



## THRIVE ANNUAL MEDICAL FORMS Check List



Please click the links below to access the required annual medical forms.

If you have any questions, please contact District Nurse Ana Flynn:

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<b>IT IS A DDD REQUIREMENT TO UPDATE THIS INFORMATION ANNUALLY</b>	
<a href="#">FARE Food Allergy &amp; Anaphylaxis Emergency Care Plan</a> (if applicable) (to be completed by physician )	Physician Form
<a href="#">Epinephrine Auto-Injector Authorization</a> (if applicable) (to be completed by applicant/parent/guardian)	Applicant Form
<a href="#">Authorization for Prescribed Medication</a> (to be completed by physician)	Physician Form
<a href="#">Over-the-Counter Medication Orders for As-Needed Use</a> (to be completed by physician)	Physician Form
<a href="#">Consent for Giving Medication</a> (to be completed by applicant/parent/guardian)	Applicant Form
<a href="#">Physical and Medical History</a> (to be completed by physician)	Physician Form
<a href="#">General Medical Information</a> (to be completed by applicant/parent/guardian)	Applicant Form
<a href="#">HCEC Thrive Day Habilitation Dental Form</a>	Physician Form
<a href="#">My Asthma Action Plan</a> (if applicable) (to be completed by physician)	Physician Form
<a href="#">Acute Seizure Action Plan (ASAP)</a> (if applicable)	Physician Form
<a href="#">Seizure Action Plan (SAP)</a> (if applicable)	Physician Form
<a href="#">Emergency Contact Card with Consent for Treatment</a> (to be completed by applicant/parent/guardian in case of changes)	Update Annually

<b>Please update these forms ONLY when there are changes.</b>	
<a href="#">Authorization to Disclose Information</a> (to be completed by applicant/parent/guardian in case of changes)	Only Update with Changes
<a href="#">Questionnaire for Participant With Seizures</a> (if applicable) (to be completed by applicant/parent/guardian in case of changes)	Only Update with Changes
Allergy Information and History <a href="#">Bees</a> <a href="#">Food</a> <a href="#">Medication</a> <a href="#">Latex</a> <a href="#">Multiple/Other</a> (to be completed by applicant/parent/guardian in case of changes)	Only Update with Changes