



To: Parent/s or Legal Guardian/s

From: Michelle Hahn, RN, PHN  
School Nurse

Subject: Student Health Support

The staff at *Parnassus Preparatory School* recognize some students may have “health specific” support needs while attending school. These support needs may warrant staff to be on an “aware of” or may need specific staff to provide “direct support” care.

In order to assure are staff are prepared to meet these support needs, we ask that you comply with providing the school with the following support information for students in need of:

1. *Medication administration during school hours*
2. *Asthma management support*
3. *Diabetes management support*
4. *Seizure response management*
5. *Severe allergy response management, requiring an epi-pen to be on site*
6. *Any other health/medical related support during the school hours*

We ask that you and your child’s health care provider complete and sign the attached forms and return them to us prior to the first day of school. Please contact me at with questions or concerns.

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**Medication Administration**

- Medication Administration Permission Form
- Medication provided in the original/pharmacy labeled container and brought to school by parent/guardian and given to health service staff

**Diabetes Support**

- Medication Permission Form (Insulin)
- Medication provided in the original/pharmacy, etc.
- Diabetes Action Care Plan Directives

**Severe Allergy / Epi-Pen**

- Medication Administration Permission Form
- Medication provided in the original/pharmacy, etc.
- Emergency Action Care Plan Directives\*

**Asthma Management Support**

- Medication Administration Permission Form
- Medication provided in the original/pharmacy, etc.
- Spacer, if applicable
- Asthma Action Care Plan Directives\*

**Seizure Response Support**

- Medication Permission Form (if applicable)
- Medication provided in the original/pharmacy, etc.
- Seizure Emergency Action Plan Directives\*

**Other Health Related Support**

- Medication Administration Permission Form (if applicable)
- Medication provided in the original/pharmacy, etc.
- Individual Action Care Plan Directives\*