## SACREDHEART

**Required Health Forms for Returning Students** 

## In Preparation for the 2020-21 Academic Year

|                                                                                                                         | JK              | SK               | 1               | 2                 | 3         | 4  | 5  | 6            | 7            | 8            |
|-------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|-------------------|-----------|----|----|--------------|--------------|--------------|
| IL Certificate of Child Health Examination                                                                              |                 | $\checkmark$     |                 |                   |           |    |    | $\checkmark$ |              |              |
| IL Eye Examination Report                                                                                               |                 | $\checkmark$     |                 |                   |           |    |    |              |              |              |
| IL Proof of School Dental Examination                                                                                   |                 | $\checkmark$     |                 | $\checkmark$      |           |    |    | $\checkmark$ |              |              |
| IESA Pre-Participation Examination<br>*required for students engaging in Sacred Heart's Athletics Program               | ı               |                  |                 |                   | √*        | √* | √* | √*           | √*           | √*           |
| SHS Permission to Administer Medications<br>*required for students who will need prescription and/or over-the-co        | √*<br>ounter me | √*<br>edications | √*<br>administe | √*<br>red at scho | √*<br>ool | √* | √* | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| FARE Food Allergy and Anaphylaxis Emergency Care Plan<br>*required for students prescribed an epinephrine auto-injector | √*              | √*               | √*              | √*                | √*        | √* | √* | √*           | √*           | √*           |
| American Lunch Association Asthma Action Plan<br>*required for students prescribed an inhaler                           | √*              | √*               | √*              | √*                | √*        | √* | √* | √*           | √*           | √*           |

✓ indicates a required form

A note regarding medications to be administered at school: The Permission to Administer Medication Form is required on an annual basis for all students in Grades PK-5 who will need prescription (including epinephrine auto-injector and inhalers) and/or over-the-counter medications administered at school. In addition to this form, any student with a prescribed epinephrine auto-injector must also complete the FARE Food Allergy & Anaphylaxis Emergency Care Plan; any student with a prescribed inhaler must also complete the American Lung Association Asthma Action Plan. The Permission to Administer Medications form is required for all students in Grades 6-8.

Completed health forms are submitted electronically through the Magnus Health Portal. Please do not submit paper copies or email forms to the Health Office or Portry.