



# St. Andrew's School

350 Noxontown Road  
Middletown, DE 19709-1605

Health Center

## Checklist for Health Forms for NEW Students

Please use this checklist before submitting your health forms to the Health Center.

**All Health Forms MUST be received by: June 30, 2019**

### ✓ Required Forms for NEW Students (unless otherwise noted):

#### STEP 1

- 1. Health Center Google Questionnaire

#### STEP 2

- 2. Student Information and Medical Authorization – Page HCF-1
- 3. Health & Accident Insurance Enrollment Form – Page HCF-2
- 4. Insurance and Care Provider Information – Page HCF-3
- 5. Confidential Medical History Record – Page HCF-4
- 6. Tuberculosis (TB) Risk Assessment Questionnaire – Page HCF-5
- 7. Delaware Interscholastic Athletic Assoc. Parent/Guardian/Student Consents – Page DIAA-1
- 8. DIAA Pre-Participation Physical Evaluation History Form – Page DIAA-2
- 9. DIAA Pre-Participation Physical Evaluation Physical Examination Form – Page DIAA-3
- 10. DIAA School Athlete Medical Card – Page DIAA-4
- 11. Asthma Action Plan (required only for students who have Asthma)
- 12. Seizure Action Plan (required only for students who have seizures)
- 13. Anaphylaxis Emergency Care Plan (required only for students who have severe allergies)

### ✓ Other Required Information for NEW Students:

- 13. Immunization Record
- 14. Insurance Card(s) - (Medical, Prescription, and Dental) Please include an ENLARGED copy of the FRONT and BACK of all insurance cards (medical, prescription, and dental).

### ✓ Required Signatures:

#### Parent / Guardian Signatures Required (*Total of 9, possibly \*12*)

- Page HCF-1
- Page HCF-2
- Page HCF-3
- Page DIAA-1 (4 signatures)
- Page DIAA-2
- Page DIAA-4
- \*Asthma Action Plan (required only for students who have Asthma)
- \*Seizure Action Plan (required only for students who have seizures)
- \*Anaphylaxis Emergency Care Plan (required only for students who have severe allergies)

#### Student/Athlete Signatures Required (*Total of 4, possibly \*7*)

- Page HCF-3
- Page DIAA-1 (Question #1 only)
- Page DIAA-2
- Page DIAA-4
- \*Asthma Action Plan (required only for students who have Asthma)
- \*Seizure Action Plan (required only for students who have seizures)
- \*Anaphylaxis Emergency Care Plan (required only for students who have severe allergies)

#### Physician/Healthcare Provider Signatures Required (*Total of 3, possibly \*6*)

- Page HCF-4
- Page DIAA-3
- Page DIAA-4
- \*Asthma Action Plan (required only for students who have Asthma)
- \*Seizure Action Plan (required only for students who have seizures)
- \*Anaphylaxis Emergency Care Plan (required only for students who have severe allergies)