



St. Andrew's School

350 Noxontown Road
Middletown, DE 19709-1605

Health Center

Checklist for Health Forms for RETURNING 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 RETURNING Students:

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. Delaware Interscholastic Athletic Assoc. Parent/Guardian/Student Consents – Page DIAA-1
- 6. DIAA Pre-Participation Physical Evaluation History Form – Page DIAA-2
- 7. DIAA Pre-Participation Physical Evaluation Physical Examination Form – Page DIAA-3
- 8. DIAA School Athlete Medical Card – Page DIAA-4
- 9. Asthma Action Plan (required only for students who have Asthma)
- 10. Seizure Action Plan (required only for students who have seizures)
- 11. Anaphylaxis Emergency Care Plan (required only for students who have severe allergies)

✓ Other Required Information for RETURNING Students:

- 11. Immunization Record (required only if student has received any vaccines since April 1, 2018)
- 12. 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 8, possibly *11*)

- Page HCF-1
- Page HCF-2
- 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 3, possibly *6*)

- 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 2, possibly *5*)

- 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)