

- (1) \_\_\_\_\_ ABUSED CHILD REPORT FORM
- (2) \_\_\_\_\_ ALLERGIC REACTION FORM (W/ ALLERGY ACTION PLAN)
- (3) \_\_\_\_\_ APPLICATION FOR HOME OR HOSPITAL TEACHING (AND OPERATION SCHOOL)
- (4) \_\_\_\_\_ TRANSPORTATION APPLICATION (TRIPLICATE FORM)
- (4B) \_\_\_\_\_ TRANSPORTATION APPLICATION (DOCTOR'S FORM) (SINGLE SHEET)
- (5) \_\_\_\_\_ AUTHORIZATION FOR MEDICATION - *ASTHMA ONLY*
- (6) \_\_\_\_\_ BLOOD AND BODY FLUIDS INCIDENT FORM - EMPLOYEE
- (7) \_\_\_\_\_ BLOOD AND BODY FLUIDS INCIDENT FORM - STUDENT
- (8) \_\_\_\_\_ CHILDREN AT RISK FROM COMMUNICABLE DISEASE MEMO
- (9) \_\_\_\_\_ COLOR PERCEPTION FAILURE FORMS
- (10) \_\_\_\_\_ CHRONIC DISABLING CONDITION FORM
- (11) \_\_\_\_\_ TEMPORARY DISABLING CONDITION FORM
- (12) \_\_\_\_\_ DISCLAIMER \_\_\_\_\_ (A) FULL SHEET \_\_\_\_\_ (B) (1/4 SHEET)
- (13) \_\_\_\_\_ DOCTORS ORDER FORM (DIAGNOSIS, MEDICATIONS, ETC.)
- (14) \_\_\_\_\_ FIELD TRIP FORM
- (15) \_\_\_\_\_ HEAD INJURY FORM (ENGLISH/SPANISH)
- (16) \_\_\_\_\_ TRI-FOLD CARDS
- (17) \_\_\_\_\_ WHITE INSERT CARD
- (18) \_\_\_\_\_ HEALTH INFORMATION CARDS (ENGLISH) \_\_\_\_\_ (SPANISH) \_\_\_\_\_
- (19) \_\_\_\_\_ HEALTH OFFICE INVENTORY
- HEALTH SERVICES INFORMATION SHEET
  - \_\_\_\_\_ (20) ENGLISH \_\_\_\_\_ (21) SPANISH
- (23) \_\_\_\_\_ INDIVIDUALIZED HEALTH CARE PLAN
- (26) \_\_\_\_\_ (A) LETTER TO PARENT RE: CONSENT FORM TO GIVE MEDICATION/RELEASE ON OTHER SIDE \_\_\_\_\_ (B) (SPANISH)
- (27) \_\_\_\_\_ " " " " \_\_\_\_\_ NON-COMPLIANCE (SCREENING PROCEDURES)
- (28) \_\_\_\_\_ " " " " \_\_\_\_\_ PEDICULOSIS (CASE IN CLASSROOM)
- (29) \_\_\_\_\_ " " " " \_\_\_\_\_ PEDICULOSIS (EXCLUSION LETTER)/SPANISH ON REVERSE SIDE
- (30) \_\_\_\_\_ " " " " \_\_\_\_\_ SCABIES
- (31) \_\_\_\_\_ MEDICAID NURSING REIMBURSEMENT RECORD FORM
- (32) \_\_\_\_\_ SCSD MEDICATION ADMINISTRATION RECORD

- (33) \_\_\_\_\_ SCSD MEDICATION LOG (2 SIDED)
- (34) \_\_\_\_\_ INDIVIDUAL HEALTH OFFICE VISIT LOG
- (36) \_\_\_\_\_ SCSD DIABETIC MANAGEMENT RECORD FORM
- (40) \_\_\_\_\_ PHYSICAL EDUCATION EXCUSE FORMS
- (41) \_\_\_\_\_ PHYSICIAN'S LETTER OF INFORMED CONSENT (FOR STUDENT WITH DISABILITY REQUESTING WAIVER TO PARTICIPATE IN CONTACT SPORTS)
- (42) \_\_\_\_\_ POOL ACCIDENT FORMS
- (44) \_\_\_\_\_ DENTAL REFERRAL CARDS
- (45) PRIVATE DOCTOR'S PHYSICAL EXAM FORM \_\_\_\_\_ (A) ENGLISH \_\_\_\_\_ (B) SPANISH
- (47) \_\_\_\_\_ PROCEDURE OR TREATMENT RECORD  
REFERRAL CARDS \_\_\_\_\_ (49) (ENGLISH) \_\_\_\_\_ (50) (SPANISH)
- (51) \_\_\_\_\_ RELEASE OF MEDICAL INFORMATION (HIPPA COMPLIANT)
- (52) \_\_\_\_\_ RELEASE OF MEDICAL INFORMATION (HIPPA COMPLIANT - SPANISH)
- (53) \_\_\_\_\_ REQUEST FOR TRANSFER OF HEALTH RECORDS (LONG)
- (54) \_\_\_\_\_ REQUEST FOR TRANSFER OF HEALTH RECORDS (SHORT)
- (55) \_\_\_\_\_ SCHOOL NURSE MONTHLY REPORT FORM
- (56) \_\_\_\_\_ MONTHLY REPORT RECAP SHEETS
- (57) \_\_\_\_\_ SCOLIOSIS (NOTICE TO PARENT)
- (59) \_\_\_\_\_ SCOLIOSIS SCREENING WORKSHEET
- (60) \_\_\_\_\_ SCOLIOSIS REFERRAL FORM
- (61) \_\_\_\_\_ VISION REFERRAL CARD
- (62) \_\_\_\_\_ PRINTED MATERIAL ORDER FORM
- (63) \_\_\_\_\_ WAIVER OF RESPONSIBILITY AND INFORMED CONSENT STATEMENT (FILLED OUT BY PARENT OF A STUDENT WITH DISABILITY WISHING TO PARTICIPATE IN CONTACT SPORTS)
- (64) \_\_\_\_\_ MODIFIED PHYSICAL EDUCATION FORM
- (65) \_\_\_\_\_ PHYSICAL EDUCATION ACTIVITY MODIFICATION PROGRAM (TRIPLICATE)