

Nursing], PHYSICIAN ASSISTANT, OR OTHER APPROPRIATE HEALTH CARE PROVIDER.

(2) The local subdivisions shall be reimbursed for the purchase of necessary supplies for the Program.

(3) The Department of Health and Mental Hygiene or the Baltimore City Health Department shall designate a part-time health research design analyst:

(i) To plan the design of the Program;

(ii) To work with the local subdivisions to collect and analyze data during the program period; and

(iii) Subject to § 2-1312 of the State Government Article, to prepare the reports to the General Assembly and the Secretary of Health and Mental Hygiene on [July 1, 1982 and July 1, 1983] JULY 1, 1992 AND JULY 1, 1997 ON THE STATUS AND SUCCESS OF THE PROGRAM.

[(d) One currently employed community health nurse from each subdivision shall have attended the new pediatric-school nurse practitioner continuing education program at the University of Maryland School of Nursing in order to obtain the additional education and skills necessary to function as a pediatric-school nurse practitioner.]

[(e)] (D) The Program staff shall develop [a] OR APPROPRIATELY ADAPT AN EXISTING parental consent form for the provision of health services.

7-414.

(a) (1) In Baltimore City, the [pediatric-school] nurse practitioner, PHYSICIAN ASSISTANT, OR OTHER APPROPRIATE HEALTH CARE PROVIDER shall be assigned to Walbrook Senior High School, P.S. 411.

(2) The range of services provided by the nurse practitioner, PHYSICIAN ASSISTANT, OR OTHER APPROPRIATE HEALTH CARE PROVIDER with appropriate physician collaboration should, to the extent feasible, include:

(i) Total health assessment including history, physical examination, and neurological evaluation for all entering students and handicapped students, provided however, that existing health records of the student shall be used if available;

(ii) Selected screening tests, including scoliosis screening;

(iii) Referral to and follow-up with identified primary care sources for each student in the targeted population;

(iv) Follow-up on treated sports injuries;

(v) Management of selected minor illnesses and injuries in the school according to treatment protocols which will be developed; and

(vi) Establishment of working relationships with all teachers, especially health education teachers.