCA TRAINING, below].

A school employee may not be subject to any penalty or disciplinary action for refusing to serve as a UDCA.

A UDCA shall serve under the supervision of the principal.

Health and Safety Code 168.004

UDCA TRAINING

Training for UDCAs must be provided by a health-care professional with expertise in the care of persons with diabetes or by a school nurse. The training must include instruction in the elements set forth at Health and Safety Code

168.005(d).

Training must be provided before the beginning of the school year or as soon as practicable following:

1. The enrollment of a student with diabetes at a campus that previously had no students with diabetes; or
2. A diagnosis of diabetes for a student at a campus that previously had no students with diabetes.

The school nurse or principal shall maintain a copy of the training guidelines and any records associated with the training.

Health and Safety Code 168.005

INFORMATION
TO EMPLOYEES

The District shall provide to each District employee who is responsible for providing transportation for a student with diabetes or supervising a student with diabetes during an off-campus activity a one-page information sheet that:

1. Identifies the student who has diabetes;
2. Identifies potential emergencies that may occur as a result of the student's diabetes and the appropriate responses to such emergencies; and
3. Provide the telephone number of a contact person in case of an emergency involving the student with diabetes.

Health and Safety Code 168.006

IMMUNITY
FROM LIABILITY

A school employee may not be subject to any disciplinary proceeding, as defined by Education Code 22.0512(b), resulting from any action taken in compliance with Health and Safety Code Chapter 168. The requirements of Chapter 168 are considered to involve the employee's judgment and discretion and are not considered ministerial acts for purposes of immunity under Education Code 22.0511. *Health and Safety Code 168.009(b)* [See DH]

A school nurse is not responsible for and may not be subject to disciplinary action under Occupations Code Chapter 301 for actions performed by a UDCA. *Health and Safety Code 168.009(b)*

A UDCA who assists a student as provided above [see REQUIRED CARE] in compliance with the student's IHP:

1. Is not considered to be engaging in the practice of professional or vocational nursing under Occupations Code Chapter 301 or other state law; and
2. Is exempt from any applicable state law or rule that restricts the activities that may be performed by a person who is not a health-care provider.

A UDCA may exercise reasonable judgment in deciding whether to contact a health-care provider in the event of a medical emergency involving a student with diabetes.

Health and Safety Code 168.007(e), (f)

DATE ISSUED: 08/16/2005
UPDATE 76
FFAF(LEGAL)-P

This online presentation of your district's policy is an electronic representation of TASB's record of the district's currently adopted policy manual. It does not reflect updating activities in progress. The official, authoritative manual is available for inspection in the office of the Superintendent. [See BF (LOCAL) for further information.]

Texas Administrative Code

TITLE 25 HEALTH SERVICES
PART 1 DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 97 COMMUNICABLE DISEASES
SUBCHAPTER B IMMUNIZATION REQUIREMENTS IN TEXAS ELEMENTARY AND SECONDARY SCHOOLS AND INSTITUTIONS OF HIGHER EDUCATION

Rules

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TITLE 25

HEALTH SERVICES

PART 1

DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 97

COMMUNICABLE DISEASES

SUBCHAPTER B

IMMUNIZATION REQUIREMENTS IN TEXAS
ELEMENTARY AND SECONDARY SCHOOLS AND
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RULE §97.61

Children and Students Included in Requirements

(a) The vaccine requirements apply to all children and students entering, attending, enrolling in, and/or transferring to child-care facilities or public or private primary or secondary schools or institutions of higher education.

(b) The vaccines required in this section are also required for all children in the State of Texas, including children admitted, detained, or committed in Texas Department of Criminal Justice, Texas Mental Health and Mental Retardation, and Texas Youth Commission facilities.

(c) The vaccine requirements are adopted as a statewide control measure for communicable disease as defined in Health and Safety Code, §81.081 and §81.082. The requirements are adopted as an "instruction" of the department as that term is used in the Health and Safety Code, §81.002.

Source Note: The provisions of this §97.61 adopted to be effective April 1, 2004, 29 TexReg 3188

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ELEMENTARY AND SECONDARY SCHOOLS AND
INSTITUTIONS OF HIGHER EDUCATION****RULE §97.62****Exclusions from Compliance**

Exclusions from compliance are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Children and students in these categories must submit evidence for exclusion from compliance as specified in the Health and Safety Code, §161.004(d), Health and Safety Code, §161.0041, Education Code, Chapter 38, Education Code, Chapter 51, and the Human Resources Code, Chapter 42.

(1) To claim an exclusion for medical reasons, the child or student must present a statement signed by the child's physician (M.D. or D.O.), duly registered and licensed to practice medicine in the United States who has examined the child, in which it is stated that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

(2) To claim an exclusion for reasons of conscience, including a religious belief, a signed affidavit must be presented by the child's parent or guardian, stating that the child's parent or guardian declines vaccinations for reasons of conscience, including because of the person's religious beliefs. The affidavit will be valid for a two-year period. The child, who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by the commissioner of public health.

(A) A person claiming exclusion for reasons of conscience, including a religious belief, from a required immunization may only obtain the affidavit form by submitting a written request to the department. The request must include the following:

- (i) full name of child;
- (ii) child's date of birth (month/day/year);

(B) Written requests must be submitted through the United States Postal Service (or other commercial carrier), by facsimile, or by hand delivery to the department's Bureau of Immunization and Pharmacy Support, 1100 West 49th Street, Austin, Texas 78756.

(C) Upon request, one affidavit form for each child will be mailed unless otherwise specified (shall not exceed a maximum of five forms per child).

(D) The department shall not maintain a record of the names of individuals who request an affidavit and shall return the original request with the forms requested.

(3) To claim an exclusion for armed forces, persons who can prove that they are serving on active duty with the armed forces of the United States are exempted from the requirements in these sections.

Source Note: The provisions of this §97.62 adopted to be effective April 1, 2004, 29 TexReg 3188

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INSTITUTIONS OF HIGHER EDUCATION****RULE §97.63****Required Immunizations**

Every child in the state shall be immunized against vaccine preventable diseases caused by infectious agents in accordance with the following immunization schedule.

(1) In accordance with the Texas Department of Health Immunization Schedule as informed by the Advisory Committee on Immunization Practices' (ACIP) recommendations and adopted by the Texas Board of Health and published in the *Texas Register* annually, for all vaccines herein, vaccine doses administered less than or equal to four days before the minimum interval or age shall be counted as valid.

(2) A child or student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school, or institution of higher education.

(A) Children enrolled in child-care facilities, pre-kindergarten, or early childhood programs shall have the following.

(i) Age-appropriate vaccination against diphtheria, pertussis, tetanus, poliomyelitis, *Haemophilus influenzae* type b, measles, mumps, rubella, hepatitis B, and varicella in accordance with the Texas Department of Health Immunization Schedule as informed by the Advisory Committee on Immunization Practices' (ACIP) recommendations and adopted by the Texas Board of Health and published in the *Texas Register* annually. A copy of the current schedule is available at www.ImmunizeTexas.com or by mail to the Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.

(ii) Hepatitis A. Age-appropriate vaccination against hepatitis A for children attending a child-care facility, pre-kindergarten or early childhood programs located in a high incidence geographic area as designated by the department. A list of geographic areas for which hepatitis A is mandated shall be published in the *Texas Register* on an annual basis and is available at www.ImmunizeTexas.com or by mail to the Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.

(B) Students in kindergarten through twelfth grade shall have the following vaccines.

(i) Poliomyelitis.

(I) Upon entry into kindergarten, students are required to have four doses of polio vaccine one of which must have been received on or after the fourth birthday. Or, if the third dose was administered on or after the fourth birthday only three doses are required. If any combination of four doses of OPV and IPV was received before four years of age no additional dose if required.

(II) Polio vaccine is not required for persons eighteen years of age or older.

(ii) Diphtheria/Tetanus/Pertussis.

(I) Upon entry into kindergarten, students are required to have five doses of a diphtheria-tetanus-pertussis containing vaccine in any combination unless the fourth dose was received on or after the fourth birthday in which case only four doses are required.

(II) Students who started their vaccinations after age seven are required to have at least three doses of a tetanus-diphtheria containing vaccine. Any combination of three doses of a tetanus-diphtheria containing vaccine will meet this requirement. One dose of a tetanus-diphtheria containing vaccine is required within the last ten years.

(iii) Measles. Two doses of measles-containing vaccine are required. The first dose shall be administered on or after the first birthday.

(iv) Rubella. One dose of rubella vaccine received on or after the first birthday is required.

(v) Mumps. One dose of mumps vaccine received on or after the first birthday is required.

(vi) Hepatitis B.

(I) Three doses of hepatitis B vaccine are required for the following grades for the following school years:

(-a-) 2004-2005 for kindergarten through fifth grade and seventh through tenth grade;

(-b-) 2005-2006 for kindergarten through eleventh grade; and

(-c-) thereafter, beginning in school year 2006-2007, for all students in grades kindergarten through twelfth grade.

(II) In some circumstances, the United States Food and Drug Administration may approve the use of an alternative dosage schedule for an existing vaccine. These alternative regimens may be used to meet this requirement only when alternative regimens are fully documented. Such documentation must include vaccine manufacturer and dosage received for each dose of that vaccine.

(vii) Varicella. One dose of varicella vaccine received on or after the first birthday is required for the following grades for the following school years:

(I) 2004-2005 for kindergarten through fourth grade and seventh through tenth grade;

(II) 2005-2006 for kindergarten through fifth grade and seventh through eleventh grade; and

(III) thereafter, beginning in school year 2006-2007, for all students in grades kindergarten through twelfth grade. Two doses are required if the child was thirteen years old or older at the time the first dose of varicella vaccine was received.

(viii) Hepatitis A. Upon entry into kindergarten through third grade, two doses of hepatitis A

vaccine are required for students attending a school located in a high incidence geographic area as designated by the department. The first dose shall be administered on or after the second birthday. A list of geographic areas for which hepatitis A is mandated shall be published in the *Texas Register* on an annual basis and is available at www.ImmunizeTexas.com , or by mail request at Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.

Source Note: The provisions of this §97.63 adopted to be effective April 1, 2004, 29 TexReg 3188

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ELEMENTARY AND SECONDARY SCHOOLS AND
INSTITUTIONS OF HIGHER EDUCATION****RULE §97.64****Required Vaccinations for Students Enrolled in Health-
related and Veterinary Courses in Institutions of Higher
Education**

-
- (a) This section applies to all students enrolled in health-related courses, which will involve direct patient contact in medical or dental care facilities. This includes all medical interns, residents, fellows, nursing students, and others who are being trained in medical schools, hospitals, and health science centers listed in the Texas Higher Education Coordinating Board's list of higher education in Texas; and students attending two-year and four-year colleges whose course work involves direct patient contact regardless of the number of courses taken, number of hours taken, and the classification of the student. Subsection (i) of this section also applies to veterinary medical students whose course work involves direct contact with animals or animal remains regardless of number of courses taken, number of hours taken, and the classification of the student.
- (b) Students may be provisionally enrolled for up to one semester or one quarter to allow students to attend classes while obtaining the required vaccines and acceptable evidence of vaccination.
- (c) Students cannot be provisionally enrolled without at least one dose of measles, mumps, and rubella vaccine if direct patient contact will occur during the provisional enrollment period.
- (d) Polio vaccine is not required. Students enrolled in health-related courses are encouraged to ascertain that they are immune to poliomyelitis.
- (e) One dose of tetanus-diphtheria toxoid (Td) is required within the last ten years.
- (f) Students who were born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968.
- (g) Students must show, prior to patient contact, acceptable evidence of vaccination of one dose of rubella vaccine.
- (h) Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of one dose of mumps vaccine.
- (i) Students shall receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus.
- (j) Students enrolled in schools of veterinary medicine shall receive a complete primary series of rabies vaccine prior to the start of contact with animals or their remains; and, a booster dose of rabies vaccine

every two years unless protective serum antibody levels are documented.

(k) Students shall receive two doses of varicella vaccine unless the first dose was received prior to thirteen years of age.

Source Note: The provisions of this §97.64 adopted to be effective April 1, 2004, 29 TexReg 3188

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RULE §97.65

Exceptions to Immunization Requirement (Verification of Immunity/History of Illness)

(a) Serologic confirmations of immunity to measles, rubella, mumps, hepatitis A, hepatitis B, or varicella, are acceptable. Evidence of measles, rubella, mumps, hepatitis A, or hepatitis B, or varicella illnesses must consist of a laboratory report that indicates either confirmation of immunity or infection.

(b) A parent or physician validated history of varicella disease (chickenpox) or varicella immunity is acceptable in lieu of vaccine. A written statement from a physician, or the student's parent or guardian, or school nurse, must support histories of varicella disease.

Source Note: The provisions of this §97.65 adopted to be effective April 1, 2004, 29 TexReg 3188

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RULE §97.66

Provisional Enrollment

(a) The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

(b) A student who is homeless, as defined by §103 of the McKinney Act, 42 USC §11302, shall be admitted temporarily for 30 days if acceptable evidence of vaccination is not available. The school shall promptly refer the student to appropriate public health programs to obtain the required vaccinations.

Source Note: The provisions of this §97.66 adopted to be effective April 1, 2004, 29 TexReg 3188

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RULE §97.67

School Records

All schools and child-care facilities are required to maintain immunization records sufficient for a valid audit to be completed.

Source Note: The provisions of this §97.67 adopted to be effective April 1, 2004, 29 TexReg 3188

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RULE §97.68

Acceptable Evidence of Vaccination

(a) Vaccines administered after September 1, 1991, shall include the month, day, and year each vaccine was administered.

(b) Documentation of vaccines administered that include the signature or stamp of the physician or his/her designee, or public health personnel is acceptable.

(c) An official immunization record generated from a state or local health authority, such as a registry, is acceptable.

(d) A record received from school officials including a record from another state is acceptable.

Source Note: The provisions of this §97.68 adopted to be effective April 1, 2004, 29 TexReg 3188

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RULE §97.69

Transfer of Records

(a) A student can be enrolled provisionally for no more than 30 days if he/she transfers from one Texas school to another, and is awaiting the transfer of the immunization record.

(b) A dependent of a person who is on active duty with the armed forces of the United States can be enrolled provisionally for no more than 30 days if he/she transfers from one school to another and is awaiting the transfer of the immunization record.

Source Note: The provisions of this §97.69 adopted to be effective April 1, 2004, 29 TexReg 3188; amended to be effective December 30, 2004, 29 TexReg 11973

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RULE §97.70

Review of Records and Assistance

Representatives of the department and local health authorities may advise and assist schools in meeting these requirements. The department shall conduct periodic review of de-identified school immunization records in order to allow public health officials to obtain information required for public health purposes.

Source Note: The provisions of this §97.70 adopted to be effective April 1, 2004, 29 TexReg 3188

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RULE §97.71

Annual Report of Immunization Status

Schools shall submit annual reports of the immunization status of students, in a format prescribed by the department, to monitor compliance with these requirements.

Source Note: The provisions of this §97.71 adopted to be effective April 1, 2004, 29 TexReg 3188

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RULE §97.72

Vaccine-Preventable Disease Outbreaks

In the event of an outbreak of vaccine-preventable disease, the local health authority may require or recommend additional doses or boosters to provide further protection.

Source Note: The provisions of this §97.72 adopted to be effective April 1, 2004, 29 TexReg 3188

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Mineral Wells Independent School District
906 SW 5th Avenue
Mineral Wells, TX 76067
940-325-6404

Student Health/Emergency Information

Emergency Contact Information

2006-2007

Student's Name: _____ Grade: _____

Date of Birth: _____ Social Security # _____

Address: _____

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Emergency Phone: _____

List two people who agree to assume temporary care of your child if you can't be reached

Name: _____ Phone (H): _____ (W): _____

Name: _____ Phone (H): _____ (W): _____

Family Physician: _____ Phone: _____

Personal Insurance Carrier & Policy #: _____

List daily medications taken: _____

Allergic to medications? _____ List: _____

List all medical conditions, allergies, operations, procedures, or special health needs. List age of child or year of operations or procedures: _____

May we share your child's medical information with his/her teacher?

Yes _____ No _____

May we contact your family physician concerning your child's medical condition if necessary? Yes: _____ No: _____

I attest that I am the Parent/Guardian of the above named child, and that I authorize officials of Mineral Wells ISD to contact directly any persons named on this form, also authorizing medical personnel to render such treatment in the event a Parent or other persons named on this form cannot be reached. School officials are authorized to take whatever action is considered necessary, in their judgement, for the health and well being of my child, *including transport to the nearest Hospital Emergency Room.*

Parent/Guardian: _____ Date: _____

**MINERAL WELLS INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

AUTHORIZATION FOR MEDICATION ADMINISTRATION
THIS SECTION TO BE COMPLETED BY PARENT/PHYSICIAN

CHILD'S NAME: _____ GRADE: _____
PHYSICIAN'S NAME: _____ PHONE: _____ FAX: _____

PRESCRIPTION MEDICATIONS – MAY BE COMPLETED BY PARENT* OR PHYSICIAN

- IF PRESCRIPTION IS CURRENT

<u>MEDICATION AND STRENGTH</u>	<u>DOSAGE</u>	<u>TIME(S)</u>
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

CURRENT PRESCRIPTION NUMBER: _____ DATE OF PRESCRIPTION: _____

ADDITIONAL INSTRUCTIONS: _____

MAY MORNING DOSE BE TAKEN AT SCHOOL IF FORGOTTEN AT HOME? YES _____ NO _____
(IT IS THE RESPONSIBILITY OF THE PARENT TO NOTIFY SCHOOL PERSONNEL OF MISSED MORNING DOSES)

NON-PRESCRIPTION MEDICATIONS MUST BE COMPLETED BY CHILD'S PHYSICIAN

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>TIME(S)</u>
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

EXPECTED DURATION OF TREATMENT: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

I CERTIFY THAT I AM THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD AND THAT THIS MEDICATION IS NECESSARY FOR THE HEALTH AND WELL BEING OF MY CHILD WHILE HE OR SHE IS AT SCHOOL. THE MEDICATION HAS BEEN PRESCRIBED BY A PHYSICIAN OR PURCHASED OVER THE COUNTER, AT THE PHYSICIAN'S RECOMMENDATION, AND WILL BE FURNISHED IN THE ORIGINAL CONTAINER, LABELED WITH STUDENT'S NAME AND INSTRUCTION FOR ADMINISTRATION TO MY CHILD.

I REQUEST THAT MY CHILD BE ASSISTED BY AUTHORIZED SCHOOL PERSONNEL IN TAKING THIS MEDICATION. I ALSO REQUEST THAT ANY MORNING DOSES, WHICH HAVE BEEN FORGOTTEN AT HOME, BE GIVEN AT SCHOOL WITH MY WRITTEN OR VERBAL PERMISSION AT THE TIME.

I WILL NOT HOLD THE MINERAL WELLS SCHOOL DISTRICT, ITS BOARD OF TRUSTEES, OR ANY OF ITS EMPLOYEES LIABLE IN CASE OF ADVERSE REACTIONS OR EFFECTS FROM MEDICATION ADMINISTERED TO MY CHILD AT MY REQUEST.

ANY REVISIONS IN THE ABOVE REQUEST OCCUR; A WRITTEN REVISED STATEMENT MUST BE SUBMITTED TO THE SCHOOL. THIS INCLUDES DISCONTINUATION OF PRESCRIPTION MEDICATIONS GIVEN DURING SCHOOL HOURS.

PARENT/GUARDIAN: _____ DATE: _____

**MINERAL WELLS INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

ACCEPTANCE OF CONTROLLED MEDICATION

TO BE COMPLETED BY MWISD SCHOOL NURSE/STAFF

NAME OF STUDENT: _____ DATE: _____ TIME: _____
A.M./P.M

THE FOLLOWING MEDICATION WAS TURNED INTO THE NURSE'S OFFICE

* MEDICATION AND STRENGTH: _____

* PRESCRIPTION NUMBER: _____

* DOSE TO BE GIVEN: _____

* TIME TO BE GIVEN: _____

* NUMBER OF PILLS BROUGHT: _____

PERSON BRINGING MEDICATION: _____
SIGNATURE

RELATIONSHIP TO STUDENT: _____
SIGNATURE

NURSE/STAFF RECEIVING MED: _____
SIGNATURE

WITNESSED BY: _____
(IF MEDICATION BROUGHT BY STUDENT) SIGNATURE

COMMENTS:

**MINERAL WELLS INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

REQUEST FOR CHANGE IN MEDICATION ADMINISTRATION

**THIS SECTION MAY BE COMPLETED BY PARENT, WITH PHYSICIAN SIGNATURE
PLEASE READ CAREFULLY**

NAME OF STUDENT _____ DATE: _____ TIME: _____

CURRENT MEDICATION AND STRENGTH: _____

CURRENT DOSE: _____

CURRENT TIME: _____

IT IS MY DESIRE THAT THE FOLLOWING CHANGE(S) BE MADE IN THE MEDICATION NOW BEING ADMINISTERED TO MY CHILD AT SCHOOL DURING SCHOOL HOURS.

I AM AWARE THAT ANY CHANGES MUST BE VERIFIED BY MY CHILD'S PHYSICIAN, AND MUST BE ACCOMPANIED BY A PRESCRIPTION BOTTLE WHICH HAS BEEN LABELED BY THE PHARMACY TO REGLECT THESE CHANGES.

NEW MEDICATION AND STRENGTH: _____

NEW DOSAGE: _____

NEW TIME: _____

PARENTS: _____ DATE: _____
SIGNATURE

PHYSICIAN: _____ DATE: _____
SIGNATURE

TO BE COMPLETED BY PARENT

THE ABOVE MEDICATIONS(S) HAVE BEEN DISCONTINUED, AND MY CHILD WILL NO LONGER BE TAKING ANY MEDICATION(S) AT SCHOOL DURING SCHOOL HOURS:

PARENT/GUARDIAN: _____ DATE: _____
SIGNATURE

TO BE COMPLETED BY MWISD SCHOOL NURSE/STAFF

REMAINING MEDICATION AT SCHOOL? YES _____ NO _____

IF YES:

PICKED UP BY: _____

RELATIONSHIP TO STUDENT: _____

NURSE/STAFF RELEASING MEDICATION: _____

WITNESSED BY: _____

**MINERAL WELLS INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

RELEASE OF CONTROLLED MEDICATION

TO BE COMPLETED BY MWISD SCHOOL NURSE/STAFF

NAME OF STUDENT: _____ **DATE:** _____ **TIME:** _____

THE FOLLOWING MEDICATION WAS PICKED UP FROM THE NURSE'S OFFICE:

MEDICATION AND STRENGTH: _____

PRESCRIPTION NUMBER: _____

NUMBER OF PILLS PICKED UP: _____

REASON FOR PICKING UP: _____

PERSON PICKING UP MEDICATION: _____

RELATIONSHIP TO STUDENT: _____

NURSE/STAFF RELEASING MEDICATION: _____

WITNESSED BY: _____

COMMENTS:

**MINERAL WELLS INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

AUTHORIZATION FOR STUDENT POSSESSION OF PRESCRIBED ASTHMA INHALER

TO BE COMPLETED BY PARENT/GUARDIAN

CHILD'S NAME: _____ DATE: _____

PARENT/GUARDIAN NAME: _____

PARENT'S HOME NUMBER: _____ (OTHER): _____

PARENT'S WORK NUMBER: _____

- I REQUEST THAT MY CHILD BE ALLOWED TO CARRY A PRESCRIBED ASTHMA INHALER WITH HIM/HER DURING SCHOOL HOURS. MY CHILD HAS BEEN TAUGHT THE CORRECT PROCEDURE FOR USING THE INHALER, AND I HAVE WITNESSED HIM/HER DEMONSTRATING CORRECT TECHNIQUE.
- I WILL NOT HOLD THE MWISD, ITS BOARD OF TRUSTEES, OR ANY OF ITS EMPLOYEES LIABLE IN CASE OF ADVERSE REACTIONS OR EFFECTS FROM THIS MEDICATION, OR IN CASE OF DELIBERATE MISUSE OF THE MEDICATION BY MY CHILD.

PARENT/ GUARDIAN _____ DATE: _____

SIGNATURE

TO BE COMPLETED BY CHILD'S PHYSICIAN

PHYSICIAN'S NAME: _____ DATE: _____

PHONE: _____ FAX: _____

- IT IS MY OPINION THAT THE FOLLOWING ASTHMA INHALER SHOULD BE KEPT WITH THIS STUDENT AND SELF-ADMINISTERED AS PRESCRIBED BELOW.
- I CONSIDER THE STUDENT TO BE SUFFICIENTLY MATURE AND RESPONSIBLE, AND HE/SHE HAS DEMONSTRATED CORRECT TECHNIQUE IN SELF-ADMINISTRATION.

NAME OF MEDICATION: _____

DOSAGE: _____

TIME(S): _____

PHYSICIAN: _____ DATE: _____

SIGNATURE

**MINERAL WELLS INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

STUDENT: _____ DATE: _____

PARENT SIGNATURE: _____

Dear Parent/Guardian,

Your student's head was checked today and head lice and/or nits were discovered. Mineral Wells I.S.D. policy states: **STUDENTS MUST BE FREE OF ALL LICE AND NITS.** A student found to have lice/and or nits will not be allowed to remain at school even if this means bringing the student to your place of employment.

Your child must be treated with an anti-lice preparation and **ALL** nits and lice must be removed from the hair before he/she can be readmitted to school.

ACCORDING TO MWISD BOARD POLICY # 182903, TO BE READMITTED TO SCHOOL EACH STUDENT MUST GO THROUGH THE FOLLOWING PROCEDURE:

1. Students must be accompanied to school by a parent or other responsible adult.
2. He/She must be admitted through the school nurse's office.
3. He/She must be cleared of all nits and lice. **IF NITS OR LICE ARE FOUND THE STUDENT WILL NOT BE ADMITTED TO SCHOOL.**
4. No more than two (2) days will be allowed for lice/nit removal and re-admission to school.

Mineral Wells I.S.D.
Health Services

Date returning to school: _____

Please return this letter when the student is checked for admission and returned to school.

**MINERAL WELLS INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

RASHES

Mineral Wells Independent School District policy concerning rashes indicates that students with unidentifiable rashes are to be sent home and may not return to school unless either one or both of the following conditions are met:

- 1. The rash is gone, no longer in evidence on the student.**
- 2. The student submits a signed doctor's note stating that the student may return to school and that the rash is not an indication of contagion.**

(PLEASE REMEMBER SCHOOL NURSES CAN NOT MAKE DIAGNOSIS)

Date returning to school: _____

Please return this letter when the student is checked for admission and returned to school.