SCHOOL HEALTH SERVICE

School District of xxx

# MEDICAL ADVISORY POSITION

**Title:** School Medical Advisor

**Prerequisites:** Licensed to practice medicine in Wisconsin

 Expertise in Family Practice or Pediatrics (preference)

I, the undersigned, agree to serve as medical advisor the School District of xxxxxx. I understand this position is on consultation basis and does not require direct care.

**Responsibilities:**

1. Consult with administration and Board of Education concerning general health policy and practices. Advise about medical-legal matters related to school health.
2. Consult with administration regarding physical and mental health issues concerning students.
3. Advise administration and Board of Education about specific student health problems.
4. Develop and maintain effective physician/school and school/physician communication.
5. Consult on validity and appropriateness of school health programs.
6. Consult on appropriate action to be taken regarding current trends and proposed new legislation/regulations in school health.
7. Participate in district and community health-related screening programs.

**Health Services:**

1. Consult and review established and proposed health-screening programs.
2. Recommend measures for control of communicable diseases within the school.
3. Collaborate on and review emergency medical care and routine injury/illness care policies, protocols and facilities.
4. Collaborate with the facilities’ safety coordinator to assure a healthful school environment.
5. Provide medical consultation to special education program professionals and families.
6. Provide medical consultation to school physical education and athletic programs.
7. Be available for consultation in emergencies.

**Health Education:**

1. Advise on appropriateness of health education materials.
2. Assist in providing staff development; i.e. In-service training sessions.
3. Participate in, or provide consultation for, staff development programs regarding health education topics.
4. Serve as a consultant in planning parent education meetings involving student health issues.

**Signatures:**

Physician Date

District Administrator Date

Board of Education Date