

New/updated forms are needed for each school year. If your child's primary healthcare provider is unable to complete the forms, the providers at the Rales Health Center may be able to.

Completed forms can be turned in to the Rales Health Center or faxed to us at (410)233-5893. Please call the health center at (410)291-2570 for more information or with any questions.

## **For ALL Students**

- ☐ Complete and return the **BLUE Student Health Background Form** each year to provide the school nurses with essential health information about your child.
- ☐ Review the RHC School Based Health Center (SBHC) information. To enroll your child in the SBHC, complete and return the **YELLOW packet of forms**. If your child has been enrolled in the SBHC in previous school years, you do not need to complete these forms again.

## **For Students with Asthma**

- ☐ Nurse Information Form: Asthma completed by parent/guardian and returned to the RHC
- ☐ Asthma Action Plan completed by your child's healthcare provider and signed by a parent/guardian
- ☐ Medication Administration Form for any asthma medications to be given, completed by your child's healthcare provider and signed by a parent/guardian
- ☐ Bring an *albuterol inhaler and spacer* to the RHC. We cannot accept nebulizers.

## **For Students with Allergies or Anaphylaxis**

- ☐ Allergy Emergency Action Plan, including a list of specific allergies and reactions, completed by your child's healthcare provider and signed by a parent/guardian.
- ☐ Diet Modification Form, when applicable, completed by your child's healthcare provider and signed by a parent/guardian. This form will be shared with the cafeteria staff.
- ☐ Medication Administration Form, including a list of specific allergies and reactions, for diphenhydramine (Benadryl) and epinephrine (EpiPen/EpiPen Jr.) completed by your child's healthcare provider and signed by a parent/guardian.
- ☐ Bring your child's *epinephrine auto-injector* to the RHC.

## **For Students Taking Medication at School (including emergency and daily medications)**

- ☐ Emergency Action Plan, when applicable, completed by your child's healthcare provider and signed by a parent/guardian. Please ask the nurses for a copy of the appropriate Emergency Action Plan for conditions such as Sickle Cell Anemia and Seizure Disorder.
- ☐ Medication Administration Form completed by your child's healthcare provider and signed by a parent/guardian
- ☐ Bring the *medication in its original packaging* to the RHC.

## **For Children Requiring Skilled Nursing Services at School (ex: G-tube feeds, blood sugar checks, catheterization, insulin administration)**

- ☐ Talk with the school nurses to discuss your child's needs and receive the correct forms to be completed.
- ☐ Bring *supplies and completed forms* to the RHC.