

Cover Letter - Completion of Asthma or Allergy Health Forms



According to our records, your child has been identified with an **Asthma and/or Allergy** health concern.

For the health and safety of your child, please follow the steps below to complete the process PRIOR to the first day of school.

If your child no longer has Asthma, we need documentation from your health care provider to remove this flag on their Campus record.

STEP 1: COMPLETE THE PARENT/GUARDIAN INFORMATION:

- Complete the Parent/Guardian contact information in the top box of the attached document.
- Sign and date the Parent/Guardian Signature and Date line at the bottom of the form.

STEP 2: HEALTH CARE PROVIDER SECTION:

- Take or fax this form to your child's healthcare provider to complete the section identified as **"To be completed by Healthcare Provider"**

STEP 3: PLEASE RETURN/FAX to the School Health Aide or **EMAIL** as an attachment (Scanned copies will be accepted)
Email to: sandra.deslauriers@jeffco.k12.co.us or Fax to 303-982-4045.

Note: If You Have Kaiser Insurance:

Kaiser providers **will not** sign any documents without a signed Kaiser release of information form. You may obtain the Kaiser release of information form on www.KP.org and return the signed Kaiser form to us for processing or take the health plan/medication agreement form (see details above) to Kaiser for signature.

We will accept the standard Kaiser printed form if provided to students for medications and health planning for school.

Procedure for Medications to Implement the Health Plan:

- Any medications or supplies to be used in implementing the school health plan should be provided to the school Health Room at your earliest convenience.
- A completed health plan, also serves as the Medication Agreement Form for only the medications stated on the health plan. In order for the health plan to be considered complete, both Parent and Health Care Provider sections must be completed and signed as instructed above.
- All medications must be in the **original** pharmacy labeled container with the student's name and the correct dosage identified.
- We cannot accept or administer any medication that is expired.
- The school may not alter or change any medications from their original form (cut or half pills, etc.).