

**School District of River Falls
Personnel Committee Meeting**

December 9, 2024 - 6:00 PM

District Office

852 E Division Street

River Falls, Wisconsin 54022

Personnel Committee members: Stacy Johnson Myers (Chair), Alison Page, & Alan Tuchtenhagen

A quorum of the Board may be present for information-gathering purposes only.

Agendas can be viewed at <https://www.rfsd.k12.wi.us/district/school-board.cfm> or at
<https://meetings.boardbook.org/Public/Organization/1447>

1. CALL TO ORDER - 6:00 PM

2. MANNER OF PUBLIC NOTIFICATION OF MEETING

3. HEARING OF VISITORS OR DELEGATIONS

4. 2025-26 SCHOOL YEAR CALENDAR-IMPORTANT DATES

3

Description: The calendar committee and administrative team will recommend the important dates for the 2025-26 school year.

Recommended Action: Approve 2025-26 school year calendar important dates.

5. APPROVE THE INITIAL READING POLICY 453.4 RULE(3) PROCEDURES FOR ADMINISTERING MEDICATION TO STUDENTS ON FIELD TRIPS AND THE ACCOMPANYING 453.4 EXHIBITS: EXHIBIT(1) PRESCRIPTION MEDICATION AUTHORIZATION FORM, EXHIBIT(2) PRESCRIPTION MEDICATION INCIDENT REPORT, EXHIBIT(3) MEDICATION RECORDING FORM, EXHIBIT(4) OVERNIGHT FIELD TRIP HEALTH INFORMATION FORM, EXHIBIT(5) OVER-THE-COUNTER OTC MEDICATION AUTHORIZATION

4

Description:

Administration is recommending approval of the initial reading of Policy 453.4 Rule(3) and the accompanying 453.4 Exhibits. This rule addresses procedures for administering medications to students on field trips.

Recommended Action: Approve initial reading of Policy 453.4 Rule(3): Procedures for Administering Medication to Students on Field Trips and the accompanying 453.4 Exhibits: Exhibit(1) Prescription Medication Authorization Form, Exhibit(2) Prescription Medication Administration Incident Report, Exhibit(3) Medication Recording Form, Exhibit(4) Overnight Field Trip Health Information Form and Exhibit(5) Over-the-Counter OTC Medication Authorization Form.

6. CONSIDERATION OF ADJOURNING TO CLOSED SESSION PURSUANT TO WIS. STAT. SEC. 19.85(1)(E), WHICH PERMITS CONVENING IN CLOSED SESSION FOR THE PURPOSE OF DELIBERATING OR NEGOTIATING THE PURCHASING OF PUBLIC PROPERTIES, THE INVESTING OF PUBLIC FUNDS, OR CONDUCTING OTHER SPECIFIED PUBLIC BUSINESS, WHENEVER COMPETITIVE OR BARGAINING REASONS REQUIRE A CLOSED SESSION, TO DISCUSS 2025-26 BARGAINING GOALS. ROLL CALL VOTE REQUIRED.

7. CONVENE TO CLOSED SESSION

8. RECONVENE INTO OPEN SESSION AND AFFIRM ACTION TAKEN IN CLOSED SESSION IF NECESSARY

9. PROPOSED/SUGGESTED ITEMS FOR THE NEXT REGULAR AND FUTURE PERSONNEL MEETING AGENDA(S)

Description: As always, committee members will be given the opportunity to suggest items for future committee and/or Board meeting agendas.

Recommended Action: As needed.

10. SCHEDULE NEXT PERSONNEL COMMITTEE MEETING

Description: Upcoming committee meeting dates, times, and locations will be reviewed.

Recommended Action: Set the meeting schedule as follows:

Personnel Committee meeting, Monday, January 13, 2024, 7:00 p.m. *(or immediately following Finance & Facilities)*
The meeting will be held at the District Office, 852 E. Division Street.

11. ADJOURN



August 2025				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25♦	26♦	27♦	28♦	29

September 2025				
M	T	W	Th	F
1	2▲	3	4	6
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

October 2025				
M	T	W	Th	F
		1	2	3
6♦	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31Q

November 2025				
M	T	W	Th	F
3♦	4	5	6	7
10	11	12	13	14
17	18	19	20	21T
24	25	26	27	28

December 2025				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

January 2026				
M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16Q
19♦*	20	21	22	23
26	27	28	29	30

February 2026				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16♦*	17	18	19	20
23	24	25	26	27

March 2026				
M	T	W	Th	F
2	3	4	5	6T
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

April 2026				
M	T	W	Th	F
		1	2Q	3♦*
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

May 2026				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

June 2026				
M	T	W	Th	F
1	2	3	4	5▼
8*♦	9*♦	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

- ▲ First Student Day
- ▼ Last Student Day
- No school
- * Possible make-up days
- ♦ In-service Days
- L HS Late Start: 8:15am

AUGUST 2025	
13	Renaissance GEDO 2 Orientation (5:30-7:30 pm)
19-20	New Teacher Orientation
25-28	Teacher In-Service
26	HS Parent Night Open House (5-8 pm)
26	RCA Open House (5:30-7:30pm)
27	MMS Back-to-School Open House (12:30-7:30 pm)
27	Elementary Back-to-School Open House (3-6 pm)
SEPTEMBER	
1	No School (Labor Day)
2	First Student Day of School (all schools, including RF4C)
OCTOBER	
6	No School for Grades K-8 (Teacher In-Service) Virtual Day for Grades 9-12
7	HS & RCA Parent/Teacher Conferences (4:30-7 pm)
31	End of Quarter One (Secondary Level)
NOVEMBER	
3	No School (Teacher In-Service)
3	Elementary Parent-Teacher Conferences (4-7:30 pm)
6	MMS Parent-Teacher Conferences (3:15-7:30 pm)
6	Elementary Parent-Teacher Conferences (4-7:30 pm)
11	MMS Veterans Day Program (1:30 pm)
21	End of Trimester One (Elementary Level)
26-28	No School (Thanksgiving Break)
DECEMBER	
8	HS & RCA Parent/Teacher Conferences (4:30-7 pm)
22-31	No School (Winter Break)
JANUARY 2026	
1-2	No School (Winter Break)
13	HS Course Registration Night (5-8 pm)
16	End of Quarter Two (Secondary Level)
19	No School (MLK Day) (Teacher In-Service)
FEBRUARY	
12	MMS Parent-Teacher Conferences (3:15-7:30 pm)
16	No School for Grades K-8 (Teacher In-Service) Virtual Day for Grades 9-12
17	Elementary Parent-Teacher Conferences (4-7:30 pm)
19	Elementary Parent-Teacher Conferences (4-7:30 pm)
19	HS & RCA Parent/Teacher Conferences (4:30-7 pm)
MARCH	
6	End of Trimester Two (Elementary Level)
16-20	No School (Spring Break)
APRIL	
2	End of Quarter Three (Secondary Level)
3	No School (Teacher In-Service)
7	HS ACT Day for Grades 9, 10, 11 Service to Community Day for Grade 12
MAY	
4	HS & RCA Parent/Teacher Conferences (4:30-7 pm)
15	Renaissance End of Year Celebration (6-8 pm)
25	No School (Memorial Day)
31	High School Graduation (1-3 pm)
JUNE	
5	Last Student Day of School
8-9	No School (Teacher In-Service)



POLICY 453.4 RULE(3) PROCEDURES FOR ADMINISTERING MEDICATION TO STUDENTS ON FIELD TRIPS

The district acknowledges that some students may require prescribed drugs or medication while participating in school-sponsored field trips. Considering the district nurse and/or trained health staff generally do not go on field trips, these guidelines are designed to ensure that medications are appropriately administered by district personnel or designated volunteers in the absence of health staff. This procedure sets forth the provisions that must be followed when administering medication to students who are participating in school-sponsored field trips.

The administration of prescriptions or over-the-counter medication on a curricular field trip will follow the requirements of Policy 453.4, Administering Medications to Students. In all cases, medications must be provided to the district by the student's parent(s) or legal guardian(s) in advance of the field trip. Individuals designated by the District to administer medications shall be exempt from civil liability in the course of administering medications, unless they exhibit gross negligence. This exemption does not apply to health care professionals as defined under Wis. Stat. § 118.29(1)(c).

Steps to Implement for Both Day and Overnight Field Trips:

1. The district nurse may designate the administration of medications to personnel or volunteers without a health care license in the school setting, so long as those individuals have received appropriate training, supervision, and evaluation by the district nurse. Nurse delegation rules, as identified by the Department of Public Instruction, must be followed before medical tasks may be performed by any non-licensed personnel. A parent or legal guardian may administer medication to their own child without receiving training from the district nurse..
2. If medications are inhaled, injected, or administered rectally, or via a nasogastric, gastrostomy, or jejunostomy tube, school employees or volunteers must first meet with the district nurse to determine if the tasks can be delegated safely and that delegation rules have been met.
3. The volunteer must be appropriately trained by the district nurse. Documentation of this training must be maintained.
4. Non-licensed individuals are not required to administer medications to students by any means other than ingestion.
5. The administration of medications to students on field trips must follow district medication protocols. Any medication incidents, wrong dose, wrong time, wrong person, or missed dose, must be reported to the official in charge, with consultation with the district nurse. A Medication Administration Incident Report (453.4 Exhibit 2) must be completed. The

incident must be reviewed by the district nurse, or designee, and the parent(s) or legal guardian(s) will be informed.

6. All medications must be kept by a trained employee or volunteer designated by the district nurse. Medications considered to be self-carry/self administer, as determined by the district nurse, will be kept by the student.
7. It is required that one employee or volunteer designated by Health Office staff be in charge of picking up medications from the Health Office the morning of any field trip, receiving further instructions from Health Office staff, and administering medications to students during the field trip.
8. When administering any medication, an employee or volunteer designated by the district nurse needs to verify the following: right student, right drug, right dosage, right time, and right administration route.
9. Any remaining medications should be returned to the Health Office immediately following the field trip.

Steps to Implement for Day Field Trips Only:

1. The Health Office must be notified, by the field trip supervisor, at least ten (10) school days in advance of a day field trip to make the appropriate arrangements for administration of medication.
2. The district nurse must know at least five (5) school days in advance when a student with medical or special needs is leaving the building for a field trip, whether walking or busing, to allow adequate time to make appropriate plans/accommodations.
3. An employee or volunteer designated by the district nurse to administer medication is required to meet with the district nurse prior to a field trip to receive appropriate training. Emergency and non-oral medications require additional training with the district nurse. The district nurse determines if any nursing delegation rules would apply.
4. Oral medications for day field trips will be prepared in a medication envelope that indicates the student's name, name/dose of medication, any special instructions, and the date/time to be administered. When the medication is given, it should be immediately recorded on the Medication Recording Form (453.4 Exhibit 3) by the employee or volunteer designated by the district nurse and include: the date/time of administration, student's name, name/dose of medication, and signature of the person administering. The signed Medication Recording Form (453.4 Exhibit 3) and any remaining medications must be returned to the Health Office and kept with the student health record.

Steps to Implement for Overnight Field Trips Only:

1. A parent or guardian of students participating in overnight field trips must complete the Overnight Field Trip Health Information Form (453.4 Exhibit 4) and, if required, a medical profile form from the travel company. If the student requires medication during the field trip the Prescription Medication Authorization Form (453.4 Exhibit 1) and or Over the

Counter Medication Authorization Form (453.4 Exhibit 5) needs to be completed by the parent/guardian. The appropriate forms will be submitted to the supervising teacher at least twenty (20) days in advance of the field trip.

2. The district nurse must be notified at least fifteen (15) days in advance when a student with medical or special needs is leaving the building for an overnight field trip to allow adequate time to make appropriate plans/accommodations.
3. The Health Office must be notified at least fifteen (15) school days in advance of an overnight field trip to make the appropriate arrangements for administration of medications.
4. An employee or volunteer who is designated by the district nurse to administer medication is required to consult with the district nurse at least five (5) days in advance of an overnight field trip to receive appropriate training. Emergency and non-oral medications require additional training with the district nurse. The district nurse determines if any nursing delegation rules would apply.
5. When the medication is given, it should be immediately recorded on the district Medication Recording Form (453.4 Exhibit 3). The signed medication Recording Form (453.4 Exhibit 3) and any remaining medications must be returned to the Health Office and kept with the student health record.

CROSS REFERENCE: 453.4 Administering Medication to Students, 453.4-Rule (1) Procedures for Administering Medication to Students, 453.4-Rule (2) Naloxone Administration Flow Chart 453-Exhibit: Prescription Medication Authorization Form, Prescription Medication Authorization Form (453.4 Exhibit 1), Prescription Medication Administration Incident Report (453.4 Exhibit 2), Medication Recording Form (453.4 Exhibit 3), Overnight Field Trip Health Information Form (453.4 Exhibit 4), Over the Counter OTC Medication Authorization Form (453.4 Exhibit 5)

DATE OF ADOPTION: **XXXXXX XX, 202X**



852 E Division Street, River Falls, WI 54022 | Telephone: (715) 425-1800 x.1108 | Fax: (715) 200-5771
Karin Brandvold, RN, District Nurse | Email: karin.brandvold@rfsd.k12.wi.us

Prescription Medication Authorization Form

Physician Order for Administration of Prescription Medication:

Name of Student: _____

DOB: _____ Grade: _____ Teacher: _____

Allergies: _____

Prescription Information and Physician Signature:

Medication: _____ Dose: _____

Frequency: _____

Time: _____ Route: _____

Diagnosis: _____

Authorized Practitioner Signature: _____ Date: _____

Authorized Name (Please Print): _____ Phone: _____

Parent Signature and Information:

1. I request this medication be given as prescribed by the physician. I understand I must provide this medication in the original container (bottle, injection or inhaler) labeled by the pharmacy.
2. I understand that written instructions must be provided by the physician if there is a change in medication, including but not limited to medication type, dosage, or timing.
3. I will provide documentation from the provider if medication is discontinued.
4. I will pick up the medication at the end of the school year. If my child is attending summer school, I will pick up the medication by the last day of summer school.
5. I understand that medication orders must be renewed when specified.
6. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I give permission to contact the prescribing physician.
7. I understand that when the student is on a field trip the above medication will be given to the appropriate teacher to supervise and administer.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Phone: _____



MEDICATION ADMINISTRATION INCIDENT REPORT

453.4 - Exhibit (2)

A medication incident is defined as failure to administer the prescribed medication to the right student, at the right time, the right medication, the right dose or the right route. The person who administered the medication should complete this form.

Student's Name: _____ **Grade:** _____

Student's address: _____ **Phone:** _____

Date of Occurrence: _____ **Time of Day:** _____ **A.M.** **P.M.**

Name of Prescribing Provider: _____ **Phone:** _____

Medication: _____ **Dosage:** _____ **Route:** _____

Time Prescribed: _____ **A.M.** **P.M.**

Describe the Event: (this should be filled out by the person making the error)

(Use reverse side if necessary)

Notification:

Medical provider <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Month/Day/Year	Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Month/Day/Year	Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
District Nurse/Other Who: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Month/Day/Year	Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Outcome: _____

Name of Person Preparing Report (please print): _____

Signature of Person Preparing Report: _____ **Date:** _____



MEDICATION RECORDING FORM

(school health staff to complete first five columns prior to field trip)

Student Name	Medication	Dose	Route	Frequency & Ideal Administration Times	Date & Time Administered	Initials of Person Administering Medication

Name of Person that Administered above Medications (please print) _____

Signature of Person that Administered above Medications _____ Date _____

Completed forms should be sent to:
Karin Brandvold, RN, District Nurse - 852 E. Division Street, River Falls WI 54022
Telephone: 715-425-1800 x. 1108 - Fax: 715-200-5771 - Email: karin.brandvold@rfsd.k12.wi.us



OVERNIGHT FIELD TRIP HEALTH INFORMATION FORM

To be completed by parent/guardian for all students attending the overnight field trip.

Student Name _____ Date of Birth _____ Grade _____

Parent(s)/Guardian Name _____

EMERGENCY CONTACT INFORMATION

	Name	Phone Number	Relationship
Contact 1			
Contact 2			
Contact 3			

Physician Name _____ Phone _____

Health insurance Carrier _____ Policy/Group Number _____

Allergies (check all that apply)

- Food (list & describe reaction) _____
- Medication (list & describe reaction) _____
- Bee Stings (describe reaction) _____
- Seasonal (list & describe reaction) _____
- Other (explain) _____

Explain any other health conditions your child may have

Does your child have any physical limitations? No Yes, explain _____

Does your child have any diet restrictions? No Yes, explain _____

Medication

- No, my child **does not require** medication during the field trip
- Yes, my child **will require medication** on the field trip. In order to administer medication (prescription and over-the counter) on the field trip, parents must complete the required medication form which includes parent signature and written physician's orders.

When schedule allows, completed medication forms must be returned to school **15 days prior** to the field trip date with parent & physician signature. Medications will not be administered without necessary completed forms. For athletic trips with a short schedule turnaround, medication forms must be returned prior to team departure.

In the event of a medical emergency, 911/Emergency Medical Services will be called and the student will be transferred to the nearest medical facility.

Parent/Guardian Signature

Date



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Over-the-Counter (OTC) Medication Authorization

Date: _____

Name of Student: _____	DOB: _____
Grade: _____	Teacher: _____
Allergies: _____	

Student's Authorized Practioner: _____

Clinic's Location: _____

Medication Information:		
Medication Name: _____	Dose: _____	
Frequency: _____	Time: _____	Reason for Medication: _____

Medication Information:		
Medication Name: _____	Dose: _____	
Frequency: _____	Time: _____	Reason for Medication: _____

**** Medical provider signature is required if dose exceeds recommendations on packaging or if not recommended for student's age**

Parent Signature and Information:	
<ol style="list-style-type: none"> I understand I must provide this medication in the original sealed container labeled clearly with the child's name. I will provide only FDA approved over the counter medications. Examples of medications not FDA approved are but not limited to food supplements, herbal, and home remedies. I will pick up the medication at the end of the school year, otherwise it will be disposed of by authorized school personnel. If my child is attending summer school, I will pick up the medication by the last day of summer school. I understand that medication orders must be renewed at the start of each school year. 	
Parent/Guardian Signature: _____	Date: _____
Print Name: _____	Phone: _____