

# 2016 -2017 Student Medical and Health Checklist

\*\*All student medical documents are due to the school office by August 1st, 2016\*\*

In order to provide a safe and healthy environment for your child, PCCS strictly adheres to state law in maintaining health and medical records. Carefully read the list below and provide the office with all required paperwork for your child. If you have any questions please contact Jessica Loustaunau at 847-548-5262 or jloustaunau@pccharterschool.org.

# **State Health Forms**

## **D** Proof of School Dental Examination Form

Required for all kindergarten (KDG), second (2nd), and sixth (6th) grade students.

### **Eye Examination Report**

Required for all kindergarten (KDG) students.

# **Certificate of Child Health Examination (Physical Form)**

Required for all kindergarten (KDG) and sixth (6th) grade students.

### □ Immunization Records

Required for all kindergarten (KDG) and sixth (6th) grade students.

### **School Medical Forms**

Due to school **<u>office</u>** by August 1, 2016. Please do not send forms or medications to the classroom teacher.

Please note that with the exception of the *Sports Physical*, *Concussion Information Sheet*, and *Students with Diabetes*, ALL forms must be filled out appropriately even if they do not apply to your child. If the form doesn't apply to your child, there is a place at the top of the form to indicate that it doesn't apply.

## □ Sports Physical

By law, PCCS is required to have a valid physical dated within one (1) year on file for each student participating in interscholastic sports. A standard physical form completed by a physician is sufficient, but for students in 5th – 8th grades you may submit a sports physical, provided by your child's physician, prior to trying out for any sport at PCCS. A sports physical is valid only in regards to interscholastic sports, not as the record of examination and immunizations required for all sixth graders.

## **Concussion Information Sheet**

Beginning with the 2016-17 school year, the state requires this form to be signed by any student participating in interscholastic sporting events or practices. The parent's/guardian's signature is also required.

□ **School Medication Authorization Form** (for all prescription and nonprescription medications except for asthma inhalers and emergency epinephrine injectors)

Your child's pediatrician must fill out the **School Medication Authorization Form** for each prescribed or over-the-counter medication that your child needs to take during the school day. This form also needs to be signed by the parent/guardian. A new form must be filled out for each new school year.

Note: State law now requires a physician's signature for over-the-counter and prescription medication. No medication will be administered to your child unless the completed form has been provided to school administration.

Medication should be brought to the school office in the original container, properly labeled and accompanied by the following information:

#### **Prescription Medications**

- a. Student name and prescription number
- b. Name and dosage of medication
- c. Date and number of refills
- d. Licensed physician's name
- e. Pharmacy name, address, and phone number
- f. Name or initials of pharmacist
- g. Administration route or other directions

Nonprescription Medications

Student's first and last name on the original container.

## **Students with Allergies**

## **Allergy History Form**

Record all student allergies (hay fever, food, etc.)

## □ Allergy Emergency Action Plan and Treatment Authorization Form

In the case of a severe or life-threatening allergy, your child's physician is additionally required to complete an **Allergy Emergency Action Plan and Treatment Authorization Form.** This plan must be provided to school administration **prior to your child's first day of school.** The **Allergy Emergency Action and Treatment Authorization** form or your physician's standard Emergency Action Plan will be accepted.

If an epinephrine auto injector is prescribed, the Allergy Emergency Action and Treatment Form will indicate it. You do not need an additional School Medication Authorization Form for the epinephrine auto injector. Your child may carry and self-administer an epinephrine injector only when the Allergy Emergency Action and Treatment Authorization Form has been completed and signed by physician and the self-administration checkbox marked. The form must also be signed by the child's parent or guardian and provided to school administration before August 1st, 2016.

If an EpiPen® is required as part of the emergency action plan, please provide both injectors (one twin pack) to the school. Epinephrine has a short period of time in which it is active and both injectors may be needed before emergency services has arrived.

Epinephrine injectors should not be due to expire before the end of the school year.

### **Students with Asthma**

### 🗆 Asthma Management Plan

If your child has asthma, an Asthma Management Plan must be completed by your child's physician and provided to school administration before August 1st, 2016. An example of the plan can be viewed and printed <u>here</u>. The enclosed form or your physician's standard Asthma Management Plan will be accepted by the administration.

Prescribed asthma inhalers will be indicated on the Asthma Management Plan. You do not need to submit an additional School Medication Authorization for an asthma inhaler. Your child may carry and self-administer an asthma medication (inhaler/nebulizer) only when the Asthma Management Plan has been completed and signed by physician and the self-administration checkbox marked.

### **Students with Diabetes**

If your child has diabetes, your child's physician is required to complete a Diabetic Care Plan. This plan must be provided to school administration before August 1st, 2016. Your child's physician will provide and complete this form in conjunction with you.

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