811 School Health Record Keeping Requirements

1.0 Definitions

“Delaware School Health Record” means an electronic document containing information about a student’s health, which includes but is not limited to the student’s name, gender, birthdate, immunizations, results of testing and screenings, medical diagnoses, issued or prescribed medications and treatments, student athlete health records compiled in compliance with DIAA regulations and referrals.

“Department” means the Delaware Department of Education.

“Emergency/Nursing Treatment Card” means a form containing contact information and general school emergency procedures for the care of a student who becomes sick or injured at school. The card contains the following information: the student’s name, birth date, school district, school, grade or class assignment, home address, and telephone number; the name, place of employment and work telephone number of the parent, guardian or Relative Caregiver; two other names, addresses, and telephone numbers of individuals who can be contacted at times when the parent, guardian or Relative Caregiver cannot be reached; the name and telephone number of the primary health care provider and family dentist; any medical conditions or allergies the student has; and the student’s medical insurance.

“Student Accident Report Form” means a form developed by the Department that is used by the district or charter to review school accidents resulting in medical evaluation or referral.

“Student Health History Update” means a form developed by the Department that is used to obtain current student health information from the parent, guardian, or Relative Caregiver or the student if 18 years or older or an unaccompanied homeless youth.

“Summary of School Health Services” means an annual report created by the Department on school health services that have been provided and electronically documented by school nurses.

2.0 Emergency/Nursing Treatment Card

2.1 An Emergency/Nursing Treatment Card for each public school student shall be on file in the office of the school nurse.

2.1.1 The information on the Emergency/Nursing Treatment Card shall be shared only on a need to know basis as related to the education and health needs of the student and consistent with state and federal laws.

2.1.2 The parent, guardian or Relative Caregiver or the student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 U.S.C. 11434(a)) shall sign the Emergency/Nursing Treatment Card to assure they understand the purpose of the form and acknowledge the accuracy of the information.

2.1.3 The Emergency/Nursing Treatment Card is used to update the student’s medical information on the Delaware School Health Record and student’s contact information in the district or charter electronic pupil accountability system.

2.1.4 The contact information on the Emergency/Nursing Treatment Card shall be used by the school nurse to contact the parent, guardian or Relative Caregiver regarding any health-related matter and to identify a person to pick up or provide consultation regarding the student’s acute illness or injury.

3.0 Delaware School Health Record

3.1 The Delaware School Health Record shall be current and shall be part of the student’s health record within the Cumulative Record File (14 DE Admin. Code 252) which accompanies the student when he or she moves to another school.

3.2 The Delaware School Health Record shall be maintained for the duration of the student’s schooling and the school nurse shall use the Student Health History Update to keep health records current.
3.2.1 The Delaware School Health Record shall be maintained within an electronic documentation program and transferred electronically with the student. If the Delaware School Health Record cannot be transferred electronically, a hard copy shall be created and transferred to the receiving school.

3.3 Documentation received on the student's health, including parent medication permission slips and immunization records, shall be recorded in his or her electronic Delaware School Health Record. Hard copies of the documents shall be maintained in an individual school health folder.

10 DE Reg. 1807 (06/01/07)
19 DE Reg. 490 (12/01/15)


4.0 Other Required Documentation

4.1 The school nurse shall document in the state, district, or charter electronic health record system for individual student health data any nursing care provided including the school name, a three point date, the person's (student, staff or visitor) first and last name, the time of arrival and departure, the presenting complaint, the nurse's assessment intervention and the outcome, including the disposition of the situation, the parent or other contact, if appropriate, and the nurse's complete signature or initials.

4.1.1 The school nurse shall document the care given at the time of a school based accident by completing the Student Accident Report Form if the student missed more than one half day because of the accident or if the school nurse has referred the student for a medical evaluation regardless of whether the parent, guardian or Relative Caregiver or student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 U.S.C. 11434(a)) followed through on that request.

10 DE Reg. 1807 (06/01/07)
19 DE Reg. 490 (12/01/15)

5.0 Submission of Records

The Department will annually create the Summary of School Health Services provided by districts and charters. Data from the previous school year shall be collected from the state's pupil accountability system after August 15th. Any district or charter using an alternative electronic health record shall submit an electronic version of the Summary of School Health Services report to the Department by August 31st of each year.

10 DE Reg. 1807 (06/01/07)
19 DE Reg. 490 (12/01/15)