

**St. David's  
School**

## **ST. DAVID'S SCHOOL HEALTH FORM FREQUENTLY ASKED QUESTIONS**

**From: Christina Atkins, BSN, RN; School Nurse**

St. David's School seeks to provide students with a safe and healthy environment for learning and growing. All required health and medical forms can be found online in **Magnus Health SMR**, the school's student medical record database. **All forms are due by August 1.** Please upload forms to your student's Magnus Health SMR account, or fax directly to Magnus SMR. St. David's is not able to accept paper forms directly.

### **I. FORMS**

- **Vital Health Record**

**Who:** All students; renewed annually.

**Purpose:** To provide necessary medical information for care of your child at school

- Please include all current medications, even those not taken during the school day.  
This is completed online.

- **Consent to Treat**

**Who:** All students; renewed annually.

**Purpose:** Authorization for emergency medical treatment. This form is completed online.

- **Immunization Form or Official Copy of Immunizations**

**Who:** All new students, and all returning K, 7th and 12th grade students need to make sure the required immunizations are up to date in Magnus SMR.

**Purpose:** St. David's official record of required NC immunizations.

- All 7<sup>th</sup> graders submit proof of Tdap booster and Meningococcal vaccine.
- All 12<sup>th</sup> graders submit proof of a Meningococcal booster.

- **Health Assessment Form**

**Who:** All new students.

**Purpose:** To provide a baseline physical assessment for entering students.

- **This form requires a healthcare provider's signature.**

- **Over the Counter (OTC) Medication Form**

**Who:** All students; renewed annually.

**Purpose:** Communicates parent preferences if over-the-counter medications are allowed and fulfills NC requirements to allow the dispensing.

- **This form requires both parent and healthcare provider signatures.**
- Please be aware that no medication will be dispensed to your child without written authorization from parents and a healthcare provider.

- **Prescription Medication Form**

**Who:** Any student who will need medication dispensed during the school day; submitted annually.

**Purpose:** Fulfills NC requirements to allow for dispensing of medication.

- This includes medications for asthma, ADHD, diabetes or other chronic conditions.
- Medications must be brought to the school nurse the week prior to school beginning.
- **This form must be signed by a healthcare provider and parent.**

- **Athletic Physical Evaluation Form**

**Who:** All students in grades 6-12 who are participating in athletics; submitted annually.

**Purpose:** To provide a baseline physical assessment prior to athletic participation.

- This form is required to be on file prior to athletic try-outs or practice.
- It expires 365 days from the last physical date.
- **This form requires a healthcare provider signature.**

- **Concussion Information Form**

**Who:** All students in grades 6-12 who are participating in athletics; submitted annually.

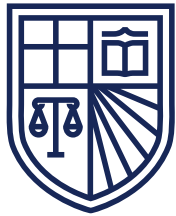
**Purpose:** Creates a partnership in preventing concussions. This form is completed online.

- **Allergy, Diabetes, Asthma and/or Seizure Plans**

**Who:** Students with health issues that may need to be addressed during the school day.

**Purpose:** To communicate needed care plans.

- An Action Plan needs to be submitted annually.
- **This form requires signatures from both a parent and a healthcare provider.**



## II. IMMUNIZATION REQUIREMENTS

The North Carolina General Statutes ([G.S. 130A-152\(a\)](#)) require immunizations for every child present in the state. Immunization records are reviewed when a child is enrolled and enters any school or childcare facility. The following are immunizations required for all children, Kindergarten through 12<sup>th</sup> grade (attending both public and non-public schools.) All Pre-Kindergarten students must submit proof of immunizations that are age appropriate by the state of North Carolina. If you have specific questions regarding your child, please contact your child's health care provider or your [local health department](#).

### VACCINATION REQUIREMENTS BY GRADE LEVEL:

VACCINE	GRADE LEVEL AND DOSES REQUIRED
Polio	<b>Kindergarten</b> 4 doses
Measles, mumps and rubella (MMR)	<b>Kindergarten</b> 2 doses MMR
Haemophilus Influenzae Type B (Hib)	<b>Kindergarten</b> 4 doses Hib
Hepatitis B	<b>Kindergarten</b> 3 doses
Varicella (Chickenpox)	<b>Kindergarten</b> 2 doses
Pneumococcal conjugate	<b>Kindergarten</b> 4 doses
Diphtheria, tetanus and pertussis (DTaP/Tdap)	<b>Kindergarten</b> 5 doses DTaP <b>7<sup>th</sup> grade</b> Booster dose Tdap
Meningococcal conjugate	<b>7<sup>th</sup> grade</b> 1 dose <b>12<sup>th</sup> grade</b> Booster dose