Health Services

Lela P. Key Memorial Fund

Lela P. Key was a teacher at West Birdville Elementary. After her death her husband, E.S. Key, made contributions to West Birdville to help needy children. Before Mr. Key died he made a provision in his will to leave $4,000.00 to Birdville Independent School District ($3,000.00 was placed in C.D.'s) to establish the Lela P. Key Memorial Fund. This fund was to serve students in any of the schools who might be in need of minor medical or dental care, food, clothing, eye glasses, or necessary school supplies.

The principal of each school or his/her designee and nurse representing each school shall constitute the governing body of the fund and shall be responsible for decisions required to maintain and operate the fund. The Coordinator of Health Services shall serve as Chairperson for the committee. Meetings shall be called when and if it is determined to be needed by any member of the committee

Guidelines for Determining Needs

1. Anyone with knowledge of a child's needs that meet the provisions of Mrs. Key's will and could be met with a reasonable amount of financial assistance should report that need to the school nurse.

2. The school nurse, after studying the need, checking fund balance with Coordinator of Health Services, and checking with Lions Club on eye glasses needs, will submit it to the principal or his/her designee.

3. If it is determined by the nurse and the principal/designee that funds should be extended from the fund, then the form requesting that expenditure should be completed and signed by both parties. It is then forwarded to the Coordinator of Health Services where the check will be approved and issued.

4. Prescriptions that are filled must:

   (1) be for one month/year
   (2) be generic
   (3) remain at school.

Request

CAMPUS:_____ DATE: _____

STUDENT'S NAME: _____ GRADE:_____

Brief description of student's needs and reason for request: _____

_____

Check should be written: PAY TO THE ORDER OF _____

This request has been duly considered by the school nurse and the school principal or his/her designee and hereby is submitted to the Coordinator of Health Services for approval and payment.

_____ _____

School Nurse Principal/Designee

Distribution

CHECK NUMBER:_____ DATE: _____ AMOUNT: _____

PAID TO:_____ FOR:_____

CHECKING ACCOUNT BALANCE AS OF THIS DATE:_____

COORDINATOR OF HEALTH SERVICES:_____