



## **CHECKLIST FOR STUDENT HEALTH CARE**

### **Beginning of the school year**

**Please provide the school with the following as necessary :**

- Notification of Health Conditions (Infinite Campus Online Registration, email, phone)
  - Chronic conditions
  - Temporary (acute) conditions
- Medication forms (Prescription and/or Over-the-Counter)
- Medications (in original contain or prescription container and properly labeled)
- Emergency Action Plans for at school for those conditions requiring such Plans
- Medical Orders as related to the health condition(s) (ex. restrictions or accommodations)  
Ex. "No gym or contact sports"
- Immunization records
- Authorization to Disclose Information between MNSD and healthcare providers

**Please provide the bus company with the following as necessary:**

- Notification of Health Conditions
  - Chronic conditions
  - Temporary (acute) conditions
- Emergency Action Plans for on the bus for those conditions requiring such Plans
- Medical Orders for on the bus as related to the health condition(s) (ex. restrictions or accommodations)

### **Throughout the School Year:**

**Please provide the school with the following as necessary :**

- Updates regarding Health Conditions, Emergency Action Plans, Medical Orders
- Medication forms for new medications or changes in medications
- Medication refills
- Illness status