Dear Jeffco Family,

Please help us support your student’s health for the next school year.

As the District RN for your student’s school, I am working to update health information for the 2019-20 school year.

**Our records indicate your child has Asthma and/or Allergy.** If you choose to bring medications(s) to school or have your child self-carry medication(s), please print and complete the attached standardized State Asthma and/or Allergy Plans. If your student has both conditions, please print and complete both health plans. The attached plan(s) and medication must be brought in each school year. These health plans also serve as a medication agreement form for medications used to treat asthma and allergy.

Please process the form(s) as noted in the steps below and bring in any medication needed to the Health Room or self-carry as indicated on the health plan by your provider. Your timely response is necessary to ensure we have a Health Plan in place and can appropriately alert relevant staff to your child’s health condition.

If your child’s health condition of Asthma and/or Allergy has resolved and your child no longer needs a health plan or medication at school, please update the condition in Jeffco Connect or email me so I can update your child’s health status in our system.

You may also access these forms on the Leawood website by clicking on the Family Resources tab ->Documents ->Medical Forms.

For those with food allergies, please also complete the SD-1 form located on the same website as above. This information is shared with Nutrition Services and only needs to be completed once while your child is a student in Jeffco.

**STUDENT HEALTH PLAN IN 3 EASY STEPS:**

**STEP 1: COMPLETE the CONTACT INFORMATION**

- Print the health plan(s)
- Complete the contact information at the top of the plan
- Sign and date the Parent/Guardian signature and date lines at the bottom of the form

**STEP 2: HEALTH CARE PROVIDER SECTION:**

- Take or fax this form to your child’s health care provider to complete the appropriate section.
- OR We are happy to fax the plan to the health care provider if you: Please print the provider's name, phone and fax numbers in the box at the top of the form.

**STEP 3: PLEASE RETURN TO SCHOOL CLINIC OR FAX TO 303-982-3899**

**FOR KAISER, CHILDREN’S HOSPITAL, COLORADO ASTHMA ALLERGY, NATIONAL JEWISH, or Other Institutions:**

- We accept the standard health plans often given to students by providers. It is not necessary to duplicate efforts if you are given a health plan by your provider.
- Kaiser providers **will not** sign any documents without a signed Kaiser release of information form. You may take the health plan/medication agreement form (see details above) to Kaiser for signature or provide us with the Kaiser plan.
Medication Guidelines:

- Staff may only accept medication in the original pharmacy labeled container with the student’s name and correct dosage identified.
- Staff must only accept or administer medication that is NOT expired.
- Staff may not alter or change any medications from their original form (cut or half pills, etc.).
- Provider must indicate SELF-CARRY on orders/plan for students who intend to self-carry.
- For students that self-carry emergency medications, I highly recommend that back-up medication(s) be provided for Health Room in case your child does not have the medication with them when they need it.

If medication administration is necessary in implementing your child’s plan and you have not brought the medication(s) to the school Health Room, depending on the severity of the symptoms, our only action is to call you and/or 911.

If you have any questions or concerns, please do not hesitate to contact me. Thank you for your prompt attention to this matter.

Kind Regards,

Lisa Schalla RN, MEd
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