

Bibb County Public Schools
Information Card - School Health Clinic (School Year: 2021 to 2022)

School: _____ Grade: _____ Teacher/HR: _____
Name: _____ Sex: M F Birthday _____
Email: _____ Phone: _____ (H) _____ (C) _____ (W)

HEALTH HISTORY (Answer Yes or No, and give information as needed.)

Allergies (Specify) _____ Diabetes _____
Asthma _____ Physical Disabilities _____
ADHD/ADD _____ Sickle Cell _____
Cancer _____ Seizure Disorder _____

Other physical or mental health issues which may be a concern at school: (continue on back as needed)

Does your child have an IEP or 504 plan? Yes ___ No ___
Does your child have any emergency medications that need to be kept at school (Diastat, Epipen, Inhaler, other)?
Does your child take any prescribed medications routinely? List: _____
Does your child take any non-prescription medications? List: _____
Child's Doctor: _____ Phone _____
Child's Dentist: _____ Phone: _____

A School Management Plan or Authorization for Medication Administration at School may be needed for health conditions. Please contact the nurse to set this up.

Nurse: Melinda Moore, LPN Email: Melinda.moore@bcsdk12.net Clinic: 478-779-4010

EMERGENCY CONTACT INFORMATION

Mother/Guardian _____ Phone (H) _____ (C) _____ Phone (W) _____
Father/Guardian _____ Phone (H) _____ (C) _____ Phone (W) _____
If parents cannot be reached, list two nearby persons who will assume care of your child.
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

AUTHORIZATION AND SIGNATURE

Please mark all medications your child may receive while at school

Tylenol (Acetaminophen) Advil (Ibuprofen) Antacids (Maalox/Tums) Benadryl (Diphenhydramine)

The following are routinely used in the school clinic **unless the parent/guardian states in writing** not to use them:
Eye drops, antibiotic ointment, anti-fungal cream, anti-itching cream, alcohol, peroxide, Vaseline, cough drops,
throat lozenges/spray, splinter removal _____

I give permission to contact my child's healthcare provider for further medical information.
I understand that in the event of an emergency and I cannot be reached that the school will have my child transported to the hospital via the EMS/911 service to receive appropriate treatment.

Bibb County has partnered with **SchoolCare** (www.SchoolCare.com) to keep you notified when your child visits the health clinic and for parent/guardians to provide us with accurate and timely medical information. Look for your email invitation from SchoolCare for secure sign-up. Contact the school clinic with any questions.

ADDITIONAL FORMS TO BE SENT TO SCHOOL CLINIC
(Questions? Need help? Contact your school clinic staff)

Allergy Action Plan ___ Asthma Action Plan ___ Diabetes Management Plan ___ Seizure Action Plan ___
Medication Authorization Form (Emergency medications or medication that will be given daily during school hours) _____

Parent Signature _____ Date _____

Bibb County School District is using SchoolCare!

Dear Parent or Guardian,

We are excited to announce that Bibb County SD is adopting CareDox(SchoolCare.com) as a new tool for nurses to keep parents notified when your children visit the health clinic and for parents to provide us with accurate student medical information. All information is stored securely and is HIPAA and FERPA compliant.

Our top priority is student safety & CareDox(SchoolCare.com) helps us ensure an efficient, streamlined means for coordinating the care of your child .

Thank you so much!

School Clinic Staff

Find out more information at

<https://www.SchoolCare.com/faqs/>

The benefits of CareDox (SchoolCare.com) include:

- Streamlined medical information sharing-no more paper, faxing, or phone calls.
- Real-time notifications when your child visits the nurse's office.
- Accurate and portable vital information for daily and emergency use.
- Fill out your child's health profile ONCE, and update any changes each year or as needed, ensuring it is always up-to-date.
- Peace of mind that the school is fully aware of all medical conditions your child has, and you have an efficient way to communicate with the clinic staff at your child's school

In order for you to sign up for CareDox (SchoolCare).

We need your email. You will receive an email from the SchoolCare team with your personal link to sign up. If your email is in the school data system (Infinite Campus), you will receive an email the week before school starts. If not....

Please fill in the information below & submit to your School Clinic Staff.

Student Name: _____

Your Name: _____

Email: _____