

_____ School

____ School Year

AED Checklist

[illegible]

Grade: _____

School: _____

School Year: _____

[illegible]

_____ School

____ School Year

Communicable Disease List

(Separate by Month)

[illegible]

Daily Health Office Visit Log

Date: _____

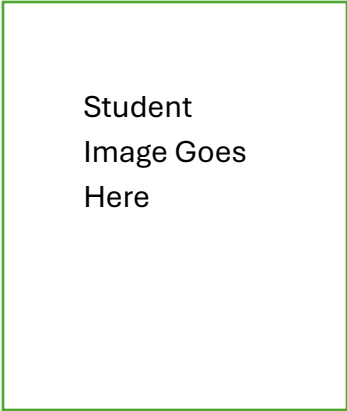
[illegible]

Daily Health Office Visit Log

Date: _____

[illegible]

Daily Medication



Student: _____ DOB: _____

Grade/Teacher/Room: _____

Medication/Dose/Route/Frequency/Time of Administration/Duration: _____

Date	Time	Dose	RN

RN Signatures: _____

Student
Image
Goes
Here

Daily Medication

Student: _____ DOB: _____

Grade/Teacher/Room: _____

Medication/Dose/Route/Frequency/Time of Administration/Duration: _____

[illegible]

RN Signatures: _____

School & School Year:

A rectangular box with a black border, containing the text "Student Image" and "Placed Here" in a serif font, indicating where a student's photo should be placed.

Student: _____

DOB: _____

Target: _____ **Correction Factor (ISF):** _____ **Insulin to Carb Ratio (ICR):** _____

Correction Factor (ISF):

Insulin to Carb Ratio (ICR): _____

[illegible]

School & School Year: _____

Student Name: _____

DOB: _____ Classroom/Grade _____

Student Photo

Goes Here

1. Insulin to Carb Ratio:

of carbohydrates $\div$ _____ = # of units of insulin
(carb ratio) to cover carbs.

2. Target _____ mG/dL

Correction Factor: 1 unit of insulin to _____ mG/dL

(Blood glucose) _____ $-$ (minus) _____ (target) = X

X $\div$ _____ = # of units of insulin for correction
(correction factor)

Add Together:

of units of insulin to cover carbs



of units of insulin correction



Total # of units given

_____ School

_____ School Year

Medications Expiring

Month/Year: _____

[illegible]

_____ School

____ School Year

Field Trips

[illegible]

Grade Sheet for Grade

School: _____

School Year: _____

[illegible]

Incoming Kindergarten Grade Sheet

School: _____

School Year: _____

[illegible]

_____ School

____ School Year

New Entrant Checklist

[illegible]

_____ School

____ School Year

PE Exclusion List

[illegible]

_____ School

____ School Year

PE Exclusion List

[illegible]

Pill Count Form _____ School Year

Student Name: _____ DOB: _____

Classroom/Grade: _____ Medication: _____

Healthcare Provider: _____ Dosage: _____

Date: _____

Number of Pills Handed Off: _____

Balance: _____

RN Signature: _____

Parent/Guardian Signature: _____

Date: _____

Number of Pills Handed Off: _____

Balance: _____

RN Signature: _____

Parent/Guardian Signature: _____

Date: _____

Number of Pills Handed Off: _____

Balance: _____

RN Signature: _____

Parent/Guardian Signature: _____

Date: _____

Number of Pills Handed Off: _____

Balance: _____

RN Signature: _____

Parent/Guardian Signature: _____

_____ School

____ School Year

Student Withdrawals

[illegible]

Students with Immunization Exemptions

School: _____

School Year: _____

[illegible]

Students with Medical Concerns

School: _____

School Year: _____

[illegible]