

## **Health Requirements and Services: Medical Recommendations by School Personnel to Parents**

### **Medical Recommendations by School Personnel Testing**

School employees may provide information and observations to a student's parents or guardians about the student's:

1. progress;
2. health and wellness;
3. social interactions; and/or
4. behavior.

School employees may complete a behavioral health evaluation form if requested by a student's parent or guardian to provide information to a licensed physician.

In addition, a school employee may communicate information and observations between school personnel regarding a student. School employees may also refer a student to other appropriate school personnel and agents, including referrals and communication with a school counselor or other mental health professionals working within the school.

If a school employee believes a student is at risk of (a) attempting suicide, (b) physical self-harm, or (c) harming others, then the employee may question the student about the suicidal thoughts, self-harming behavior, or thoughts of harming others in order to refer the student to appropriate prevention services and to inform the student's parent or guardian. However, the questioning shall be limited to that which is necessary for referral to prevention services or to make the parent or guardian aware of the perceived risk. (See Policy FEA)

[Utah Code § 53A-13-302\(7\) \(2016\)](#)

If a school employee believes that a situation exists which presents a serious threat to the well-being of a student, that employee shall notify the student's parent or guardian without delay. The school employee may consult or use appropriate health care professionals in the event of an emergency while the student is at school, consistent with the student emergency information provided at student enrollment.

The school shall notify the parent or guardian of a student who:

1. threatens to commit suicide; or
2. is involved in an incident of bullying, hazing, cyber-bullying, harassment or retaliation (whether as a victim or as a perpetrator).

The school shall produce and maintain a record that verifies that the parent or guardian was notified of the threats or incidents listed above. The record is a private record for purposes of the Government Records Access and Management Act.

The process for notifying a parent or guardian shall consist of:

1. The school principal or designee shall attempt to make personal contact with a parent or guardian when the school has notice of a threat or incident listed above. It is recommended that the parent be informed of the threat or incident with two school people present. If personal contact is not possible, the parent or guardian may be contacted by phone. A second school person should witness the phone call.
2. Contact with the parent or guardian must be documented in a "Verification of Parent or Guardian Contact Regarding Threat or Incident."

(A copy of the "Verification of Parent or Guardian Contact Regarding Threat or Incident" is attached below.) Subject to laws regarding confidentiality of student educational records, at the request of a parent or guardian, a school may provide information and make recommendations related to an incident or threat.

[Utah Code § 53A-11-605 \(2013\)](#)

[Utah Code § 53A-11a-203 \(2016\)](#)

The record of parental notification shall be maintained in accordance with Policy FE, Policy FEA, the [Utah Student Data Protection Act](#), Utah Code §§ [53A-13-301](#) and [53A-13-302](#), and the Federal Family Educational Rights and Privacy Act ("FERPA"). A copy of the record of parental notification shall upon request be provided to the student to whom the record relates. After the student has graduated, the District shall expunge the record of parental notification upon request of the student.

[Utah Code § 53A-11a-203 \(2016\)](#)

## **Schools Cannot Require Students to Take a Specific Medication or Treatment**

School employees shall not require that a student take or continue to take a specific medication, whether over-the-counter or prescription medicine, as a condition for attending school.

This policy does not include immunizations against communicable diseases as required by the Department of Health as a prerequisite to school attendance. See Policy FDAB.

School employees may not:

1. recommend to a parent or guardian that a student take or continue to take a psychotropic medication;
2. require that a student take or continue to take a psychotropic medication as a condition for attending school;
3. recommend that a parent or guardian seek or use a type of psychiatric or psychological treatment for a student;

4. conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a student, except when necessitated to meet the requirements of the Individuals with Disabilities Education Act, [20 U.S.C. § 1400 et seq.](#), and its subsequent amendments; or
5. make a child abuse or neglect report to authorities, including the Division of Student and Family Services, solely or primarily on the basis that a parent or guardian refuses to consent to:
  - a. a psychiatric, psychological, or behavioral treatment for a student, including the administration of a psychotropic medication to a student; or
  - b. a psychiatric or behavioral health evaluation of a student.
    - i. However, school employees may make a report that would otherwise be prohibited under Subsection (5) if failure to take the action described under Subsection (5) would present a serious, imminent risk to the student's safety or the safety of others.

[Utah Code § 53A-11-605 \(2013\)](#)

## **School Mental Health Professionals and Counselors Can Recommend Treatment or Evaluation**

A school counselor or other mental health professional acting in accordance with the Mental Health Professional Practice Act, or licensed through the State Board of Education, working within the school system may:

1. recommend, but not require, a psychiatric or behavioral health evaluation of a student;
2. recommend, but not require, psychiatric, psychological, or behavioral treatment for a student;
3. provide to a parent or guardian, upon the specific request of the parent or guardian, a list of three or more health care professionals or providers, including licensed physicians, psychologists, or other health specialists; and
4. conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a student; however, prior written consent of the student's parent or guardian and a two-week minimum notification period are required prior to conducting the behavioral health evaluation or mental health screening, test, evaluation, or assessment. A parent or guardian may waive the two week minimum notification period. However, this written consent and notice is not required before questioning a student believed to be at risk of suicide, physically self-harming behavior, or harming others to

the extent needed for referral to appropriate prevention services and to notify the parent or guardian of the perceived risk. See Policy FEA.

[Utah Code § 53A-11-605 \(2013\)](#)

[Utah Code § 53A-13-302\(7\) \(2016\)](#)

## **Training and Discipline**

Each school shall provide training to the appropriate personnel on the proper application of this policy. An intentional violation of this policy shall be dealt with according to the provisions of Policy DHA—Orderly School Termination for Employees.

[Utah Code § 53A-11-605 \(2013\)](#)

## VERIFICATION OF PARENT OR GUARDIAN CONTACT REGARDING THREAT OR INCIDENT

I, [Name] \_\_\_\_\_, principal or principal's designee, contacted [Name of parent or guardian] \_\_\_\_\_ on [Date] \_\_\_\_\_ and notified him or her that [Name of student] \_\_\_\_\_ has made suicidal threats or was involved in an incident of bullying, hazing, cyber-bullying, harassment or retaliation. Contact was made:

[ ☐ ] in person

[ ☐ ] by telephone (number used: \_\_\_\_\_)

[ ☐ ] by email (email address used: \_\_\_\_\_)

[ ☐ ] by other method (specify: \_\_\_\_\_)

Notice was given of:

[ ☐ ] suicide threat

[ ☐ ] bullying incident

[ ☐ ] cyber-bullying incident

[ ☐ ] harassment incident

[ ☐ ] hazing incident

[ ☐ ] retaliation incident

[Name of school staff member] \_\_\_\_\_, witnessed the contact.

_____	_____	_____
Principal or Principal's Designee	Title	Date

_____	_____	_____
School Staff Member	Title	Date