Chapter 1

- School Health Services and School Nursing Practice
  - Accident/Incident Report Form 69-70
  - Accident Incident Report to Parent 71
  - Activity Report – School Health Services (Monthly) 72
  - Chronic Health Concerns Data 73
  - Clinic Activity – Daily Log 74
  - Clinic Visit to Report to Parent 75
  - Clinic Visit to Report to Parent (Spanish) 76
  - Health Notes 77
  - Information Card – School Health Clinic, 78 Information Card – School Health Clinic (Spanish) 79
  - Information Letter for Parent 80
  - Information Letter for Parent (Spanish) 81-82
  - Post-Hospitalization and/or Outpatient Care Report to School 83
  - Skills Checklist – Unlicensed School Health Personnel 84-85-86

Chapter 2

- Injury Management & Emergency Medical Concerns
  - Accident/Incident Report Form 72-73
  - Accident Incident Report Form to Parent 74
  - Anaphylaxis Action Plan 40-41
  - Emergency Information Form for Children with Special Needs 61
  - Emergency Transportation/Treatment Release 71
  - Head Injury and Concussion Signs and Symptoms Checklist 15-16
  - Report to Parent/Guardian of a Head Injury 17
  - Suggested Emergency Supplies for the School Setting 68

Chapter 3

- Administration of Medications
  - Authorization to Give Medication at School (Option 1) 40
  - Authorization to Give Medication at School (Option 2) 41
  - Authorization to Give Medication at School (Prolonged Time Period) 42
  - Disposal of Medication(s) Parent/Guardian Notification Letter 43
Chapter 4

- Communicable Diseases and Infection Control
  - Head Lice Notification Letter to Parents
  - Head Lice Notification Letter to Parents (Spanish)
  - Notifiable Disease/Condition Report Form
  - Scabies Notification Letter to Parents
  - Scabies Notification Letter to Parents (Spanish)
  - School Health Clinic Guidelines for Sending Students Home

Chapter 5

- Chronic Health Conditions
  - Asthma Action Plan
  - Diabetes Management Plan
  - Diabetes Monitoring Form
  - Diabetes Reference Images
  - Fitnessgram Letter to Parents
  - Individual Healthcare Plan
  - Medical Report Form for Schools
  - Questionnaire for a Parent of a Student with Seizures
  - Section 504 Plan
Chapter 6

• Special Health Procedures in a School Setting
  – Designated Specialized Healthcare Training Form ........................................ 24
  – Parent/Guardian’s Request and Authorization for Specialized Care .................. 25
  – Parent/Guardian’s Request and Authorization for Specialized Care (Spanish) .... 26
  – Physician’s Orders for Administration of Specialized Healthcare Procedures .... 28
  – Physician’s Order for Specialized Health Care Procedure(s) ............................. 27
  – School Request for Physician’s Order .............................................................. 29
  – School Request to Parent for Physician’s Orders .............................................. 30
  – School Request to Parent for Physician’s Orders (Spanish) ............................ 31
  – Skills Checklist – Aerosol by Nebulizer Treatment ......................................... 7
  – Skills Checklist – Chest Physiotherapy ........................................................... 8
  – Skills Checklist – Clean Intermittent Catheterization (Female) ....................... 9
  – Skills Checklist – Clean Intermittent Catheterization (Male) ............................ 10
  – Skills Checklist – Gastrostomy Feeding through G-button or G-tube (Bolus Method) .... 11
  – Skills Checklist – Oxygen Administration ..................................................... 12-13
  – Special Healthcare Procedures Record ......................................................... 32

Chapter 8

• Screening Considerations in the School Setting
  – Height and Weight Screening Form ................................................................. 50
  – Parent/Guardian Notice of Vision Screening Referral ...................................... 26
  – Parent/Guardian Notice of Hearing Screening Referral .................................... 32
  – Scoliosis Sample Parent Newsletter ............................................................... 53
  – Scoliosis Screening Form ................................................................................. 54
  – Scoliosis Screening Letter .............................................................................. 55
  – Scoliosis Screening Letter (Spanish) ............................................................... 56