



All Parents Whose Student(s) May Have a Diagnosed Chronic Health Condition

All medical statements and medical /nursing forms must be completed **ANNUALLY** by the parent and/or the student's healthcare provider. These forms are available in the nurse's office at your student's school. Completed forms and all supplies and medications should be brought to your student's school health office before the first day of school.

Daily Medications Given At School

- Medication Permission Form
- Medication(s)

Asthmatics

- Asthma Emergency Action Plan
- Medication Permission Form (if applicable)
- Medication(s): i.e., inhalers, nebulizer medications, etc.

Diabetics

- Diabetes Emergency Action Plan
- Medication Permission Form (if applicable)
- Medication(s): i.e., insulin, glucose tablets, glucagon, blood glucose/ketone testing equipment and/or supplies, etc.

Life-Threatening Food Allergies

- Allergy Emergency Action Plan
- Medical Statement: Children with Food Allergies
- Medication Permission Form (if applicable)
- Medication(s): i.e., Epi-pen, etc.

Seizure Disorders

- Seizure Emergency Action Plan
- Medication Permission Form (if applicable)
- Medication(s)