

**CLAY COUNTY DISTRICT SCHOOLS  
and  
CLAY COUNTY HEALTH DEPARTMENT  
SCHOOL HEALTH SERVICES**

**HEALTH SERVICES MANUAL**



**2012 - 2014**



**Ben Wortham, Superintendent**



**TABLE OF CONTENTS**

**Chapter 1**

**Introduction**

**11**

|   |       |
|---|-------|
| School Health Services Program Overview ..... | 11-14 |
|---|-------|

**Chapter 2**

**Overview**

**15**

|  |       |
|--|-------|
| School Health Services Overview .....                                | 17    |
| School Health Room Review Form .....                                 | 19-20 |
| School Nursing Orientation Outline.....                              | 21-23 |
| School Nurse Calendar .....  | 24-26 |
| Substitute Health Room Worksheet.....                                | 27    |
| Health Assistant Job Description .....                               | 28    |
| Licensed Practical Nurse Job Description .....                       | 29    |
| Registered Nurse Job Description .....                               | 30    |
| School Health Advisory Committee .....                               | 31-32 |
| Health Room Supplies .....   | 33    |
| Faculty First Aid/CPR/Hepatitis B Information Letter .....           | 34    |
| Faculty and Staff Health Information Form .....                      | 35    |
| Meeting Emergency Health Needs .....                                 | 36    |
| Automated External Defibrillator Maintenance Checklist .....         | 37    |
| Medical Emergency Plan .....   | 38    |
| Suggested Items for Emergency Kit .....                              | 39    |
| End of Year Health Room Closure Procedures.....                      | 40    |
| Critical Incidents.....  | 41    |
| Child Abuse Reporting .....  | 41    |
| Resource Information on Federal, State and Local Children’s Programs |       |
| Florida KidCare .....  | 42    |
| Healthy Start .....  | 42    |
| WIC .....  | 43    |
| Free Soup Kitchens .....   | 43    |
| Clay County Free Volunteer Medical Clinic .....                      | 43    |
| The Way Free Medical Clinic .....                                    | 43    |
| We Care Dental Program.....  | 44    |
| Baker C.A.R.E.S. Pediatric Dental Program .....                      | 44    |
| Baker C.A.R.E.S. Dental Bus Consent Form.....                        | 45    |
| Baker C.A.R.E.S. Dental Bus Schedule Flyer.....                      | 46    |
| Free Soup Kitchens Schedule Flyer .....                              | 47    |
| Clay County Food Assistance Flyer .....                              | 48    |
| The Clay County Free Volunteer Medical Clinic Flyer .....            | 49    |
| The Way Free Medical Clinic Flyer.....                               | 50    |
| Florida’s Vision Quest.....  | 51    |
| Florida’s Vision Quest Guidelines for Vision Referrals.....          | 52    |
| Florida’s Vision Quest Mobile Unit Information .....                 | 53    |
| Florida’s Vision Quest Referral Form.....                            | 54    |

**Chapter 3**

**Registration Requirements, Record Keeping and Confidentiality 57**

|  |       |
|--|-------|
| Record Keeping and Confidentiality Overview .....                          | 59-60 |
| School Entry Immunization and Medical Examination Law .....                | 61-62 |
| 2012 – 2014 School Immunization and Physical Examination Requirements..... | 63    |
| Chapter 1003, Florida Statutes .....                                       | 64-66 |
| Notice of Non-compliance with Immunization Law Form .....                  | 67    |
| Exclusion Notice Due to Non-compliance with Immunization Law Form.....     | 68    |
| Florida Certification of Immunization Form (DH 680) <i>SAMPLE</i> .....    | 69    |
| School Entry Health Exam Form <i>SAMPLE</i> .....                          | 70-71 |
| Immunization Expiration Worksheet .....                                    | 72    |
| Immunization Cheat Sheet.....  | 73-74 |
| Florida SHOTS.....   | 75    |
| Documentation of Health Room Visit .....                                   | 75    |
| Health Room Coding   |       |
| 0510 - Vision Screening .....  | 75    |
| 0515 - Hearing Screening .....   | 76    |
| 0520 - Height/Weight Screening .....                                       | 76    |
| 0540 - Dental Screening .....  | 76    |
| 0561 - Scoliosis Screening .....   | 76    |
| 0571 - Lice Screening .....  | 76    |
| 0598 - Record Review.....  | 77    |
| 4000 - Paraprofessional Evaluation/Intervention .....                      | 77    |
| 4050 - LPN Encounter.....  | 77    |
| 5000 - Registered Nurse Assessment .....                                   | 77    |
| 5030 - Medication Administration .....                                     | 77-78 |
| 5031 - First Aid Administration .....                                      | 78    |
| 5032 - Complex Medical Procedure .....                                     | 78    |
| 5033 - Immunization Follow-up .....  | 78    |
| 5051 - Consultations .....   | 78-79 |
| 5052 - ESE Staffing.....   | 79    |
| 5053 - Care Plan Development.....  | 79    |
| 8020 - Classes Given .....   | 79-80 |
| 8080 - Child Specific Training .....                                       | 80    |
| Health Room Student Visit Record.....                                      | 81    |
| Health Room Progress Notes Form.....                                       | 82    |
| Health Room Visit Pass .....   | 83    |
| Daily Health Room Activity Log.....  | 84    |
| Monthly Health Room Activity Log .....                                     | 85    |
| Yearly Health Room Activity Log.....                                       | 86    |
| Weekly Outcome Disposition Report .....                                    | 87    |
| Monthly Outcome Disposition Report .....                                   | 88    |
| Monthly Screening Statistics Form .....                                    | 89    |
| Comprehensive School Health Education Reporting.....                       | 90    |
| Health Education Classes Taught in Comprehensive Schools Log.....          | 91    |
| Daily Health Services Log Code Sheet.....                                  | 92-94 |
| Nurse Parent Conference Form .....   | 95    |
| Health Room Visit Note to Parent .....                                     | 96    |

**Chapter 4**  
**Health Screening**

**99**

|  |         |
|--|---------|
| Health Screening Overview .....                        | 101     |
| Screening Procedures                                   |         |
| Mass Pre and Post Screening Guidelines .....           | 102-107 |
| Notice of Mandated Health Screenings .....             | 107     |
| Mass Vision Screening .....                            | 108     |
| Mass Hearing Screening.....                            | 109     |
| Mass Scoliosis Screening .....                         | 109     |
| Mass Growth & Development Screening .....              | 110     |
| Body Mass Index (BMI) Screening .....                  | 110     |
| School Health Information Program (SHIP) .....         | 111     |
| Health Screening Form .....                            | 112     |
| Screening Opt Out Form.....                            | 113     |
| Student Screening Request Sample Form .....            | 113     |
| Screening Report Card to Parents.....                  | 114-115 |
| Vision Referral Log .....                              | 116     |
| Notification of Vision Referral to Parents.....        | 117     |
| Referral for Vision Examination.....                   | 118     |
| Vision Follow-up (2 <sup>nd</sup> Notice) Form.....    | 119     |
| Hearing Referral Log .....                             | 120     |
| Notification of Hearing Referral to Parents.....       | 121     |
| Referral for Hearing Examination .....                 | 122     |
| Hearing Follow-up (2 <sup>nd</sup> Notice) Form .....  | 123     |
| Scoliosis Referral Log .....                           | 124     |
| Notification of Scoliosis Referral to Parents.....     | 125     |
| Scoliosis Follow-up (2 <sup>nd</sup> Notice) Form..... | 126     |
| Height and Weight Screening Log .....                  | 127     |

**Chapter 5**  
**Medications**

**131**

|  |         |
|--|---------|
| Medication Policy and Training .....                               | 133     |
| Medication Administration Skills Checklist .....                   | 134     |
| Medication Administration Procedures .....                         | 135-136 |
| Temperature/Refrigerator Log .....                                 | 137     |
| Medication Policy Continued.....                                   | 138-139 |
| Medication Pick-up/End of Year .....                               | 139     |
| Parental Authorization for Administration of Medication Form ..... | 140     |
| Medication Administration Record – Physician’s Order .....         | 141     |
| The 5 R’s of Administering Medications.....                        | 142     |
| Oral Medications .....   | 143     |
| Topical Medication (ointments & salves) .....                      | 143     |
| Eye Medication – Eye Drops.....                                    | 143-144 |
| Eye Medication – Eye Ointments .....                               | 144     |
| Ear Drops .....  | 144     |
| Nose Drops.....  | 144     |
| Injectable Medications .....                                       | 144     |

|   |         |
|---|---------|
| Medication Not Administered .....   | 144     |
| Medication Errors.....  | 144     |
| Student Medication/Treatment Variance Form .....                                  | 145     |
| Student Medication/Treatment Variance – Instructions for Use.....                 | 146     |
| Medication Administration on Field Trips .....                                    | 147     |
| Guidelines for the Administration of Narcotics for Pain Management .....          | 148     |
| Narcotics Administered for Pain Management Form .....                             | 149     |
| Medications Must be Brought by Parent Letter Sample .....                         | 150     |
| Medications Need to be Replenished Letter Sample .....                            | 150     |
| Administering Medications per Intramuscular (IM) Injection Skills Checklist ..... | 151-153 |

## **Chapter 6**

### **Communicable Diseases and Information Sheets**

**157**

---

|   |         |
|---|---------|
| Clay County School District Policy – Infectious/Communicable Diseases.....                                      | 159     |
| Infectious and Communicable Disease Administrative Procedures.....  | 159-161 |
| Reportable Diseases/Conditions in Florida Practitioner Guide .....  | 162     |
| Communicable Disease Reporting Form .....   | 163     |
| General Precautions for All Personnel When Handling Body Fluids and Potentially<br>Contaminated Materials ..... | 164     |
| Bloodborne Pathogen Presentation.....   | 164-165 |
| Policies and Guidelines for Handling Body Fluids in School.....   | 166-169 |
| Biomedical Waste Plan .....   | 169-170 |
| Bloodborne Pathogen O.S.H.A. Guidelines .....   | 171-172 |
| Influenza-Like-Illness Weekly Reporting Form .....  | 173     |
| Public Health Fact Sheets: Infectious/Communicable Diseases   |         |
| Campylobacter (Campy) .....   | 174     |
| Chickenpox (Varicella) .....  | 175     |
| Cryptosporidiosis (Crypto) .....  | 176     |
| Escherichia Coli (E. Coli) .....  | 177     |
| Giardiasis (Giardia) .....  | 178     |
| Hand Washing .....  | 179     |
| Hepatitis A.....  | 180     |
| Hepatitis B.....  | 181     |
| Infectious Mononucleosis.....   | 182     |
| Influenza (Flu) .....   | 183     |
| Measles.....  | 184     |
| Meningitis .....  | 185     |
| Methicillin Resistant Staphylococcus Aureus (MRSA) .....  | 186     |
| Mumps .....   | 187     |
| Norwalk Virus (Norovirus) .....   | 188     |
| Pertussis (Whooping Cough) .....  | 189     |
| Pinkeye .....   | 190     |
| Pinworms .....  | 191     |
| Salmonella .....  | 192     |
| Scabies .....   | 193     |
| Shigella .....  | 194     |

**Chapter 7**  
**Medical Conditions**

**197**

|   |         |
|---|---------|
| Medical Conditions Introduction .....                         | 199-200 |
| List of Ailments/Illness Covered .....                        | 201     |
| Abdominal Pain/Injury .....                                   | 202     |
| Abrasions .....   | 202     |
| ADHD .....  | 202-203 |
| AIDS/HIV .....  | 203     |
| Allergies/Anaphylaxis .....                                   | 203-204 |
| Epinephrine Auto Injector Emergency First Aid .....           | 205-206 |
| EpiPen Injection Procedure .....                              | 206-207 |
| Epinephrine Auto Injector Skills Checklist .....              | 208     |
| Child Specific Training Epinephrine Auto Injector .....       | 209-210 |
| Allergy Medical Management Plan .....                         | 211     |
| Severe Allergy Care Plan .....                                | 212-214 |
| Allergy Emergency Action Plan .....                           | 215     |
| Asthma .....  | 216-217 |
| Medication by Metered Dose Inhaler (MDI) .....                | 218     |
| Nebulizers .....  | 218     |
| Medication by Nebulizer Procedure .....                       | 219     |
| Medication by Nebulizer Skills Checklist .....                | 220-221 |
| Asthma Medical Management Plan .....                          | 222     |
| Asthma Care Plan .....  | 223-226 |
| Asthma Emergency Action Plan .....                            | 227     |
| Abscesses/Boils .....   | 228     |
| Bites – Animal/Human .....                                    | 228     |
| Bleeding Disorders .....                                      | 229-230 |
| Blisters .....  | 230     |
| Bone/Muscle/Joint Injuries .....                              | 230-231 |
| Orthopedic Injury Assistive Device Authorization Form .....   | 232     |
| Burns .....   | 233     |
| Cancer .....  | 234     |
| Cardiovascular Disorders .....                                | 234-235 |
| Cardiac Medical Management Plan .....                         | 236     |
| Cardiac Care Plan .....                                       | 237-239 |
| Neurocardiogenic Syncope Care Plan .....                      | 240-242 |
| Cerebral Palsy .....  | 243     |
| Chickenpox (Varicella) .....                                  | 243-244 |
| Cutaneous Larva Migrans (Creeping Eruption) .....             | 245     |
| Cystic Fibrosis .....   | 245     |
| Cystic Fibrosis Medical Management Plan .....                 | 246     |
| Cystic Fibrosis Care Plan .....                               | 247-248 |
| Cystic Fibrosis Emergency Action Plan .....                   | 249     |
| Dental Injuries .....   | 250     |
| Diabetes Mellitus .....                                       | 250-252 |
| Blood Glucose Monitoring Skills Checklist .....               | 253-254 |
| Child Specific Training Blood Glucose Monitoring .....        | 255-256 |
| Insulin Administration: Syringe Skills Checklist .....        | 257-258 |
| Child Specific Training Insulin Administration: Syringe ..... | 259-260 |
| Insulin Administration: Pen Device Skills Checklist .....     | 261-262 |

## Clay County School Health Services Manual

|  |         |
|--|---------|
| Child Specific Training Insulin Administration: Pen Device ..... | 263-264 |
| Insulin Administration: Insulin Pumps Skills Checklist .....     | 265     |
| Child Specific Training Insulin Pump Therapy .....               | 266-267 |
| Hypoglycemia.....  | 268-269 |
| Hypoglycemia Symptoms Flyer.....                                 | 270     |
| Glucagon Injection Skills Checklist .....                        | 271-272 |
| Child Specific Training Glucagon Injection .....                 | 273-274 |
| Hyperglycemia .....  | 275     |
| Hyperglycemia Symptoms Flyer.....                                | 276     |
| Urine Ketone Monitoring Skills Checklist.....                    | 277     |
| Child Specific Training Urine Ketone Monitoring .....            | 278-279 |
| Diabetes Medical Management Plan .....                           | 280-281 |
| Diabetes Medical Management Plan (Insulin Pump) .....            | 282     |
| Diabetes Care Plan .....   | 283-286 |
| Diabetes Emergency Action Plan.....                              | 287     |
| Glucose Log for Parent .....                                     | 288     |
| Diabetes Supply Request for Parent.....                          | 288     |
| Glucose and Insulin Log.....                                     | 289     |
| Diarrhea .....   | 290     |
| Drug or Alcohol Use .....  | 290-291 |
| Earache.....   | 291     |
| Eating Disorders (Anorexia and Bulimia) .....                    | 291-293 |
| Eye Injuries/Eye Infection.....                                  | 293-294 |
| Sty.....   | 294     |
| Conjunctivitis (Pink Eye) .....                                  | 294     |
| Fainting .....   | 295     |
| Fever .....  | 295     |
| Fifth Disease .....  | 295     |
| Foreign Body in Ear .....  | 295     |
| Headache.....  | 296     |
| Headaches (Migraines).....                                       | 296     |
| Head Injury .....  | 296-297 |
| Health Conditions (Generic) .....                                | 297     |
| Generic Health Condition Questionnaire .....                     | 298     |
| Generic Medical Management Plan .....                            | 299     |
| Generic Care Plan .....  | 300-302 |
| Emergency Action Plan.....                                       | 303     |
| Heat Exhaustion/Stroke .....                                     | 304     |
| Hyperventilation .....   | 304-305 |
| Hypertension .....   | 305     |
| Blood Pressure Log.....  | 306     |
| Hypertension Guidelines .....                                    | 307     |
| Blood Pressure Levels for Boys Graph .....                       | 308-310 |
| Blood Pressure Levels for Girls Graph.....                       | 311-313 |
| Herpes Simplex.....  | 314     |
| Impetigo .....   | 314     |
| Influenza .....  | 314-316 |
| Juvenile Rheumatoid Arthritis .....                              | 316     |
| Kidney Disease .....   | 316     |
| Laceration .....   | 316     |
| Meningitis.....  | 317     |
| Mononucleosis (Mono).....  | 317     |



|   |         |
|---|---------|
| Nosebleed .....   | 318     |
| Pediculosis (Head Lice) .....                             | 318-320 |
| Head Lice Treatment Verification Form .....               | 321     |
| Head Lice/Nit Follow-up Check Tickler Sheet .....         | 322     |
| Head Lice Treatment Steps (Pediculocide) .....            | 323     |
| Head Lice Treatment Steps (Olive Oil) .....               | 324     |
| Parents Guide on 10 Ways to Keep Lice Out of Hair .....   | 325     |
| Head Lice Notice to Parents .....                         | 326     |
| Pinworms .....  | 326     |
| Rashes (Dermatitis) .....                                 | 327     |
| Ringworm .....  | 327     |
| Scabies .....   | 327-328 |
| Scarlet Fever .....                                       | 328     |
| Seizure/Epilepsy .....                                    | 328-329 |
| Vagus Nerve Stimulation Therapy .....                     | 329     |
| Vagus Nerve Stimulator Procedure .....                    | 330     |
| Vagus Nerve Stimulator Skills Checklist .....             | 331     |
| Diastat Administration .....                              | 332     |
| Diastat AcuDial Administration Instructions.....          | 333     |
| Diastat and Diastat AcuDial Skills Checklist.....         | 334-335 |
| Child Specific Training Diastat and Diastat AcuDial ..... | 336-337 |
| Seizure Medical Management Plan .....                     | 338     |
| Seizure Care Plan .....                                   | 339-341 |
| Seizure Disorder Emergency Action Plan .....              | 342     |
| Seizure Observation Form .....                            | 343     |
| Seizure Flow Chart.....                                   | 344     |
| Shingles (See chickenpox) .....                           | 345     |
| Sickle Cell Anemia/Disease.....                           | 345     |
| Sore Throat .....   | 345     |
| Spina Bifida .....  | 345-346 |
| Spinal Injuries – Back or Neck .....                      | 346-347 |
| Splinters/Pencil “Lead” .....                             | 347     |
| Tick Removal .....  | 347     |
| Upper Respiratory Infections .....                        | 347     |
| Vomiting .....  | 347-348 |
| Whooping Cough (Pertussis).....                           | 348     |

**Chapter 8**  
**Medically Complex**

**351**

---

|   |         |
|---|---------|
| Medically Complex Introduction .....  | 353     |
| Matrix of Professional Responsibility: Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Healthcare in the Educational Setting..... | 354-358 |
| Implementing Special Education: Students with Special Needs.....  | 359     |
| Historical Perspective: Key Federal Legislation .....   | 359-363 |
| Procedure Physician Order Form .....  | 364     |
| Medical Procedure Authorization .....   | 365     |
| Clearance for Non-Medical School Employee to Perform Health Procedure.....  | 366     |
| Clean Intermittent Catheterization .....  | 367     |
| Clean Intermittent Catheterization Procedure Female and Male .....  | 368-369 |

**Clay County School Health Services Manual**

|   |         |
|---|---------|
| Clean Intermittent Catheterization Skills Checklist Female.....                     | 370-372 |
| Clean Intermittent Catheterization Skills Checklist Male.....                       | 373-375 |
| Urostomy Catheterization Procedure.....   | 376-377 |
| Urostomy Catheterization Skills Checklist.....                                      | 378-379 |
| Catheterization Log.....  | 380     |
| Ostomy Care.....  | 381     |
| Changing Colostomy/Ileostomy Collection Bag.....                                    | 381-382 |
| Ostomy Flow Sheet.....  | 383     |
| Changing Colostomy/Ileostomy Collection Bag Skills Checklist.....                   | 384-385 |
| Credé Maneuver Procedure.....   | 386-387 |
| Credé Maneuver Skills Checklist.....  | 388-389 |
| Diapering.....  | 390-391 |
| Care of Menstruating Special Needs Child.....                                       | 392     |
| Gastrostomy Tube Feeding Procedure.....   | 393-394 |
| Gastrostomy Tube Feeding Skills Checklist.....                                      | 395-397 |
| Tube Feeding: Instillation of Medication Through Feeding Tube.....                  | 398     |
| Tube Feeding: Instillation of Medication Through Feeding Tube Skills Checklist..... | 399-400 |
| Tube Feeding Storage of Nutritional Formulas.....                                   | 401     |
| Tube Feeding Log.....   | 402     |
| Tube Site Care.....   | 403-404 |
| Tube Site Care Form.....  | 405     |
| Tube Site Skills Checklist.....   | 406-407 |
| Nasal Suctioning.....   | 408     |
| Nasal Suctioning Skills Checklist.....  | 409-410 |
| Oral Suctioning.....  | 411-412 |
| Oral Suctioning Skills Checklist.....   | 413-415 |
| Suctioning Log.....   | 416     |
| Oxygen Administration.....  | 417     |
| Oxygen Safety Precautions.....  | 418     |
| Oxygen Administration Log.....  | 419     |
| Percussion and Postural Drainage.....   | 420-421 |
| Percussion and Postural Drainage Skills Checklist.....                              | 422-423 |
| Positioning (Lifting and Transferring).....   | 424     |
| Shunt Management.....   | 425     |
| Tracheostomy Skin Care.....   | 426     |
| Tracheostomy Skin Care Skills Checklist.....  | 427     |
| Changing Tracheostomy Ties.....   | 428-429 |
| Changing Tracheostomy Ties Skills Checklist.....                                    | 430-431 |
| Tracheostomy Suctioning.....  | 432-433 |
| Tracheostomy Suctioning Skills Checklist.....                                       | 434-436 |
| Emergency Tracheostomy Tube Replacement.....  | 437-438 |
| Emergency Tracheostomy Tube Replace Skills Checklist.....                           | 439-441 |

# **Chapter 1**

# **Introduction**

# Chapter 1

## Introduction

### School Health Services Program

#### Overview:

The mission of Florida's School Health Services Program is to appraise, protect and promote the health of students. Preventive and emergency school-based health services are provided to public school children in grades pre-kindergarten through twelve. Services are provided in accordance with a local School Health Services Plan jointly developed by the county health department, school district and School Health Advisory Committee (SHAC). With the increasing number of medically complex students, this cooperative effort becomes more vital. Parents have the primary responsibility to ensure the health and well-being of their children, but school nurses play a critical role in ensuring that all children experience a safe and stable learning environment. According to the National Association of School Nurses (NASN), the role of the school nurse is to advance the well-being, academic success and life long achievement of students. School nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential problems; and actively collaborate with others to build students' and their families' capacity for adaptation, self management, self advocacy and learning. **Every child deserves a school nurse!**

#### Program Components:

- **Basic Schools.** Basic school health services are mandated by the School Health Services Act, [s. 381.0056, F.S.](#), and are provided to all Florida public school students. Basic services include health record reviews, follow-up for mandated school entry physical examinations and appropriate grade level immunizations against preventable communicable diseases, screenings for health conditions that can directly affect student learning ability (vision, hearing, growth and development and scoliosis), first aid, medication assistance and emergency health services.
- **Comprehensive School Health Services Projects.** In addition to all basic school health services, comprehensive project schools in 57 counties provide enhanced services in accordance with [s. 381.0057, F.S.](#) These services include student health management, interventions and classes to reduce risk-taking behaviors, violence and injury prevention, and services to reduce teen pregnancy and promote returning to school after giving birth. Comprehensive school health services provide more in-depth health management through the increased use of registered nurses (RN) for assessments, interventions, case management and improving access to health care through referrals to insurance programs and family physicians.

The following are the comprehensive schools for Clay County: Bannerman Learning Center, Clay High, Keystone Heights Jr./Sr. High, Middleburg High, Orange Park High, Orange Park Jr., Ridgeview High and Wilkinson Jr. High.

- **Full Service Schools.** Full Service School projects are located in all 67 counties. Since 1990, this program has provided the infrastructure necessary to coordinate and deliver services donated by community partners and participating agencies. The effectiveness of this program has been enhanced by the co-location of services for children and their families. This program is authorized by [s. 402.3026, F.S.](#) and focuses on underserved students in poor, high risk communities needing access to medical and social services, as identified through demographics. Florida's Full Service Schools provide all basic school health services, in addition to the coordination of medical and specialized social services, such as: nutritional services, economic and job placement services, parenting classes, counseling for abused children, mental health and substance abuse counseling and adult education for parents.

The following are the full service schools for Clay County: Bannerman Learning Center, Charles E. Bennett Elementary, Clay Hill Elementary, Grove Park Elementary, Keystone Heights Elementary, McRae Elementary, Middleburg Elementary, S. Bryan Jennings Elementary, W. E. Cherry Elementary and Wilkinson Elementary.

