

# HEALTH CONDITIONS – PARENT INFORMATION SHEET

If your child has one or more of the conditions below, or any other condition not listed that would require us to provide care, please contact your school's health clinic for detailed information. The documents listed below are required to provide medical care for your child at school.

Adrenal Insufficiency with a stress dose to be kept at school for acute illness/injury

- Orders from the provider to include the medication name and dosing guidelines.

Asthma with inhaler checked into the clinic

- Written order, or in the original box with prescription label attached.
- Asthma Action Plan.

Asthma with inhaler that student self-carries/self-administers (secondary students – several requirements must be met to self-carry and self-administer as defined by state statute).

- "BSSD Asthma and Anaphylaxis Medication Self-Administration Form" or equivalent documentation.
- Asthma Action Plan.

Bleeding disorder or Sickle Cell Disease

- Any orders or documentation necessary if an Emergency Action Plan is needed.

Cardiac Disorder with Restrictions

- Written orders from the provider outlining restrictions.

Diabetes

- Current school year school orders.
- Supplies (glucometer, test strips, ketone strips, rescue medication, snacks for hypoglycemia, etc.).

Diabetes Insipidus

- Written orders for any required treatment while at school.

Severe Allergy/Anaphylaxis with epinephrine auto-injector checked into the clinic

- Written orders or in original box with prescription label attached.
- Allergy and/or anaphylaxis action plan.

Severe Allergy/Anaphylaxis that student self-carries/self-administers epinephrine auto-injector (secondary students – several requirements must be met to self-carry and self-administer as defined by state statute).

- "BSSD Asthma and Anaphylaxis Medication Self-Administration Form" or equivalent documentation.
- Allergy and/or anaphylaxis action plan.

Seizure Disorder/Epilepsy

- Authorization to Release Medical Records.
- Written orders/documentation from the provider to describe seizures, treatments, etc. (may be on the Seizure Action Plan).
- Parent signature on Emergency Action Plan and Seizure Individualized Health Care Plan (IHCP) completed by school nurse.

Specialized Procedures (catheterization, tracheostomy care, etc.)

- Written orders for any specialized treatments or medications from provider.

Tube Feeding(s) during school day

- Written orders from provider.

**This is a summary; additional information may be requested by Health Services Staff.**