

HEALTH CENTER BACK TO SCHOOL CHECKLIST

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. If your child is 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 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 with Allergies/Anaphylaxis:

- ☐ Chronic Condition Appraisal Form, completed by a parent/guardian.
- ☐ 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 Forms, for antihistamine and epinephrine, 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 (emergency, as needed, and/or daily medications):

- ☐ Chronic Condition Appraisal Form, completed by a parent/guardian
- ☐ Emergency Action Plan, when applicable, completed by your child's healthcare provider and signed by a parent/guardian.
- ☐ 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.

For Students with Chronic Conditions and/or requiring Skilled Nursing Services (ex: G-tube feeds, blood sugar checks, catheterization):

- ☐ Chronic Condition Appraisal Form, completed by a parent/guardian.
- ☐ Talk with the school nurses to discuss your child's needs and receive the relevant forms to be completed, including Medication or Treatment/Procedure forms.
- ☐ Emergency Action Plan, when applicable, completed by your child's healthcare provider and signed by a parent/guardian.
- ☐ Bring completed and signed forms and *supplies* to the RHC.