



Health Conditions Packet

Please complete the following forms to better help us understand your child's health condition and provide a safe and healthy school environment.

- ☐ Authorization for Exchange of Information (Signature needed)
- ☐ Questionnaire (Signature needed)
- ☐ Authorization for Medication at School (Signature from parent and doctor needed)
- ☐ Medication Policy

If you have any questions or concerns please feel free to email any one of the Nurses below. We appreciate your help in providing the best care for your child.

Sincerely,
Alta Loma School District Nurses

Erin Stevens, MSN, RN
estevens@alsd.org

Karen Simon, MSN, RN
ksimon@alsd.org

Patti Boyle, BSN, RN
pboyle@alsd.org



PARENT'S AUTHORIZATION FOR EXCHANGE OF INFORMATION

To Whom It May Concern:

I hereby give my permission for the exchange of immunization/medical information contained in the record of my child:

Name of Student Birthdate Medical Record # (If applicable)

Between _____ and _____
(Name of Physician) (School Nurse)

Address: _____ School Stamp: _____

Physician Phone: _____ Fax: _____

Duration: This authorization shall become effective immediately and shall remain in effect until _____ (enter date) or for one year from the date of signature, if no date entered.

Parent(s)/Guardian (Print)

Signature of Parent(s)/Guardian

Date

Sincerely,
Alta Loma School District Nurses



Alta Loma School District

GENERAL MANAGEMENT PLAN

Student Name: _____ Birthdate: _____ Grade/ Teacher: _____

School Name: _____ School Year: _____

1. Health Condition: _____

2. When was your child diagnosed with the health condition: _____

3. Date of last medical evaluation: _____

4. Name of physician following health condition: _____

5. Please describe your child's health condition and how you would like us to manage it at school: _____

☐ Restrictions or precautions: _____

☐ Therapies or treatments (Physical therapy, Counseling): _____

☐ Medications: _____

☐ Other: _____

If you see this (Describe Symptoms): _____

Do this (List actions to take): _____

If your child requires medication at school, you must have an Authorization for Medication at School form signed by doctor and parent on file **BEFORE** the medication can be given.

Parent Signature: _____ Date: _____

Reviewed by R.N.: _____ Date: _____



Exception: California Education Code 49423.5 specialized services, i.e., Epipen, nebulizer, glucagon, insulin, diabetes care, etc. may require additional forms and instructions signed by parents or legal guardian and physician. **This form is valid for only one school year.**

Note: All medications must be prescribed, including, over the counter medications. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, time schedule and name of physician.

Signature of Parent of Legal Guardian	Date	Home Phone	Work Phone
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01/2023 KS



INFORMATION FOR PARENTS OF STUDENTS NEEDING TO TAKE MEDICATION AT SCHOOL

Dear Parent/Guardian,

It is generally better to have medication administered at home; however, sometimes it is necessary for a child to take medication during school hours and we wish to assist you as needed. The school nurse serves several schools and is not available to help students take medication on a daily basis, so medically untrained, unlicensed school personnel most often perform this function. **Consequently we urge you, with the help of your healthcare provider, to work out a schedule to give medication outside school hours.**

In compliance with California Education Code 49423, when an employee of the school district helps a student take medication, the employee must be acting in accordance with the written directions of a person licensed to prescribe medications and with the written permission of the child's parent or legal guardian. These authorizations must be renewed whenever the prescription changes and at the beginning of each school term. ***THE INSTRUCTION LABEL ON PRESCRIPTION MEDICATIONS WHICH IS APPLIED BY THE PHARMACIST IS NOT ACCEPTABLE AS A PHYSICIAN'S STATEMENT. A PRESCRIPTION IS ALSO REQUIRED FOR OVER THE COUNTER MEDICATIONS. CHILDREN MAY TAKE MEDICATIONS AT SCHOOL ONLY WHEN A LEGAL PRESCRIPTION AND WRITTEN PARENT AUTHORIZATION ARE ON FILE.*** Prescriptions which are faxed to us must be followed by the original written prescription. Please ask your healthcare provider to mail the original at the time the fax is sent.

All medication must be stored in the health office. Children are not allowed to have medication in their possession at school, walking to and from school or on the school bus. This policy provides for the safety of all students on campus. The only exception to this policy is if the student's well-being is in jeopardy unless the medication, such as an inhaler for asthma, is carried on his/her person. The appropriate release forms can be obtained from the school and must include a statement from the physician that the student's well-being is in jeopardy unless he/she carries the medication.

Medication must be provided to the school in the container in which it was purchased, with the prescription label attached, and must be prescribed to the student who will take the medication. Students may not take medication brought to school in a plastic bag, plastic ware, or any other repackaging. Students may not take out of date medication at school. An adult must bring the medication to school along with the completed authorization form/s.

If you anticipate a visit to your child's physician or dentist and expect that medication may be prescribed or the dosage changed, please stop by the school office for the appropriate forms.

Thank you.

ALTA LOMA SCHOOL DISTRICT NURSES

Erin Stevens MSN, RN
District School Nurse

Karen Simon MSN, RN
District School Nurse

Patti Boyle, BSN, RN
District School Nurse