

LOS ANGELES UNIFIED SCHOOL DISTRICT
Medical Services Division
District Nursing Services Branch

**INFORMATION FOR SUBSTITUTE CREDENTIALLED SCHOOL NURSES OR SCHOOL
NURSES PROVIDING COVERAGE IN SECONDARY SCHOOLS**

Form completed by School Nurse at the beginning of each school year and updated as needed. Form placed at the beginning of the Health Record Book (Black Binder) that is kept with the medication/protocol books.

PURPOSE

1. To provide basic operational information particular to the school
2. To provide continuity in the school health program

CAMPUS NAME _____ DATE _____

TELEPHONE _____ ENROLLMENT _____ REGION _____

SCHOOL/S *(enter information below)* _____

SCHOOL1: _____ TELEPHONE _____ EXT. _____

SCHOOL2: _____ TELEPHONE _____ EXT. _____

SCHOOL3: _____ TELEPHONE _____ EXT. _____

SCHOOL4: _____ TELEPHONE _____ EXT. _____

SCHOOL5: _____ TELEPHONE _____ EXT. _____

SCHOOL NURSE _____

HEALTH OFFICE CLERK _____ SCHEDULE _____

NURSING COORDINATOR _____ TELEPHONE _____ EXT. _____

LEAD NURSE _____ TELEPHONE _____ EXT. _____

PRINCIPAL _____ TELEPHONE _____ EXT. _____

ASST. PRINCIPAL (Health Office) _____ TELEPHONE _____ EXT. _____

ASST. PRINCIPAL (Other)_____TELEPHONE_____EXT._____

6TH GRADE COUNSELOR_____TELEPHONE_____EXT._____

7TH GRADE COUNSELOR_____TELEPHONE_____EXT._____

8TH GRADE COUNSELOR_____TELEPHONE_____EXT._____

9TH GRADE COUNSELOR_____TELEPHONE_____EXT._____

10TH GRADE COUNSELOR_____TELEPHONE_____EXT._____

11TH GRADE COUNSELOR_____TELEPHONE_____EXT._____

12TH GRADE COUNSELOR_____TELEPHONE_____EXT._____

SCHOOL ADMIN ASST.(SAA)_____TELEPHONE_____EXT._____

SECURITY (School Police)_____TELEPHONE_____EXT._____

CAFETERIA MANAGER_____TELEPHONE_____EXT._____

PLANT MANAGER_____TELEPHONE_____EXT._____

LOCATION:

1. Health Office Keys_____

2. Telephone_____

3. Health Record Book_____

4. Protocols/Diabetic Protocol Books_____

5. Medication Book_____

6. Health Record Cards _____

7. Emergency Cards_____

8. Computer (Sign-On Information)_____

9. LAUSD Forms & Letter_____

SCHOOL NURSE'S SCHEDULE

1. Days & Hours _____

2. Nutrition_____Relief Coverage_____

3. Lunch_____Relief Coverage_____

4. Summon Student: Phone_____Bell_____Intercom _____

5. Emergency Bells_____

SCHOOL SCHEDULE Regular_____Professional Development Day (PD) _____

6th GRADE

7th GRADE

8th GRADE

Recess_____Recess_____Recess_____

Lunch_____Lunch_____Lunch_____

9th GRADE

10th GRADE

11th GRADE

Recess_____Recess_____Recess_____

Lunch_____Lunch_____Lunch_____

12th GRADE

Recess_____

Lunch_____

BUS SCHEDULES

FIRST AID AND EMERGENCY/CRISIS DRILLS

1. Fire Exit _____ Assembly Area _____

2. Disaster: First Aid Station Location _____

3. Lockdown _____

4. Policy for ill students during drill or crisis _____

☐ Return to class

☐ Keep ill students with you.

FIRST AID:

1. Emergency First Aid Kits (Locations) _____

2. First Aid Kits for Fieldtrips _____

3. Wheelchairs _____

4. Stretcher (Location) _____

5. Ice packs (Location) **Do not use chemical ice packs** _____

6. First Aid Supply Storage/Assessment Tools (Stethoscope/BP Cuff) _____

7. Location of AED(s) _____

8. Location of Naloxone(s) _____

9. Location of Emergency Epinephrine _____

VISION SCREENING (Credentialed School Nurses Only)

1. Rooms to be screened (List of Room# - mark off when completed) _____

2. Designated screening location (i.e., library,classroom) _____

SPECIAL PROGRAMS

PROGRAM	DAY	LOCATION	Staff Member
Adapted P.E.	_____	_____	_____
Speech & Language	_____	_____	_____
PSAC	_____	_____	_____
PSW	_____	_____	_____
OTHER	_____	_____	_____

ATTACHMENTS

Map of School
Faculty List with room and ext. numbers
School Schedules (including Inclement Weather)
Health Alert List
Protocol/Diabetic Protocol List
Medication List
Daily Schedule of Medications and Protocols
List of PRN Medications and Protocols