

Request for Medical Documentation – Vascular Access Device

Date:

Dear Parent/Guardian,

Attached are forms for your child for the upcoming school year. The forms attached are:

Check all documents that apply:

□ Vascular Access Device Care Plan and Order for Prescribed Services to be completed by your licensed healthcare provider.

Vascular Access Device History form to be completed by the parent/guardian. Activity Restriction form to be completed by parent/guardian if no restrictions or completed by your licensed healthcare provider if there are restrictions.

- □ List of supplies needed to appropriately care for your child:
 - Emergency Tubing Clamps
 - Extra Opsite or silk tape to secure tubing in place
 - Skin Prep pads to apply before adding extra tape to the skin
 - Sterile gauze
 - Non-sterile gauze
- □ Other

If your child requires medications or fluids to be run through their vascular access device during the school day, please contact the health office immediately, as additional information will be needed.

Please contact the health office if your child requires prescription or over-the-counter medication during the school day, and the appropriate forms will be sent.

You will be contacted to set up a meeting regarding training for your child's healthcare needs. All required, completed paperwork and supplies needed for the care of your child must be brought to school at that time.

Please contact your school health office with any questions.

Thank you,