

**IC 20-34**

**ARTICLE 34. STUDENT HEALTH AND SAFETY MEASURES**

**IC 20-34-1**

**Chapter 1. Acquired Immune Deficiency Syndrome Advisory Council**

**IC 20-34-1-1**

**"AIDS"**

Sec. 1. As used in this chapter, "AIDS" means the communicable disease known as acquired immune deficiency syndrome.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-1-2**

**"Council"**

Sec. 2. As used in this chapter, "council" refers to an AIDS advisory council established under this chapter.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-1-3**

**Establishing council**

Sec. 3. (a) The governing body of each school corporation shall establish a council.

(b) Subsection (a) does not apply to a school corporation that has:

(1) established an advisory committee composed of parents, students, teachers, administrators, and representatives of the state department of health; and

(2) met and identified educational materials and resources reflecting community standards on AIDS before February 15, 1988.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-1-4**

**Membership; number; appointment**

Sec. 4. The council consists of thirteen (13) members. The governing body shall appoint all the members of the council.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-1-5**

**Qualification of trained council member**

Sec. 5. One (1) member of the council must be:

(1) a representative of the local board of health or state department of health; and

(2) trained in the area of dangerous communicable diseases, including AIDS.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-1-6**

**Remaining membership**

Sec. 6. The remaining members must include the following individuals:

- (1) Two (2) students.
- (2) Two (2) teachers.
- (3) Two (2) parents of children who attend public schools governed by the governing body.
- (4) Two (2) representatives of school administrators.
- (5) Two (2) representatives of the health care professions, one (1) of whom must be a physician licensed under IC 25-22.5.
- (6) Two (2) citizens who reside in the community served by the school corporation.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-1-7**

##### **Term**

Sec. 7. The term of a council member is two (2) years, beginning upon appointment. If a successor is not appointed at the end of the term, the term continues until a successor is appointed.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-1-8**

##### **Election of officers**

Sec. 8. The council shall, at its first meeting of each year, elect a chairperson, vice chairperson, and secretary.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-1-9**

##### **Terms of officers**

Sec. 9. The term of an officer elected under section 8 of this chapter:

- (1) begins upon election; and
- (2) ends upon the election of a successor.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-1-10**

##### **Staff**

Sec. 10. The governing body shall furnish the council with the necessary staff to conduct the council's business.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-1-11**

##### **Instruction of members**

Sec. 11. At the first meeting of each year, a representative of the local board of health or state department of health, or an individual approved by the state department of health, shall instruct the members of the council on the source, transmission, and prevention of AIDS.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-1-12**

**Public meeting; attitudes and values**

Sec. 12. At the second meeting of each year, the council shall hold a public meeting and solicit testimony from members of the community concerning community attitudes and values on matters that affect the instruction on AIDS that is presented within the school corporation.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-1-13**

**Educational materials and resources**

Sec. 13. The council shall do the following:

- (1) Identify and study educational materials and resources on AIDS that are available for use in the schools within the school corporation.
- (2) Determine which educational materials and resources are based on sound medical principles and reflect the attitude of the community.
- (3) Recommend to the school corporation educational materials and resources on AIDS that reflect the standards of the community.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-1-14**

**Governing body's duty to consider recommendations**

Sec. 14. The governing body shall consider the recommendations of the council.

*As added by P.L.1-2005, SEC.18.*

## **IC 20-34-2**

### **Chapter 2. Drug-Free Schools Committee**

#### **IC 20-34-2-1**

##### **"Committee"**

Sec. 1. As used in this chapter, "committee" refers to a drug-free schools committee.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-2-2**

##### **Establishing committee**

Sec. 2. To facilitate the establishment of drug-free schools in Indiana, the governing body of each school corporation shall establish a drug-free schools committee for each school in the school corporation.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-2-3**

##### **Membership**

Sec. 3. Each committee must consist of not more than fifteen (15) members who represent the following from the school corporation:

- (1) School personnel.
- (2) Parents of students.
- (3) Representatives of the community.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-2-4**

##### **Appointments**

Sec. 4. Appointments to the committee must be made in compliance with contractual provisions, discussion procedures, or past practice.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-2-5**

##### **Duties**

Sec. 5. Each committee shall do the following:

- (1) Develop a drug-free school plan that:
  - (A) requires each school to collect and report drug related activities in the school, including suspensions, expulsions, exclusions, police actions, or any other type of drug related behavior; and
  - (B) addresses ways to eliminate illegal drugs and drug related behavior in schools.
- (2) Oversee the implementation of the school plan.
- (3) Oversee the implementation of the curriculum under IC 20-30-5-11.

*As added by P.L.1-2005, SEC.18.*

## **IC 20-34-3**

### **Chapter 3. Health and Safety Measures**

#### **IC 20-34-3-1**

##### **Rules**

Sec. 1. (a) When the power to make rules for the administration of a section of this chapter or IC 20-34-4 is not specifically granted to a particular board or agency, the state department of health and the state board shall jointly adopt rules.

(b) A rule adopted under this chapter or IC 20-34-4 must comply with IC 4-22-2. However, the state department of health may prescribe forms for any reports required under this chapter or IC 20-34-4 without formal procedures.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-3-2**

##### **Religious objections**

Sec. 2. (a) Except as otherwise provided, a student may not be required to undergo any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 unless the objection is:

- (1) made in writing;
- (2) signed by the child's parent; and
- (3) delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or a treatment absent the objection.

(b) A teacher may not be compelled to undergo any testing, examination, or treatment under this chapter or IC 20-34-4 if the teacher objects on religious grounds. A religious objection does not exempt an objecting individual from any testing, examination, or treatment required under this chapter or IC 20-34-4 unless the objection is:

- (1) made in writing;
- (2) signed by the objecting individual; and
- (3) delivered to the principal of the school in which the objecting individual teaches.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-3-3**

##### **Exception for student's health**

Sec. 3. If a physician certifies that a particular immunization required by this chapter or IC 20-34-4 is or may be detrimental to a student's health, the requirements of this chapter or IC 20-34-4 for that particular immunization is inapplicable for the student until the immunization is found no longer detrimental to the student's health.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-3-4****Medical inspection of student**

Sec. 4. The governing body of a school corporation may provide for the inspection of students by a school physician to determine whether any child suffers from disease, disability, decayed teeth, or other defects that may reduce the student's efficiency or prevent the student from receiving the full benefit of the student's school work.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-3-5****Exemption from examination**

Sec. 5. If the parent of a student furnishes a certificate of examination from an Indiana physician at the beginning of a school year, the student is exempt from any examination the governing body requires under section 4 of this chapter. The certificate of examination must state that the physician has examined the student and reported the results of the examination to the parent. The governing body may require a parent to periodically furnish additional certificates.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-3-6****School physicians and nurses**

Sec. 6. (a) The governing body of a school corporation may appoint one (1) or more school physicians and one (1) or more nurses who are registered to practice nursing in Indiana.

(b) A nurse appointed under this section is responsible for emergency nursing care of students when an illness or accident occurs during school hours or on or near school property.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-3-7****Joint employment of physicians, health coordinators, or nurses**

Sec. 7. (a) Two (2) or more school corporations may jointly employ one (1) physician, one (1) health coordinator, and one (1) or more nurses. School corporations may also employ the personnel jointly with a civil city or town.

(b) Arrangements under this section must be on terms agreeable to all school corporations involved.

*As added by P.L.1-2005, SEC.18.*

**IC 20-34-3-8****School physician duties**

Sec. 8. A school physician shall promptly examine each student who is referred to the physician. The physician shall examine teachers and janitors and inspect school buildings to the extent required, in the physician's opinion, to protect the health of students and teachers.

*As added by P.L.1-2005, SEC.18.*

### **IC 20-34-3-9**

#### **Students found to be ill; medical care; readmission; appeals**

Sec. 9. (a) If a student is ill, has a communicable disease, or is infested with parasites, the school principal may send the student home with a note to the student's parent. The note must describe the nature of the illness or infestation and, if appropriate, recommend that the family physician be consulted.

(b) If the parent of a student who is sent home under this section is financially unable to provide the necessary medical care, the medical care shall be provided by a public health facility. If a public health facility is not available, the township trustee or an appropriate governmental agency shall provide the necessary care.

(c) A student who is sent home under this section may be readmitted to the school:

(1) when it is apparent to school officials that the student is no longer ill, no longer has a communicable disease, or is no longer infested with parasites;

(2) upon certification of a physician that the student is no longer ill, no longer has a communicable disease, or is no longer infested with parasites;

(3) upon certification of a physician that the student has a communicable disease, but the disease is not transmissible through normal school contacts; or

(4) upon certification of a Christian Science practitioner, who is listed in The Christian Science Journal, that based on the practitioner's observation the student apparently is no longer ill, no longer has a communicable disease, or is no longer infested with parasites.

If school personnel disagree with the certifying physician or Christian Science practitioner as to whether the student should be readmitted to school, the local health officer shall determine whether the student may be readmitted to school.

(d) An individual who objects to the determination made by the local health officer under this section may appeal to the commissioner of the state department of health, who is the ultimate authority. IC 4-21.5 applies to appeals under this subsection.

*As added by P.L.1-2005, SEC.18.*

### **IC 20-34-3-10**

#### **Sickle cell anemia tests**

Sec. 10. (a) A sickle cell anemia test shall be administered to each student when the examining physician or school nurse determines that the test is necessary. The physician shall state on the examination form whether the test was given and, if it was, the result. All positive results shall be filed with the examining physician and the state department of health.

(b) The state department of health and the state board shall adopt joint rules concerning sickle cell anemia testing equipment, qualifications for sickle cell anemia testing personnel, and sickle cell anemia testing procedures.

(c) Records of all tests administered under this section shall be made and continuously maintained by the state department of health to provide information useful in protecting, promoting, and maintaining the health of students.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-3-11**

##### **Lead poisoning tests**

Sec. 11. (a) The governing body of a school corporation may require students to be tested for lead poisoning.

(b) If a student's parent states in writing that the parent is financially unable to pay for a test under this section, the student shall be referred to the free clinic or public health facility in the area that provides services for indigents.

(c) The state department of health and the state board shall adopt joint rules concerning lead poisoning testing under this section.

(d) Records of all tests administered under this section shall be made and continuously maintained by the state department of health to provide information useful in protecting, promoting, and maintaining the health of students.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-3-12**

##### **Vision tests; records; report on information**

Sec. 12. (a) For purposes of this section, "modified clinical technique" means a battery of vision tests that includes:

- (1) a visual acuity test to determine an individual's ability to see at various distances;
- (2) a refractive error test to determine the focusing power of the eye;
- (3) an ocular health test to determine any external or internal abnormalities of the eye; and
- (4) a binocular coordination test to determine if the eyes are working together properly.

(b) For purposes of this section, "vision screening" means the testing of visual acuity to determine an individual's ability to see at various distances using:

- (1) the Snellen chart;
- (2) Sloan letters;
- (3) HOTV; or
- (4) LEA symbol optotypes;

at a distance of either ten (10) or twenty (20) feet for distance vision, depending on the calibration of the chart being used, and a distance of fourteen (14) inches for near vision.

(c) The modified clinical technique shall be performed by an ophthalmologist licensed as a physician under IC 25-22.5 or an optometrist licensed under IC 25-24.

(d) The governing body of each school corporation shall conduct a vision test for each student enrolling in or transferring into:

- (1) either kindergarten or grade 1;

- (2) grade 3;
- (3) grade 5; and
- (4) grade 8;

and for each student suspected of having a visual defect.

(e) The vision test for students in kindergarten and grade 1 shall be conducted using the modified clinical technique unless a waiver is granted under section 13 of this chapter. If a waiver is granted for a school corporation, the governing body shall conduct a vision screening upon each student's enrollment in kindergarten or grade 1.

(f) Each student described in subsection (d)(2), (d)(3), and (d)(4), and each student suspected of having a visual defect shall be tested using a vision screening of the student's visual acuity.

(g) The following standards apply for a vision screening under subsections (e) and (f):

(1) A student in kindergarten or grade 1 who is unable to read with each eye the 20/30 line of the Snellen chart or the 20/32 line of the Sloan letters, HOTV, or LEA symbol optotypes shall be recommended for further examination based upon the recommendation of the individual performing the screening.

(2) A student:

(A) in grade 3, grade 5, or grade 8; or

(B) suspected of having a visual defect;

who is unable to read with each eye the 20/30 line of the Snellen chart or the 20/32 line of the Sloan letters shall be recommended for further examination based upon the recommendation of the individual performing the screening.

(h) Records of all tests shall be made and continuously maintained by the school corporation to provide information useful in protecting, promoting, and maintaining the health of students. The state department of health and the state board shall adopt joint rules concerning vision testing equipment, qualifications of vision testing personnel, visual screening procedures, and criteria for failure and referral in the screening tests based on accepted medical practice and standards.

(i) The school corporation's governing body and the superintendent shall receive annually the following information concerning the tests conducted under this section:

(1) The number of students tested by grade.

(2) The number of students by grade who were tested using the modified clinical technique.

(3) The number of students by grade who were tested using a vision screening.

(4) The number of students by grade who passed a test.

(5) The number of students by grade who failed a test or were referred for further testing.

(6) The name of the individual or department that supervised the testing.

(j) Each school corporation shall annually provide to the department, for each school within the school corporation, the following information concerning the tests conducted under this

section:

- (1) the number of students tested by grade;
- (2) the number of students by grade who were tested using the modified clinical technique;
- (3) the number of students by grade who were tested using a vision screening;
- (4) the number of students who passed a test by grade; and
- (5) the number of students who failed a test or who were referred for further testing.

(k) Not later than October 1 each year, the department shall report for the previous school year:

- (1) a compilation of the information received from school corporations under subsection (j);
- (2) information received under section 13 of this chapter, including:
  - (A) the number of school corporations that applied for a waiver;
  - (B) the number of waivers approved;
  - (C) the number of waivers denied;
  - (D) the name of each school corporation that applied for a waiver and whether the waiver was approved or denied; and
  - (E) the reason for the approval or denial;
- (3) the total number of students eligible for testing; and
- (4) the total number of students tested;

to the legislative council in electronic format under IC 5-14-6.

*As added by P.L.1-2005, SEC.18. Amended by P.L.161-2009, SEC.3; P.L.89-2013, SEC.1.*

### **IC 20-34-3-13**

#### **School corporation waiver of vision tests; records of waiver requests**

Sec. 13. (a) If a school corporation is unable to comply with section 12(e) of this chapter, the governing body may, before November 1 of a school year, request from the state superintendent a waiver of the requirements of section 12(e) of this chapter.

(b) The waiver request under subsection (a) must:

- (1) be in writing;
- (2) include the reason or reasons that necessitated the waiver request; and
- (3) indicate the extent to which the governing body attempted to comply with the requirements under section 12(e) of this chapter.

(c) The state superintendent shall take action on the waiver request not later than thirty (30) days after receiving the waiver request.

(d) The state superintendent may:

- (1) approve the waiver request;
- (2) deny the waiver request; or
- (3) provide whatever relief that may be available to enable the school corporation to comply with the requirements under section 12(e) of this chapter.

(e) If the state superintendent approves the waiver request, the governing body shall conduct an annual screening test of the visual acuity of each student upon the student's enrollment in or transfer to grade 1.

(f) The governing body of each school corporation shall make and maintain records of all waivers requested by the governing body under this section.

(g) The state superintendent shall make and continuously maintain records of all actions taken by the state superintendent concerning all waivers requested under this section.

(h) A request for a waiver under this section must be made annually.

*As added by P.L.1-2005, SEC.18. Amended by P.L.161-2009, SEC.4; P.L.89-2013, SEC.2.*

### **IC 20-34-3-14**

#### **Hearing tests**

Sec. 14. (a) The governing body of each school corporation shall annually conduct an audiometer test or a similar test to determine the hearing efficiency of the following students:

- (1) Students in grade 1, grade 4, grade 7, and grade 10.
- (2) A student who has transferred into the school corporation.
- (3) A student who is suspected of having hearing defects.

(b) A governing body may appoint the technicians and assistants necessary to perform the testing required under this section.

(c) Records of all tests shall be made and continuously maintained by the school corporation to provide information that may assist in diagnosing and treating any student's auditory abnormality. However, diagnosis and treatment shall be performed only on recommendation of an Indiana physician who has examined the student.

(d) The governing body may adopt rules for the administration of this section.

*As added by P.L.1-2005, SEC.18.*

### **IC 20-34-3-15**

#### **Remedial measures for hearing impaired students**

Sec. 15. (a) Whenever the test required under section 14 of this chapter discloses that the hearing of a student is impaired and the student cannot be taught advantageously in regular classes, the governing body of the school corporation shall provide appropriate remedial measures and correctional devices. The governing body shall advise the student's parent of the proper medical care, attention, and treatment needed. The governing body shall provide approved mechanical auditory devices and prescribe courses in lip reading by qualified, competent, and approved instructors. The state superintendent and the director of the rehabilitation services bureau of the division of disability and rehabilitative services shall:

- (1) cooperate with school corporations to provide assistance under this section; and
- (2) provide advice and information to assist school corporations

in complying with this section.

The governing body may adopt rules for the administration of this section.

(b) Each school corporation may receive and accept bequests and donations for immediate use or as trusts or endowments to assist in meeting costs and expenses incurred in complying with this section. When funds for the full payment of the expenses are not otherwise available in a school corporation, an unexpended balance in the state treasury that is available for the use of local schools and is otherwise unappropriated may be loaned to the school corporation for that purpose by the governor. A loan made by the governor under this section shall be repaid to the fund in the state treasury from which the loan came not more than two (2) years after the date it was advanced. Loans under this section shall be repaid through the levying of taxes in the borrowing school corporation.

*As added by P.L.1-2005, SEC.18. Amended by P.L.141-2006, SEC.95.*

### **IC 20-34-3-16**

#### **Repealed**

*(Repealed by P.L.4-2007, SEC.1.)*

### **IC 20-34-3-17**

#### **AIDS information; contents; consent to distribute**

Sec. 17. (a) The state board shall provide information stressing the moral aspects of abstinence from sexual activity in any literature that it distributes to students and young adults concerning available methods for the prevention of acquired immune deficiency syndrome (AIDS). The literature must state that the best way to avoid AIDS is for young people to refrain from sexual activity until they are ready as adults to establish, in the context of marriage, a mutually faithful monogamous relationship.

(b) The state board may not distribute AIDS literature described in subsection (a) to students without the consent of the governing body of the school corporation the students attend.

*As added by P.L.1-2005, SEC.18.*

### **IC 20-34-3-18**

#### **Release of medication**

Sec. 18. (a) This section does not apply to medication possessed by a student for self-administration under IC 20-33-8-13.

(b) Medication that is possessed by a school for administration during school hours or at school functions for a student may be released to:

(1) the student's parent; or

(2) an individual who is:

(A) at least eighteen (18) years of age; and

(B) designated in writing by the student's parent to receive the medication.

(c) A school corporation may send home medication that is

possessed by a school for administration during school hours or at school functions with a student if the student's parent provides written permission for the student to receive the medication.

*As added by P.L.1-2005, SEC.18. Amended by P.L.76-2005, SEC.4.*

### **IC 20-34-3-19**

#### **Eye protection devices**

Sec. 19. (a) Each public school student and teacher shall wear industrial quality eye protective devices at all times while participating in any of the following courses:

- (1) Career and technical education involving experience with:
  - (A) hot molten metals;
  - (B) milling, sawing, turning, shaping, cutting, or stamping of any solid material;
  - (C) heat treatment, tempering, or kiln firing of any metal or material;
  - (D) gas or electric arc welding;
  - (E) repair or servicing of any vehicle; or
  - (F) caustic or explosive materials.

- (2) Chemical or combined chemical-physical laboratories involving caustic or explosive chemicals or hot liquids or solids.

(b) Eye protective devices are of industrial quality if the devices meet the standards of the American standard safety code for head, eye, and respiratory protection, Z2.1-1959, promulgated by the American Standards Association, Inc.

*As added by P.L.1-2005, SEC.18. Amended by P.L.234-2007, SEC.120.*

### **IC 20-34-3-20**

#### **Fire drills; tornado drills; manmade occurrence disaster drills**

Sec. 20. (a) The governing body of a school corporation shall require each school in the governing body's jurisdiction to conduct periodic fire drills during the school year in compliance with rules adopted under IC 4-22-2 by the state board.

(b) Each school and attendance center shall conduct at least:

- (1) one (1) tornado preparedness drill; and
- (2) one (1) manmade occurrence disaster drill;

during each semester.

(c) The governing body of a school corporation shall require each principal to file a certified statement that all drills have been conducted as required under this section.

*As added by P.L.1-2005, SEC.18. Amended by P.L.132-2007, SEC.8.*

## **IC 20-34-4**

### **Chapter 4. Immunizations**

#### **IC 20-34-4-1**

##### **Keeping immunization records; student transfer**

Sec. 1. (a) Each school shall keep an immunization record of the school's students. The records must be kept uniformly throughout Indiana according to procedures prescribed by the state department of health.

(b) Whenever a student transfers to another school, the school from which the student is transferring may furnish, not later than twenty (20) days after the transfer, a copy of the student's immunization record to the school to which the student is transferring.

(c) Whenever a student enrolls in a state educational institution, the school from which the student graduated may furnish a copy of the student's immunization record to the state educational institution. If the student is enrolled in a state educational institution while still attending a secondary level school, the secondary level school that the student is attending may furnish a copy of the student's immunization record to the state educational institution.

*As added by P.L.1-2005, SEC.18. Amended by P.L.2-2007, SEC.231.*

#### **IC 20-34-4-2**

##### **Required immunizations**

Sec. 2. (a) Every child residing in Indiana shall be immunized against:

- (1) diphtheria;
- (2) pertussis (whooping cough);
- (3) tetanus;
- (4) measles;
- (5) rubella;
- (6) poliomyelitis; and
- (7) mumps.

(b) Every child residing in Indiana who enters kindergarten or grade 1 shall be immunized against hepatitis B and chicken pox.

(c) The state department of health shall adopt rules under IC 4-22-2 to require school age children to receive additional immunizations against the following:

- (1) Meningitis.
- (2) Varicella.
- (3) Pertussis (whooping cough).

The additional immunizations required under the rules shall include an immunization booster if considered appropriate by the state department.

(d) The state department of health may expand or otherwise modify the list of communicable diseases that require documentation of immunity as medical information becomes available that would warrant the expansion or modification in the interest of public health.

(e) The state department of health shall adopt rules under

IC 4-22-2 specifying the:

- (1) required immunizations;
- (2) child's age for administering each vaccine;
- (3) adequately immunizing doses; and
- (4) method of documentation of proof of immunity.

*As added by P.L.1-2005, SEC.18. Amended by P.L.161-2009, SEC.5.*

### **IC 20-34-4-3**

#### **Notification; provision of information to parents**

Sec. 3. (a) Each school shall notify each parent of a student who enrolls in the school of the requirement that the student must be immunized and that the immunization is required for the student's continued enrollment, attendance, or residence at the school unless:

- (1) the parent or student provides the appropriate documentation of immunity;
- (2) for chicken pox, the parent or student provides a written signed statement that the student has indicated a history of chicken pox; or
- (3) IC 20-34-3-2 or IC 20-34-3-3 applies.

(b) A school that enrolls grade 6 female students shall provide each parent of a female student who is entering grade 6 with information prescribed by the state department of health under subsection (c) concerning the link between cervical cancer and the human papillomavirus (HPV) infection and that an immunization against the human papillomavirus (HPV) infection is available.

(c) The state department of health shall provide a school described in subsection (b) with the information concerning cervical cancer and the human papillomavirus (HPV) infection required in subsection (b). The information must include the following:

- (1) The latest scientific information on the immunization against the human papillomavirus (HPV) infection and the immunization's effectiveness against causes of cervical cancer.
- (2) That a pap smear is still critical for the detection of precancerous changes in the cervix to allow for treatment before cervical cancer develops.
- (3) Information concerning the means in which the human papillomavirus (HPV) infection is contracted.
- (4) A statement that any questions or concerns concerning immunizing the child against human papillomavirus (HPV) could be answered by contacting a health care provider.

*As added by P.L.1-2005, SEC.18. Amended by P.L.80-2007, SEC.1.*

### **IC 20-34-4-4**

#### **Presenting student for immunization; documentation**

Sec. 4. (a) The parent of any student who has not received the immunizations required under this chapter shall present the student to a physician and request the physician administer the immunizations. If the parent is unable to secure the immunizations, the local health department serving the area in which the student resides may provide the immunizations. Vaccines provided by the

local health department shall be furnished by the local health board or the state department of health from available supplies.

(b) The physician who administers the required vaccines to a student shall give a certificate or other documentation of the immunizations to the individual who presented the student for immunization. This certificate or other documentation shall be presented on request to the local health department or the local health department's authorized representative.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-4-5**

##### **Statement of immunization history; waiver; rules**

Sec. 5. (a) Each school shall require the parent of a student who has enrolled in the school to furnish not later than the first day of school a written statement of the student's immunization, accompanied by the physician's certificates or other documentation, unless a written statement of this nature is on file with the school.

(b) The statement must show, except for a student to whom IC 20-34-3-2 or IC 20-34-3-3 applies, that the student has been immunized as required under section 2 of this chapter. The statement must include the student's date of birth and the date of each immunization.

(c) A student may not be permitted to attend school beyond the first day of school without furnishing the written statement, unless:

- (1) the school gives the parent of the student a waiver; or
- (2) the local health department or a physician determines that the student's immunization schedule has been delayed due to extreme circumstances and that the required immunizations will not be completed before the first day of school.

The waiver referred to in subdivision (1) may not be granted for a period that exceeds twenty (20) days. If subdivision (2) applies, the parent of the student shall furnish the written statement and a schedule, approved by a physician or the local health department, for the completion of the remainder of the immunizations.

(d) The state department of health may commence an action against a school under IC 4-21.5-3-6 or IC 4-21.5-4 for the issuance of an order of compliance for failure to enforce this section.

(e) Neither a religious objection under IC 20-34-3-2 nor an exception for the student's health under IC 20-34-3-3 relieves a parent from the reporting requirements under this section.

(f) The state department of health shall adopt rules under IC 4-22-2 to implement this section.

*As added by P.L.1-2005, SEC.18.*

#### **IC 20-34-4-5.5**

##### **Written statement of receipt of information and whether student received immunization or parent chooses not to provide information on immunization history**

Sec. 5.5. (a) Each school that enrolls grade 6 female students shall require the parent of a female student entering grade 6 to furnish not

later than the twenty (20) school days after the first day of school a written statement prescribed by the state department of health under subsection (b) stating that the parent has received the information required under section 3(b) of this chapter and that:

- (1) the student has received or is receiving the immunization;
- (2) the parent has decided not to have the student immunized; or
- (3) the parent chooses not to provide the information to the school concerning whether the student was immunized;

against the human papillomavirus (HPV) infection.

(b) The state department of health shall prescribe the format for the written statement required under subsection (a).

(c) A student may not be prevented from enrolling in, attending, or graduating from school for the sole reason that the student has not provided the school with the written statement required under this section.

*As added by P.L.80-2007, SEC.2.*

#### **IC 20-34-4-6**

##### **Reports of immunization to department of health; onsite review or examination**

Sec. 6. (a) Not later than sixty (60) days after the enrollment of students for the first time and when additional immunizations are required by statute or rule, each school shall file a written report with the state department of health and the local health department having jurisdiction. The report must include the following:

(1) A statement of the number of students who have demonstrated immunity against diphtheria, pertussis (whooping cough), tetanus, measles, rubella, poliomyelitis, mumps, and hepatitis B.

(2) A statement of the number of students who have not demonstrated immunity against the illnesses listed in subdivision (1).

(3) A statement of the number of students who have been found positive for sickle cell anemia or lead poisoning.

(4) Beginning in the 2008-2009 school year, a statement of the number of female students in grade 6 who:

(A) have or will have; and

(B) have not;

been immunized against human papillomavirus (HPV) infection, and the number of female students in grade 6 whose parent chose not to provide the information to the school concerning whether the student was immunized.

(b) The state department of health and the local health department shall, for good cause shown that there exists a substantial threat to the health and safety of a student or the school community, be able to validate immunization reports by onsite reviews or examinations of nonidentifying immunization record data. This section does not independently authorize the state department of health, a local department of health, or an agent of the state department of health or local department of health to have access to identifying medical or

academic record data of individual students attending nonaccredited nonpublic schools.

(c) A school shall file a report for each student who enrolls after the filing of the report for students who enrolled at the beginning of the school year. The state department of health has exclusive power to adopt rules for the administration of this section.

*As added by P.L.1-2005, SEC.18. Amended by P.L.231-2005, SEC.45; P.L.80-2007, SEC.3.*

**IC 20-34-4-7**

**Repealed**

*(Repealed by P.L.1-2009, SEC.174.)*

## **IC 20-34-4.5**

### **Chapter 4.5. Auto-Injectable Epinephrine**

#### **IC 20-34-4.5-1**

##### **Prescription for auto-injectable epinephrine; storage**

Sec. 1. (a) A school may fill a prescription for auto-injectable epinephrine and store the auto-injectable epinephrine in the school if a health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication writes the prescription for auto-injectable epinephrine for the school or school district.

(b) The school shall store the auto-injectable epinephrine in a safe location in which only school personnel have access.

*As added by P.L.92-2014, SEC.1.*

#### **IC 20-34-4.5-2**

##### **Administration of auto-injectable epinephrine; school nurse; school employees; training**

Sec. 2. (a) A school nurse may administer auto-injectable epinephrine obtained under section 1 of this chapter to any of the following individuals if the individual is demonstrating signs or symptoms of life-threatening anaphylaxis and the individual does not have epinephrine at the school or the individual's prescription is not available:

- (1) Students at the school.
- (2) School personnel.
- (3) Visitors at the school.

(b) School employees may administer auto-injectable epinephrine obtained under section 1 of this chapter if the following are met:

- (1) The school employee has voluntarily received training in:
  - (A) recognizing anaphylaxis; and
  - (B) the proper administration of auto-injectable epinephrine; by a health care provider who is licensed or certified in Indiana, for whom the administration of auto-injectable epinephrine is within the health care provider's scope of practice, who has received training in the administration of auto-injectable epinephrine, and who is knowledgeable in recognizing the symptoms of anaphylaxis and the administration of auto-injectable epinephrine.
- (2) The individual to whom the epinephrine is being administered is:
  - (A) a student at the school;
  - (B) a member of school personnel; or
  - (C) a visitor at the school.

*As added by P.L.92-2014, SEC.1.*

#### **IC 20-34-4.5-3**

##### **Prescribing of auto-injectable epinephrine; dispensing**

Sec. 3. (a) A health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication may write a prescription, drug order, or protocol for auto-injectable

epinephrine for the school or school district.

(b) A pharmacist licensed under IC 25-26 may dispense a valid prescription, drug order, or protocol for auto-injectable epinephrine issued in the name of a school or school district.

*As added by P.L.92-2014, SEC.1.*

#### **IC 20-34-4.5-4**

##### **Civil immunity; school employees; health care providers**

Sec. 4. (a) A school nurse or school employee who administers auto-injectable epinephrine in accordance with the manufacturer's guidelines and with this chapter is not liable for civil damages resulting from the administration of auto-injectable epinephrine under this chapter unless the act or omission constitutes gross negligence or willful or wanton misconduct.

(b) A licensed health care provider who:

(1) writes a prescription, drug order, or protocol under this chapter; or

(2) provides training to school personnel under this chapter;

is not liable for civil damages resulting from the administration of auto-injectable epinephrine under this chapter.

*As added by P.L.92-2014, SEC.1.*

## **IC 20-34-5**

### **Chapter 5. Care of Students With Diabetes**

#### **IC 20-34-5-1**

##### **"Diabetes management and treatment plan"**

Sec. 1. As used in this chapter, "diabetes management and treatment plan" means a plan prepared under section 12 of this chapter.

*As added by P.L.166-2007, SEC.2.*

#### **IC 20-34-5-2**

##### **"Health care services"**

Sec. 2. As used in this chapter, "health care services" has the meaning set forth in IC 27-8-11-1.

*As added by P.L.166-2007, SEC.2.*

#### **IC 20-34-5-3**

##### **"Individualized health plan"**

Sec. 3. As used in this chapter, "individualized health plan" means a coordinated plan of care designed to meet the unique health care needs of a student with diabetes in a school setting.

*As added by P.L.166-2007, SEC.2.*

#### **IC 20-34-5-4**

##### **"Licensed health care practitioner"**

Sec. 4. As used in this chapter, "licensed health care practitioner" means an individual who:

- (1) is licensed to provide health care services; and
  - (2) has prescriptive authority;
- under IC 25.

*As added by P.L.166-2007, SEC.2.*

#### **IC 20-34-5-5**

##### **"Physician"**

Sec. 5. As used in this chapter, "physician" refers to an individual who is licensed under IC 25-22.5.

*As added by P.L.166-2007, SEC.2.*

#### **IC 20-34-5-6**

##### **"Registered nurse"**

Sec. 6. As used in this chapter, "registered nurse" refers to an individual who is licensed as a registered nurse under IC 25-23.

*As added by P.L.166-2007, SEC.2.*

#### **IC 20-34-5-7**

##### **"School"**

Sec. 7. As used in this chapter, "school" refers to a public school, including a charter school.

*As added by P.L.166-2007, SEC.2.*

**IC 20-34-5-8****"School employee"**

Sec. 8. As used in this chapter, "school employee" means an individual employed by:

- (1) a public school, including a charter school, or an accredited nonpublic school;
- (2) a local health department working with a school under this chapter; or
- (3) another entity with which a school has contracted to perform the duties required under this chapter.

*As added by P.L.166-2007, SEC.2.*

**IC 20-34-5-9****"School nurse"**

Sec. 9. As used in this chapter, "school nurse" refers to an individual who:

- (1) is employed by a school;
- (2) is licensed as a registered nurse under IC 25-23; and
- (3) meets the requirements set forth in 515 IAC 8-1-47.

*As added by P.L.166-2007, SEC.2.*

**IC 20-34-5-10****"Student"**

Sec. 10. As used in this chapter, "student" refers to a student with diabetes.

*As added by P.L.166-2007, SEC.2.*

**IC 20-34-5-11****"Volunteer health aide"**

Sec. 11. As used in this chapter, "volunteer health aide" means a school employee who:

- (1) is not licensed or authorized to provide health care services under IC 25;
- (2) volunteers to act in the capacity of a volunteer health aide; and
- (3) has successfully completed the training described in section 15 of this chapter.

*As added by P.L.166-2007, SEC.2. Amended by P.L.3-2008, SEC.119.*

**IC 20-34-5-12****Requirements of plan**

Sec. 12. (a) A diabetes management and treatment plan must be prepared and implemented for a student with diabetes for use during school hours or at a school related activity. The plan must be developed by:

- (1) the licensed health care practitioner responsible for the student's diabetes treatment; and
  - (2) the student's parent or legal guardian.
- (b) A diabetes management and treatment plan must:

- (1) identify the health care services or procedures the student should receive at school;
- (2) evaluate the student's:
  - (A) ability to manage; and
  - (B) level of understanding of;the student's diabetes; and
- (3) be signed by the student's parent or legal guardian and the licensed health care practitioner responsible for the student's diabetes treatment.

(c) The parent or legal guardian of a student with diabetes shall submit a copy of the student's diabetes management and treatment plan to the school nurse. The plan must be submitted to and be reviewed by the school nurse:

- (1) before or at the beginning of a school year;
- (2) at the time the student enrolls, if the student is enrolled in school after the beginning of the school year; or
- (3) as soon as practicable following a diagnosis of diabetes for the student.

*As added by P.L.166-2007, SEC.2.*

#### **IC 20-34-5-13**

##### **Development of plan**

Sec. 13. (a) An individualized health plan must be developed for each student with diabetes while the student is at school or participating in a school activity. The school's nurse shall develop a student's individualized health plan in collaboration with:

- (1) to the extent practicable, the licensed health care practitioner responsible for the student's diabetes treatment;
- (2) the school principal;
- (3) the student's parent or legal guardian; and
- (4) one (1) or more of the student's teachers.

(b) A student's individualized health plan must incorporate the components of the student's diabetes management and treatment plan.

*As added by P.L.166-2007, SEC.2.*

#### **IC 20-34-5-14**

##### **Use of volunteer health aides**

Sec. 14. (a) At each school in which a student with diabetes is enrolled, the school principal, after consultation with the school nurse, shall:

- (1) seek school employees to serve as volunteer health aides; and
- (2) make efforts to ensure that the school has an adequate number of volunteer health aides to care for students.

(b) A volunteer health aide, while providing health care services, serves under the supervision and authorization of the principal and the school nurse in accordance with the requirements that apply to the school nurse under IC 25-23.

(c) A volunteer health aide must have access to the school nurse, in person or by telephone, during the hours that the volunteer health

aide serves as a volunteer health aide.

(d) A school employee may not be subject to any disciplinary action for refusing to serve as a volunteer health aide. The school shall inform school employees that participation as a volunteer health aide is voluntary. A school employee who volunteers as a volunteer health aide may elect to perform only those functions that the school employee:

- (1) chooses to perform; and
- (2) is trained to perform in the training program described in section 15 of this chapter.

*As added by P.L.166-2007, SEC.2.*

### **IC 20-34-5-15**

#### **Diabetes training program**

Sec. 15. (a) The department may cooperate with the state department of health in the development of a diabetes training program for school nurses. The department, with the assistance of physicians or registered nurses who are qualified in the area of diabetes training, shall provide annual diabetes training programs to school nurses. The training must include technological advances, current standards of practice for diabetes management and training, and instruction in the following:

- (1) Developing individualized health plans for students with diabetes that follow the orders of a licensed health care practitioner.
- (2) Recognizing and treating the symptoms of hypoglycemia and hyperglycemia.
- (3) Understanding the current standards of practice and the proper action to take if the blood glucose levels of a student are outside the target ranges indicated on the student's diabetes management and treatment plan.
- (4) Performing tests to check glucose and ketone levels, and recording the results.
- (5) Properly administering glucagon, insulin, or other emergency treatments prescribed by the licensed health care practitioner, and recording the results.
- (6) Recognizing complications that require emergency medical assistance.
- (7) Understanding recommended schedules and food intake for meals and snacks for a student, the effect of physical activity on blood glucose levels, and the proper action to be taken if a student's schedule referred to in this subdivision is disrupted.

(b) The department may cooperate with the state department of health in the development of a diabetes training program for volunteer health aides. The department, with the assistance of physicians and registered nurses who are qualified in the area of diabetes training, shall provide a diabetes training program for volunteer health aides which includes the most current standards of practice and technology for diabetes treatment. The training must include the following:

- (1) Implementing the orders of a licensed health care practitioner.
- (2) Recognizing and treating the symptoms of hypoglycemia and hyperglycemia consistent with the orders of the licensed health care practitioner.
- (3) Performing tests to check glucose and ketone levels, and recording the results.
- (4) Properly administering glucagon, insulin, or other emergency treatments as prescribed, and recording the results.
- (5) Recognizing complications that require emergency medical assistance.
- (6) Understanding:
  - (A) recommended schedules and food intake for meals and snacks;
  - (B) the effect of physical activity on blood glucose levels; and
  - (C) the proper action to be taken if a student's schedule is disrupted.
- (c) The school nurse shall coordinate:
  - (1) the training of school employees acting as volunteer health aides, using the training program developed under subsection (b); and
  - (2) the record keeping and monitoring of a volunteer health aide acting under this chapter.
- (d) Training for volunteer health aides must be provided by a health care professional with expertise in the care of individuals with diabetes or by a school nurse. The training must be provided before the beginning of the school year or as soon as practicable following:
  - (1) the enrollment; or
  - (2) the diagnosis;of a student with diabetes at a school that previously had no students with diabetes.
- (e) The school nurse or principal shall maintain a copy of the training program and the records of training completed by school employees.

*As added by P.L.166-2007, SEC.2.*

#### **IC 20-34-5-16**

##### **Tasks; school nurses and volunteer health aides**

Sec. 16. (a) The school nurse shall perform the tasks necessary to assist a student in carrying out the student's individualized health plan.

(b) When necessary, a volunteer health aide may perform the tasks necessary to assist a student in carrying out the student's individualized health plan, in compliance with the training guidelines provided under section 15 of this chapter.

(c) A volunteer health aide may act under this section only if the parent or legal guardian of the student signs an agreement that:

- (1) authorizes a volunteer health aide to assist the student; and
- (2) states that the parent or legal guardian understands that, as

provided under IC 34-30-14, a volunteer health aide is not liable for civil damages for assisting in the student's care.

(d) A volunteer health aide who assists a student under this section:

- (1) is not considered to be engaging in the practice of nursing; and
- (2) is exempt from applicable statutes and rules that restrict activities that may be performed by an individual who is not an individual licensed or authorized under IC 25 to provide health care services.

(e) A school corporation may not restrict the assignment of a student to a particular school on the sole basis of whether the school has volunteer health aides.

*As added by P.L.166-2007, SEC.2.*

### **IC 20-34-5-17**

#### **Authorized diabetes management and treatment activities**

Sec. 17. (a) As provided in a student's individualized health plan, a school shall, except in an emergency, allow the student to attend to the management and care of the student's diabetes if the student has been evaluated and determined to be capable of doing so as reflected in the student's individual health plan and the student's diabetes management and treatment plan, including the following activities:

- (1) Performing blood glucose level checks.
- (2) Administering insulin through the insulin delivery system the student uses.
- (3) Treating hypoglycemia and hyperglycemia.
- (4) Possessing on the student's person at any time the supplies or equipment necessary to monitor and care for the student's diabetes.
- (5) Otherwise attending to the management and care of the student's diabetes in the classroom, in any area of the school or school grounds, or at any school related activity.

(b) The school nurse shall, in accordance with the requirements that apply to the school nurse under IC 25-23, establish a procedure through which a student described in subsection (a) is cared for in an emergency.

*As added by P.L.166-2007, SEC.2.*

### **IC 20-34-5-18**

#### **Information sheet requirement**

Sec. 18. A school shall provide the individual who is responsible for providing transportation for or supervising a student with diabetes during an off-campus school related activity an information sheet that:

- (1) identifies the student with diabetes;
- (2) identifies potential emergencies that may occur as a result of the diabetes and appropriate responses to an emergency; and
- (3) provides the telephone number of a contact in case an emergency occurs.

*As added by P.L.166-2007, SEC.2.*

## **IC 20-34-6**

### **Chapter 6. Student Safety Reporting**

#### **IC 20-34-6-1**

##### **School corporation reports; department reports**

Sec. 1. (a) By July 1 of each year, each school corporation shall submit a report to the department detailing the following information for the current school year for each school in the school corporation and for the entire school corporation:

(1) The number of arrests of students on school corporation property, including arrests made by law enforcement officers, security guards, school safety specialists, and other school corporation employees, and any citizen arrests.

(2) The offenses for which students were arrested on school corporation property.

(3) The number of contacts with law enforcement personnel from a school corporation employee that have resulted in arrests of students not on school corporation property.

(4) Statistics concerning the age, race, and gender of students arrested on school corporation property and categorizing the statistics by offenses.

(5) Whether the school corporation has established and employs a school corporation police department under IC 20-26-16, and if so, report:

(A) the number of officers in the school corporation police department; and

(B) the training the officers must complete.

(6) If the school corporation employs private security guards to enforce rules or laws on school property, a detailed explanation of the use of private security guards by the school corporation.

(7) If the school corporation has an agreement with a local law enforcement agency regarding procedures to arrest students on school property, a detailed explanation of the use of the local law enforcement agency by the school corporation.

(8) The number of reported bullying incidents involving a student of the school corporation by category. However, nothing in this subdivision may be construed to require all bullying incidents to be reported to a law enforcement agency.

(b) By August 1 of each year, the department shall submit a report to:

(1) the legislative council;

(2) the education roundtable established by IC 20-19-4-2;

(3) the board for the coordination of programs serving vulnerable individuals established by IC 4-23-30.2-8; and

(4) the criminal justice institute;

providing a summary of the reports submitted to the department under subsection (a). The report to the legislative council must be in an electronic format under IC 5-14-6.

(c) By August 1 of each year, the department must post the reports described in subsections (a) and (b) on the department's Internet web

site.

*As added by P.L. 74-2010, SEC.3. Amended by P.L.285-2013, SEC.7.*

## **IC 20-34-7**

### **Chapter 7. Student Athletes: Concussions and Head Injuries**

#### **IC 20-34-7-1**

##### **"Association"**

Sec. 1. As used in this chapter, "association" has the meaning set forth in IC 20-26-14-1.

*As added by P.L.144-2011, SEC.1.*

#### **IC 20-34-7-1.5**

##### **"Organizing entity"**

Sec. 1.5. As used in this chapter, "organizing entity" means any person that:

(1) operates:

(A) a recreational;

(B) an intramural; or

(C) an extracurricular;

athletic or sports program for individuals who are less than twenty (20) years of age; and

(2) uses a facility, field, park, or other property that is owned, leased, operated, or maintained by any of the following:

(A) The state.

(B) A political subdivision (as defined in IC 36-1-2-13).

(C) An agency or instrumentality of an entity described in clause (A) or (B).

*As added by P.L.34-2014, SEC.1.*

#### **IC 20-34-7-2**

##### **Dissemination of guidelines, information, and forms**

Sec. 2. (a) Before July 1, 2012, the department shall disseminate guidelines, information sheets, and forms to each school corporation for distribution to a school to inform and educate coaches, student athletes, and parents of student athletes of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

(b) The department:

(1) may consult with the association, medical professionals, and others with expertise in diagnosing and treating concussions and head injuries; and

(2) may request the assistance of the association in disseminating the guidelines, information sheets, and forms required under subsection (a).

(c) The department may disseminate the materials required under this section in an electronic format.

*As added by P.L.144-2011, SEC.1.*

#### **IC 20-34-7-3**

##### **Information and forms required before beginning practice for sport**

Sec. 3. Each year, before beginning practice for an interscholastic

or intramural sport, a high school student athlete and the student athlete's parent:

- (1) must be given the information sheet and form described in section 2 of this chapter; and
- (2) shall sign and return the form acknowledging the receipt of the information to the student athlete's coach.

The coach shall maintain a file of the completed forms.

*As added by P.L.144-2011, SEC.1.*

#### **IC 20-34-7-4**

##### **Player suspected of sustaining concussion or head injury; removal from play; prohibition against returning to play**

Sec. 4. A high school student athlete who is suspected of sustaining a concussion or head injury in a practice or game:

- (1) shall be removed from play at the time of the injury; and
- (2) may not return to play until the student athlete has received a written clearance under section 5(a) of this chapter.

*As added by P.L.144-2011, SEC.1.*

#### **IC 20-34-7-5**

##### **Health care provider's clearance necessary to return to play; volunteer health care provider immunity**

Sec. 5. (a) A high school student athlete who has been removed from play under section 4 of this chapter may not return to play until:

- (1) the student athlete:
  - (A) is evaluated by a licensed health care provider trained in the evaluation and management of concussions and head injuries; and
  - (B) receives a written clearance to return to play from the health care provider who evaluated the student athlete; and
- (2) not less than twenty-four (24) hours have passed since the student athlete was removed from play.

(b) A licensed health care provider who evaluates a student athlete under subsection (a) may conduct the evaluation as a volunteer. A volunteer health care provider who in good faith and gratuitously authorizes a student athlete to return to play is not liable for civil damages resulting from an act or omission in the rendering of an evaluation, except for acts or omissions that constitute gross negligence or willful or wanton misconduct.

*As added by P.L.144-2011, SEC.1. Amended by P.L.34-2014, SEC.2.*

#### **IC 20-34-7-6**

##### **Certified coaching education course; coaching services immunity**

Sec. 6. (a) As used in this section, "football" does not include flag football.

(b) Beginning July 1, 2014, prior to coaching football to individuals who are less than twenty (20) years of age, each head football coach and assistant football coach shall complete a certified coaching education course that:

- (1) is sport specific;

- (2) contains player safety content, including content on:
  - (A) concussion awareness;
  - (B) equipment fitting;
  - (C) heat emergency preparedness; and
  - (D) proper technique;
- (3) requires a coach to complete a test demonstrating comprehension of the content of the course; and
- (4) awards a certificate of completion to a coach who successfully completes the course.

(c) For a coach's completion of a course to satisfy the requirement imposed by subsection (b), the course must have been approved by the department.

(d) A coach shall complete a course not less than once during a two (2) year period. However, if the coach receives notice from the organizing entity that new information has been added to the course before the end of the two (2) year period, the coach must:

- (1) complete instruction; and
- (2) successfully complete a test;

concerning the new information to satisfy the requirement imposed by subsection (b).

(e) An organizing entity shall maintain a file of certificates of completion awarded under subsection (b)(4) to any of the organizing entity's head coaches and assistant coaches.

(f) A coach who complies with this section and provides coaching services in good faith is not personally liable for damages in a civil action as a result of a concussion or head injury incurred by an athlete participating in an athletic activity in which the coach provided coaching services, except for an act or omission by the coach that constitutes gross negligence or willful or wanton misconduct.

*As added by P.L.34-2014, SEC.3.*

## **IC 20-34-8**

### **Chapter 8. Student Athletes: Sudden Cardiac Arrest**

#### **IC 20-34-8-1**

##### **"Association"**

Sec. 1. As used in this chapter, "association" means an organization that conducts, organizes, sanctions, or sponsors interscholastic athletic events as the organization's primary purpose.  
*As added by P.L.139-2014, SEC.3.*

#### **IC 20-34-8-2**

##### **"Athletic activity"**

Sec. 2. As used in this chapter, "athletic activity" includes the following:

- (1) An athletic contest or competition conducted between or among schools.
- (2) An intramural athletic contest or competition that is sponsored by or associated with a school.
- (3) Competitive and noncompetitive cheerleading that is sponsored by or associated with a school.

*As added by P.L.139-2014, SEC.3.*

#### **IC 20-34-8-3**

##### **"School"**

Sec. 3. As used in this chapter, "school" refers to a public school and an accredited nonpublic school.

*As added by P.L.139-2014, SEC.3.*

#### **IC 20-34-8-4**

##### **Application to parent of emancipated student athlete**

Sec. 4. This chapter does not require information to be provided to or consent to be received from the parent or legal guardian of a student athlete if the student athlete is:

- (1) at least eighteen (18) years of age; or
- (2) an emancipated minor.

*As added by P.L.139-2014, SEC.3.*

#### **IC 20-34-8-5**

##### **Distribution of information by department**

Sec. 5. (a) Before July 1, 2015, the department shall disseminate guidelines, information sheets, and forms to each accredited nonpublic school, charter school, and each school corporation for distribution to schools to inform and educate coaches, student athletes, and parents and legal guardians of student athletes of the nature and risk of sudden cardiac arrest to student athletes.

(b) The department:

- (1) may consult with an association, medical professionals, and others with expertise in diagnosing and treating sudden cardiac arrest; and
- (2) may request the assistance of an association in disseminating

the guidelines, information sheets, and forms required under subsection (a).

(c) The department may disseminate the guidelines, information sheets, and forms required under this section in an electronic format.  
*As added by P.L.139-2014, SEC.3.*

#### **IC 20-34-8-6**

##### **Acknowledgement of receipt of information**

Sec. 6. Each year, before beginning practice for an athletic activity, a student athlete and the student athlete's parent or legal guardian:

- (1) must be given the information sheet and form described in section 5 of this chapter; and
- (2) shall sign and return the form acknowledging the receipt of the information sheet to the student athlete's coach.

The coach shall maintain a file of the completed forms.

*As added by P.L.139-2014, SEC.3.*

#### **IC 20-34-8-7**

##### **Student athlete with symptom of sudden cardiac arrest; removal; notification**

Sec. 7. If a student athlete is suspected of experiencing a symptom of sudden cardiac arrest in a practice for an athletic activity or in an athletic activity:

- (1) the student athlete shall be removed from practice or play at the time that the symptom is identified; and
- (2) the parent or legal guardian of the student athlete shall be notified of the student athlete's symptoms.

*As added by P.L.139-2014, SEC.3.*

#### **IC 20-34-8-8**

##### **Student athlete with symptom of sudden cardiac arrest; return to play or practice**

Sec. 8. A student athlete who has been removed from practice or play under section 7 of this chapter may not return to practice or play until the coach has received verbal permission from a parent or legal guardian of the student athlete for the student athlete to return to practice and play. Within twenty-four (24) hours after giving verbal permission for the student athlete to return to practice and play, the parent or legal guardian must provide the coach with a written statement that the student athlete has permission to return to practice and play.

*As added by P.L.139-2014, SEC.3.*