



## **2019 -2020 Student Medical and Health Checklist**

**\*\*All student medical documents are due to the school office by August 1st, 2019\***

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 847-548-1286 or [jloustaunau@pcharterschool.org](mailto:jloustaunau@pcharterschool.org).

### **State Health Forms**

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

Required for all kindergarten (KDG), second (2nd), and sixth (6th) grade students and New students to the state of Illinois in 1st-8th grade.

#### **Eye Examination Report**

Required for all kindergarten (KDG) students and New students to the state of Illinois in 1st-8th grade.

#### **Certificate of Child Health Examination (both front & back sections must be completed)**

Required for all kindergarten (KDG) and sixth (6th) grade students and New students to the state of Illinois in 1st-8th grade.

### **School Medical Forms**

*Due to school **office** by August 1st, 2019. Please do not send forms or medications to the classroom teacher.*

#### **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. A valid physical form is valid for 395 calendar days.

## **Concussion Information Sheet**

As of 2017, 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 all prescribed and 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 and Anaphylaxis Emergency Plan**

In the case of any allergy requiring medical treatment, your child's physician is required to complete an **Allergy and Anaphylaxis Emergency Plan**. This plan must be provided to school administration **prior to your child's first day of school**.

If an epinephrine auto injector is prescribed, the Allergy and Anaphylaxis Emergency Plan 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 and Anaphylaxis Emergency Plan 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, 2019.

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. **Please check expiration date prior to turning them into the school office.**

### **Students with Asthma**

#### **Asthma Action Plan**

If your child has asthma, an **Asthma Action Plan** must be completed by your child's physician and provided to school administration before August 1st, 2019.

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. **Please check expiration date prior to turning them into the school office.**

### **Students with Seizures**

#### **Seizure Action Plan**

If your child has seizures, your child's physician is required to complete a **Seizure Action Plan**. This plan must be provided to school administration before August 1st, 2019. Your child's physician will provide and complete this form in conjunction with you. Please make sure, if medication is needed during school hours, the School Medication Authorization Form is completed and signed by both physician and parent.

### **Students with Diabetes**

#### **Diabetic Care Plan**

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, 2019. Your child's **physician will provide** and complete this form in conjunction with you. Please make sure, if medication is needed during school hours, the School Medication Authorization Form is completed and signed by both physician and parent.