



# ALL STUDENTS CHECKLIST

Please take time to review the information below.

**Paperwork can be returned to the front desk or provided at Open House.**

**\*You may bring medications along with appropriate documentation to Open House (see other side for details)**

## Health Forms (ALL STUDENTS)

- Immunization Record
- Annual Health Form
- Health Physical from Provider:
  - Upon entry into STRIDE Academy at any level. An examination within one year is preferred.
  - Kindergarten, 2nd, 4th, and 6th grades.
  - Physicals are required for participation in extracurricular sports.

## Update Information if there is:

- New parent/guardian contact information such as address or phone numbers
- New emergency contact information
- New health diagnoses or treatment
  - Medications at school
  - Special dietary needs

Health Services staff will be available at the Open House to review any questions or concerns and discuss any missing information or additional needs.

**Please stop by to make sure all our information is up to date AND if your child has any dietary, medication or other health needs.**

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If you would like to speak to someone sooner you can contact  
**Amy Opatz**  
or  
**Myra Schrup**  
at  
320-230-5340 ext. 6945

If you need additional forms they can be found at:  
<http://strideacademy.org/important-information-and-forms/>

## **CHILD WITH SPECIAL HEALTH NEEDS CHECKLIST**

**- Items above PLUS:**

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### **Medication Administration**

- Healthcare provider orders
- Parental Consent to Administer Medication
- Medication supplied in a current, original, pharmacy-labeled container. Over the counter meds should be in original bottle labeled with student's first and last name and date of birth.

### **Asthma Support/Management**

- Asthma Action Plan Directives from healthcare provider
- Parental Consent to Administer Medication
- Medication supplied in a current, original pharmacy-labeled container
- Spacer, nebulizer, tubing & mask set (if applicable). A nebulizer machine is available on site.

### **Severe Allergies/Epi-Pen Support**

- Emergency Action Plan Directives from healthcare provider
- Parental Consent to Administer Medication
- Medication supplied in a current, original pharmacy-labeled container

### **Seizure Response/Management**

- Seizure Action Plan Directives from healthcare provider
- Parental Consent to Administer Medication (if applicable)
- Medication supplied in a current, original pharmacy-labeled container (if applicable)

### **Diabetes Support/Management**

- School Health Management Care Plan Directives from healthcare provider
- Pump Supplemental Plan (if applicable)
- Parental Consent to Administer Medication (if applicable)
- Medical Authorization to self-carry (if applicable, form from Health Office)
- Medication supplied in a current, original pharmacy-labeled container (if applicable)
- Release of Exchange of Medical Information (form from Health Office)
- Diabetes Management Supplies

### **Other Health Conditions**

- School Health Management Care Plan Directives from healthcare providers
- Parental Consent to Administer Medication (if applicable)
- Healthcare provider orders
- Medication and/or treatments (if applicable).
- Medication supplied in a current, original pharmacy-labeled container (if applicable)
- Release of Exchange of Medical Information (form from Health Office)
- Please check with your healthcare provider as they may already have a care plan or action plan on file for your student. If this is the case, the provider can fax plans to the school at (320)217-6318. If your provider does not have a plan, the School Nurse will work with you to develop one.