

BABOQUIVARI UNIFIED SCHOOL DISTRICT #40

Request for Medical Documentation – Anaphylaxis/Allergies

Dear Parent/Guardian,

It is important for us to identify students with chronic health problems so that we can give them the best care while they are in school. Your student has been identified as having an allergy severe enough to require an Epi-pen, If this is not correct, please let the Health Aide at your student's school know. Attached are forms for your student for the school year. We will ask these forms to be updated yearly so that we have the most current information about your student. The forms attached are:

1. **Anaphylaxis/AllergyHistory Form** to be filled out by parent
2. If your student has food allergies, the cafeteria staff will need documentation from your student's healthcare provider.
3. Consent for **Prescription Medication Administration Form**, if needed, to be filled out by the parent/guardian
4. Consent to **Self Administer Medication**, if needed, to be filled out the parent
5. **Anaphylaxis Care Plan** to be filled out by a licensed healthcare provider. (If your student has seen their provider for an annual Well Child visit, you may not need to schedule an additional visit; ask if your provider is willing to complete the form without an appointment)
 - a. The Anaphylaxis Action Plan should detail any routine medications to be given during school hours
 - b. The Anaphylaxis Action Plan should detail any "rescue" medications to be given during school hours
 - c. The Anaphylaxis Action Plan should indicate if the student is capable of safely carrying and taking rescue medications
5. **Release of Information**, if needed, gives your permission to request medical records and speak with your student's healthcare provider

Please return the completed forms to the Health Aide at your student's school.

If you have any questions or would like to request a meeting with the nurse and health aide regarding your child's health care needs, please let me know and I will arrange a meeting.

Please contact your school's health office with any questions.

Thank you,

Tricia Logan, RN
District Nurse
520-719-1250 ex 4023

Rhonda Enriquez
Health Aide- Intermediate School
520-719-1240 ex 2204

Barbara Nunez
Health Aide-Indian Oasis Elementary
520-719-1230 ex 3303

Tonweya Narcho
Health Aide-Secondary Campus
520-719-1250 ex 4022