

Allergy/Asthma/Medical Check List

Student with Allergy:

Medication

___ Prescription medication is in original box, unopen with prescription label.

___ Over the counter medication is unopen.

Paperwork

___ Allergy & Anaphylaxis Medication Administration Authorization Plan completed and signed by healthcare provider and parent

___ A picture of your child in the upper right corner.

___ Medication Administration Authorization Form signed and completed with Doctor's and parent signature. Each medication needs to have its own form.

Student with Asthma:

Medication

___ Prescription medication is in original box, unopen with prescription label.

Paperwork

___ Asthma Action Plan completed and signed by health care provider and parent.

___ A picture of your child in the upper right corner.

___ Medication Administration Authorization Form signed and completed with Doctor's and parent signature. Each medication needs to have its own form.

Students with Special Medical Needs:

** Please call the office and speak with an administrator for requirements.

All paperwork is due by your child's start date.
We cannot accept incomplete paperwork.