# Health Center Back to School Checklist



# **For ALL Students:**

- □ Complete and return the BLUE <u>Student Health Background Form</u> each year to provide the school nurses with essential health information about your child. If you're new to KIPP this year, you completed this form as part of your registration paperwork.
- 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 Medical Conditions and/or Medications:

□ Complete new/updated forms for each school year. This includes medication forms, emergency plans, and health information forms. If your child's primary healthcare provider is unable to complete the forms, the providers at the Rales Health Center may be able to.

#### For Students with Asthma:

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

## For Students Requiring Skilled Nursing Services (ex: G-tube feeds, blood sugar checks, catheterization):

- Talk with the school nurses to discuss your child's needs and receive the relevant forms to be completed.
- <u>Emergency Action Plan</u>, when applicable, completed by your child's healthcare provider and signed by a parent/guardian. Please ask our staff for a copy of the appropriate Emergency Action Plan.
- □ <u>Chronic Condition Appraisal Form</u> completed by a parent/guardian.
- □ Bring completed and signed forms and *supplies* to the RHC.

#### 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 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 completed and signed forms and your child's *epinephrine auto-injector* to the RHC.

# For Students Taking Medication at School (including emergency, as needed, and daily medications):

- Emergency Action Plan, when applicable, completed by your child's healthcare provider and signed by a parent/guardian. Please ask our staff for a copy of the appropriate Emergency Action Plan.
- Medication Administration Form completed by your child's healthcare provider and signed by a parent/guardian.
- □ Bring completed and signed forms and the *medication in its original packaging* to the RHC.