

Student Name: _____

Back to School Checklist

Use the following checklist to ensure that all of your student's Back to School items are completed and turned in ASAP.

*NOTE: Only the highlighted items apply to your student. If it is not highlighted it does not apply to your student.

Forms for the Office/ Nurse

- _____ Student Emergency Contacts
- _____ Parental Request for Administration of Medication
(only if your student will be taking medicine at school)
- _____ Seizure Action Plan
- _____ Seizure Questionnaire

Forms for the Classroom

- _____ Student Information Sheet
- _____ Transportation Form
- _____ Classroom Twitter Permission Slip
- _____ Consent Forms for Specialized Health Care Procedure
- _____ Physicians Orders for Specialized Health Care Procedure
- _____ Physicians Orders for Respiratory Care
- _____ Nutrition Meal Modification Request

Other

- _____ Turned in School Supplies
- _____ Fall Parent Conference Scheduled