

Ironwood Ridge High School Health Office

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Location:

Ironwood Ridge High School Health Office is located between the main office and the counseling office in the Administration building. Enter the third door to the right of the main office.

Hours:

Daily during normal school hours

Optimal learning requires good health. Please call or schedule an appointment if you have concerns or questions about your student's health.

“You can't educate a child who isn't healthy...and you can't keep a child healthy who isn't educated.”

M. Jocelyn Elders, MD.

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## About The IRHS Health Office

A Registered Nurse certified in school nursing staffs the Health Office. The School Nurse serves as the health professional for the school community and provides the following services:

- ▶ Illness, injury assessments and interventions
- ▶ Identification, assessment, planning, intervention, and evaluation of student health concerns
- ▶ Health assessments/participation in Individualized Education Plan development
- ▶ Screening for health factors impacting student education
- ▶ Activities and education to promote health and prevent teen pregnancy, sexually transmitted diseases, tobacco use and alcohol and substance abuse
- ▶ Chronic disease management and education
- ▶ Medication administration and monitoring
- ▶ Assessment and interventions for students with mental health needs
- ▶ Crisis team participation
- ▶ School/community/health care provider liaison

Occasionally, the Nurse's duties may require being off campus. If an emergency arises with a student during such a time, the health assistant or office, administrative, and/or educational staff will handle the situation, call paramedics if necessary, and notify a parent/guardian.

## Absences

If your student is ill or injured and unable to attend school, please report the absence to the IRHS attendance office at 696.3908. If your student's illness or injury will require modifications to their school day, please notify the school nurse prior to their return.

All students who become ill or injured at school are required to come to the Health Office for evaluation. Health Office staff will contact parents if the students' condition necessitates they be sent home. Students should not call from classrooms or on cell phones to be picked up. All students are required to check out through the Attendance Office prior to leaving campus for any reason. Student safety and accountability are important to all IRHS staff.

It is important that parents keep the Health Office apprised of any changes in medications or medical history on their student. We rely on this information, especially in case of an emergency, to give your student the best care possible during the school day. All health care information is confidential and is shared with IRHS faculty members on a 'need-to-know' basis **only if** it is agreed that doing so is in the student's best interest.

### When Should My Student Stay Home From School?

- If their temperature is 100.0 degrees or higher
- If they would significantly put others at risk for contracting their illness by coming to school
- If they feel ill enough that they would not benefit from being at school

## Medication Administration at School

All medications brought onto campus – including Tylenol, Midol, etc. – must be prescribed by the student's physician and stored in the IRHS Health Office. Students are not allowed to have in their possession any medications with the exception of asthma inhalers, epi-pens and insulin. The student can carry these only if the district's Medication Permit form, signed by the parent/guardian **and** prescribing doctor, is on file in the Health Office.

Prescription Medication must be:

- ▶ Brought in by a parent
- ▶ In the original pharmacy container with proper labeling
- ▶ Accompanied by the district's Request For Giving Medicine At School form signed by the parent/guardian **and** prescribing doctor
- ▶ Administered by the School Nurse or Designee
- ▶ Stored in the School Health Office

Non-Prescription Medication must be:

- ▶ Brought in by a parent or the student
- ▶ In the original, unopened container
- ▶ Accompanied by the district's Medication Permit form signed by the parent/guardian **and** the family doctor
- ▶ Administered by the School Nurse or Designee
- ▶ Stored in the School Health Office

## Immunizations

No Shots----No School!

Arizona Administrative Code: Title 9, Chapter 6, Article 7 requires all students attending public schools to be immunized against preventable diseases. ***Prior to registration***, all students must furnish documented proof of required immunizations *or* exemption to the School Nurse. Students not in compliance with Arizona State immunization requirements ***will be excluded from school*** until proof of immunity is presented.

Please review your students' immunization record and contact their physician or the Pima County Health Department to schedule immunization updates as needed. Your student's record should reflect the following ***required*** immunizations\*. Additional immunizations may also be reflected on the record, but are not required by State Law.

- ▶ A minimum of 3 DPT, DTaP, or DT vaccines
- ▶ A Td Booster if it has been 10 years or more since the last DPT, DTaP, or DT vaccine
- ▶ A minimum of 3 OPV and/or IPV vaccines
- ▶ 2 MMR vaccines
- ▶ A completed Hepatitis B series—either 3 shots over 6 months ***or*** 2 shots over 4 months. The record must indicate if the series is the “2-shot” series.
- ▶ Varicella (Chicken Pox)- 2 Doses or history of disease

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Health Forms

**Medication Permit**

Form required for administration of  
Short-term or prn (as needed)  
Medications

**Request For Giving Medicine At School**

Form required for administration of  
Daily medications

**Diabetes Treatment Plan**

Forms required for the monitoring and treatment of  
Students with Diabetes

**AMPHITHEATER PUBLIC SCHOOLS**  
**Health Services**  
**Short-Term/PRN Medication Permit**

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ School \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Date: From \_\_\_\_\_ to \_\_\_\_\_

Physician \_\_\_\_\_ Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Date: From \_\_\_\_\_ to \_\_\_\_\_

Physician \_\_\_\_\_ Diagnosis \_\_\_\_\_

The district may allow you to designate a nurse, school health assistant, secretary and/or principal as your agents to administer medication to your child. The district cannot assure you that your child's school will have a full-time nurse. In permitting you to designate school staff to administer medication to your child, the district is not approving the performance of nursing functions by non-nursing personnel, and it is not authorizing non-nursing personnel to perform any of the duties of a professional nurse. The district is merely attempting to assist you in the convenient administration of your child's medicine at school. By appointing the designated persons as your agents, you are permitting them to act in your place. Should you designate the principal as your agent, she/he may, in turn, delegate that authority to another district employee. In the event that the administration of your child's medicine requires the exercise of nursing judgment, as determined by the school nurse and/or the Director of Health Services, then the district cannot allow you to appoint the non-nursing persons as agents and you will have to make arrangements to administer the medicine yourself.

I, hereby, authorize (name) \_\_\_\_\_ Position \_\_\_\_\_

and (name) \_\_\_\_\_ Position \_\_\_\_\_

and (name) \_\_\_\_\_ Position \_\_\_\_\_

to be my agents and administer the above-named medication(s) to my child.

Medication is to be furnished by a parent or legal guardian. Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, time to be given and duration of treatment. Non-prescription medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. A licensed prescriber's signature is required for administration of any non-prescription medication. (Below) Student misuse of medication being self-administered without licensed prescriber's authorization may result in seizure of the medication and disciplinary action.

\_\_\_\_\_  
(Parent or Guardian's Signature) (Date)

A licensed health care provider's signature and a list of presenting symptoms are required for administration of this non-prescription/over-the-counter medication.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Licensed Prescriber's Signature) (Date)

A photograph of the child must be attached to this form.

**ADMINISTERING MEDICINE  
TO STUDENTS**

**REQUEST FOR GIVING MEDICINE AT SCHOOL**

Dear Parent or Guardian:

The district may allow you to designate a nurse, school health assistant, secretary and/or principal as your agents to administer medication to your child. The District cannot assure you that your child's school will have a full time nurse. In permitting you to designate school staff to administer medication to your child, the district is not approving the performance of nursing functions by non-nursing personnel, and it is not authorizing non-nursing personnel to perform any of the duties of a professional nurse. The district is merely attempting to assist you in the convenient administration of your child's medicine at school. By appointing the designated persons as your agents, you are permitting them to act in your place. Should you designate the principal as your agent, she/he may, in turn, delegate that authority to another district employee. In the event that the administration of your child's medicine requires the exercise of nursing judgment, as determined by the school nurse and/or the Director of Health Services, then the District cannot allow you to appoint the non-nursing persons as agents and you will have to make arrangements to administer the medicine yourself.

Medication cannot be administered by the school if the nurse is not present and you have not appointed an agent. Please sign and designate agents below. (Please print or type clearly.)

I hereby authorize (name) \_\_\_\_\_ Position \_\_\_\_\_

and (name) \_\_\_\_\_ Position \_\_\_\_\_,

and (name) \_\_\_\_\_ Position \_\_\_\_\_,

to be my agents to give the above named medication to my child as ordered by:

\_\_\_\_\_ for (name of illness) \_\_\_\_\_  
Licensed Prescriber's Name

Prescriber's Phone No. \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ DOB: \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_ a.m. Time to be given \_\_\_\_\_ p.m.

Date: from \_\_\_\_\_ to \_\_\_\_\_

Medication is to be furnished by a parent or legal guardian. Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, time to be given and duration of treatment. Non-prescription medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. A licensed prescriber's signature is required for administration of any non-prescription medication. (Below) Student misuse of medication being self-administered without licensed prescriber's authorization may result in seizure of the medication and disciplinary action.

\_\_\_\_\_  
(Parent or Guardian's Signature) (Date)

\_\_\_\_\_  
(Licensed Prescriber's Signature) (Date)

**A photograph of the child must be attached to this form.**



**Amphitheater Public Schools**  
**Ironwood Ridge High School**  
2475 W. Naranja Drive  
Tucson, AZ 85742

701 W. Wetmore Road, Tucson, AZ 85705 • (520) 696-5000 • FAX (520) 696-5064 • TDD (520) 696-5055

**HEALTH SERVICES**

Sandi Wheeler, R.N., M.S.N.  
Director  
(520) 696-5728  
Fax (520) 696-5733

**GOVERNING BOARD MEMBERS**

**SUPERINTENDENT**  
Vicki Balentine, Ph.D.

Kent Paul Barrabee, Ph.D.  
President

Patricia Clymer  
Vice President

Jeff Grant

Linda Loomis, Ph.D.

Nancy Young Wright

**Diabetic Care Plan**  
School year 20\_\_ - 20\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Diabetes Diagnosis: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Physical condition: • Diabetes type 1 • Diabetes type 2

**Contact Information**

**Mother / guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

**Father / Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

**Additional emergency contact information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

**Diabetes Care Provider**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Diabetes Nurse Educator: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Hospital of choice \_\_\_\_\_

Amphitheater High • Canyon del Oro High • Ironwood Ridge High • Amphitheater Alternative  
Amphitheater Middle School • Coronado K-8 School • Cross Middle School • La Cima Middle School • Wilson K-8 School  
Copper Creek Elementary • Donaldson Elementary • Harelson Elementary • Holaway Elementary • Keeling Elementary  
Mesa Verde Elementary • Nash Elementary • Painted Sky Elementary • Prince Elementary • Rio Vista Elementary • Walker Elementary  
Rillito Center • El Hogar

Student Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_ Date \_\_\_\_\_

**Target Range for blood glucose:**

Before Meals:

- < 6 years = 100-180 mg / dl
- 6 – 12 years = 90 – 180 mg / dl
- 13 – 19 years = 90 – 130 mg / dl

\*In accordance with the federal disability laws, if possible, blood glucose tests (as well as insulin injections) should be done in the classroom so as to not disrupt the child's education.

Target Range for blood glucose is \_\_\_\_\_ to \_\_\_\_\_

Usual times to check blood glucose \_\_\_\_\_

- before exercise
- after exercise
- when student exhibits signs of high blood sugar
- when student exhibits signs of low blood sugar
- other (explain)

Can student perform own blood glucose checks? • Yes • No

Exceptions: \_\_\_\_\_

Type of blood glucose meter student uses \_\_\_\_\_

**Medications to be given during school hours:**

- Insulin (subcutaneous injection) using Humalog/Novolog (circle type)
- To be administered no more than 10 minutes prior to meal or 10 minutes after meal (circle administration time), student should have a lunch pass to go to front of line if dosing insulin premeal.
- Insulin/Carbohydrate Ratio 1 unit for every \_\_\_\_\_ grams of carbohydrate eaten.  
  
\*\*Parents may change ratios by 2 to 6 grams of carbohydrate per unit of insulin. For changes greater than this, or for any questions, consult with patient's physician.
- Oral diabetes medication: Name of Med: \_\_\_\_\_ Dose \_\_\_\_\_  
Time to be given: \_\_\_\_\_

**Student Abilities / Skills:**

- |   |       |      |
|---|-------|------|
| Student can draw up own insulin                     | • Yes | • No |
| Student can inject own insulin                      | • Yes | • No |
| Student needs assistance checking insulin dosage    | • Yes | • No |
| Trained adult will draw up and administer injection | • Yes | • No |
| Student is on an insulin pump (see page 5)          | • Yes | • No |

Amphitheater Public Schools  
Ironwood Ridge High School  
2475 W. Naranja Drive  
Tucson, AZ 85742

Student Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_ Date \_\_\_\_\_

**Diet:**

- Student may eat what he/she chooses for lunch or other snack times, as long as insulin is administered per his/her Insulin/Carbohydrate ratio.
- Student must eat lunch and snacks at specific times  
Snack (before lunch) \_\_\_\_\_ Lunch \_\_\_\_\_ Snack (after lunch) \_\_\_\_\_

**Treatment of Low Blood Sugar: (Student to be treated when blood sugar below 80 mg / dl)**

Child's Age	Blood Sugar	Plan of Action
Over 6 years of age	less than 50 mg / dl	give 30 grams of fast carbohydrate
Over 6 years of age	50-80 mg / dl	give 15 grams of fast carbohydrate
Under 6 years of age	less than 50 mg / dl	give 15 grams of fast carbohydrate
Under 6 years of age	50-80 mg / dl	give 7.5 grams of fast carbohydrate

- Examples of fast acting carbohydrate containing 15 grams: (Read actual label)
  - 4 ounces of juice
  - 4 ounces of regular soda
  - 3-4 glucose tablets
  - 3-8 Lifesaver pieces
  - 3 sugar packets
  - ½ tube glucose gel

If a meal is not to be eaten within next hour, give child a snack containing carbohydrate and protein, do not cover with Insulin. This will help to prevent further hypoglycemia.

- Have child sit and minimize activity. Recheck blood sugar in 15 minutes. Repeat corresponding amount of carbohydrate treatment until blood sugar is above 80 mg / dl.

**\*Notify the parents and the school RN after any low blood sugar reaction.**

**Treatment of Severe Low Blood Sugar:**

Symptoms of severe low blood sugar: Seizure, loss of consciousness, unable/unwilling to take glucose gel or juice.

- Appoint someone to call 911
- Administer glucagon emergency kit: Dose = \_\_\_\_\_ cc/mg Intramuscularly.
- Roll student on side, expect vomiting after giving glucagon.
- Protect from injury, stay with student, and do not put anything in student's mouth if unconscious.
- administer sips of carbohydrate containing clear liquids when patient alert, and not vomiting. Follow with snack of 30 grams carbohydrate containing protein. Do not administer insulin for this snack. Recheck blood sugar in 15 minutes.

Amphitheater Public Schools  
Ironwood Ridge High School  
2475 W. Maricopa Drive  
Tucson, AZ 85742

Student Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_ Date \_\_\_\_\_

### Treatment of High Blood Sugar:

This student needs to be treated when blood sugar is above \_\_\_\_\_ mg/ dl. Call parent or guardian when blood sugar is greater than \_\_\_\_\_ mg / dl. Symptoms of high blood sugar can include:

- Extreme thirst
- Increased urination
- Headache
- Abdominal pain
- Nausea and / or vomiting
  
- Have student drink 8 – 16 ounces of water every hour.
- Let student use restroom as often as needed.
- Allow student to carry water bottle with them.
- Check urine for ketones if blood sugar is greater than 300 mg/dl for two tests in a row, at regular times to check. If student is ill, check urine ketones with every bathroom trip. If urine ketone are moderate to large, call parent immediately! Do not allow exercise.
- Administer insulin if ordered.

\*If student exhibits nausea, vomiting, stomachache or is lethargic, notify school nurse and parent immediately. Send student back to class if none of the above physical symptoms are present.

### Exercise and Sports:

Exercise is a natural way to lower blood sugar. Students who will be at least moderately active (PE, or sports) during the school day will need to take in 15 grams of carbohydrate, without insulin coverage, for every 30 to 60 minutes of activity, unless blood sugar > 200 mg / dl/ If blood sugar is greater than 200 mg / dl, then no snack is required.

- Before PE, recess, sports student will have \_\_\_\_\_ grams of carbohydrate without insulin coverage. If not active, the student can have up to \_\_\_\_\_ grams of carbohydrate without insulin coverage.

### Field trip information:

1. Notify school nurse in advance so proper staff training can be accomplished.
2. Adult staff must be trained and responsible for student's needs on field trip, and will be notified on a need to know basis.
3. Extra snacks, glucose, monitoring kit, insulin, syringes, copy of health plan, glucose gel or other emergency supplies must accompany student on field trip.

Amphitheatre Public Schools  
Ironwood Ridge High School  
2475 W. Maricopa Drive  
Tucson, AZ 85742

Student Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_ Date \_\_\_\_\_

**For Students with Insulin Pumps:**

Type of pump: \_\_\_\_\_ Basal rates \_\_\_\_\_ 12 am to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

Brand of insulin in pump: \_\_\_\_\_ Brand/Model of infusion set: \_\_\_\_\_

Insulin / Carbohydrate ratio: \_\_\_\_\_ Correction factor: \_\_\_\_\_

<i>Student Pump Abilities / Skills:</i>	<i>Needs</i>	<i>Assistance</i>
Count carbohydrates	• Yes	• No
Bolus correct amount for carbohydrates consumed	• Yes	• No
Calculate and administer corrective bolus	• Yes	• No
Disconnect pump	• Yes	• No
Reconnect pump	• Yes	• No
Prepare reservoir and tubing	• Yes	• No
Insert infusion set	• Yes	• No
Troubleshoot alarms and malfunctions	• Yes	• No

**People trained for blood sugar testing and response:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Pediatric Nurse Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Amphitheater Public Schools  
Ironwood Ridge High School  
2075 W. Historic Drive  
Tucson, AZ 85742

## Community Resources

- AHCCCS/Kids Care Health Insurance: 1.800.528.0412
- Al-Anon and Al-Ateen: 323.2229
- Child Protective Services: 1.888.767.2445
- Community Food Bank, 3003 S. Country Club Rd., 622.0525 or 1.800.950.8681
- Family Counseling Center
  - Counseling, case management, prevention, education services and judicial supervision aimed at promoting well-being of children, adults, and families. 209 S. Tucson Blvd. #1, 327.4583
- Kino Teen Center
  - Health Services, Youth Advisors, Pledge-A-Job and Educational Services. 2801 E. Ajo Way, 740.4600
- La Frontera Center, Inc.
  - Providing mental health, substance abuse, and psychiatric rehabilitative services to southern Arizona. 502 W. 29<sup>th</sup> St., 884.9920
- National Suicide Prevention Hot Line: 1.800.273.8255
- Open Inn
  - A community based non-profit organization providing shelter and crisis intervention services to runaway, homeless and at-risk youth. 630 E. 9<sup>th</sup> Street, 670.9040
- Our Town Family Center Crisis Line
  - For youth age 17 and under, 24 hours a day. 323.1706
- Palo Verde Mental Health Services
  - Available 24 hours a day. 324.4340

- Pima County Community College Dental Hygiene Clinic
  - Screenings, exams, x-rays and cleanings completed by students under the supervision of a dental hygienist and dentist instructor. 2202 W. Anklam Rd., 206.6090
- Pima County Health Department – Immunization Clinics
  - North Office: 3550 N. First Ave., 293.4620
  - Catalina Office: 3414 E, Golden Ranch, 293.4620
- Southern Arizona Mental Health Corporation/SAMHC
  - Comprehensive community-wide crisis system available 24 hours a day with mobile acute crisis services. 2502 N. Dodge, Suite 190, 622.6000
- Teen Lifeline: 1.800.248.8337

## Web Links

Disclaimer: These sites are not meant to replace the advice of a physician. You should not rely on any information from these sites, or information generated for you by these sites, to replace consultations with qualified professionals regarding your specific situation.

- American Academy of Allergy, Asthma and Immunology: Largest professional medical organization of specialists in allergy, asthma and immunology. [www.aaaai.org/](http://www.aaaai.org/)
- American Academy of Pediatrics: Informational site related to children and their health. [www.aap.org/](http://www.aap.org/)
- American Cancer Society: Learn about cancer, treatments, options, coping and more. [www.cancer.org/](http://www.cancer.org/)
- American Diabetes Association: Basic diabetes information—Type 1 and Type 2. [www.diabetes.org/main/application/commercewf](http://www.diabetes.org/main/application/commercewf)
- American Lung Association: Information on lung diseases with special emphasis on asthma. [www.lungusa.org/](http://www.lungusa.org/)
- Americans with Disabilities – Job Accommodation Network: Provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities. [www.jan.wvu.edu](http://www.jan.wvu.edu)
- Asthma & Allergy Foundation of America: Dedicated to improving the quality of life for people with asthma and allergies through education, advocacy and research. [www.aafa.org/](http://www.aafa.org/)

- Arizona Department of Health Services: General to specific health information and links on Arizona health. [www.hs.state.az.us/](http://www.hs.state.az.us/)
- Arizona Nutrition Network: Nutritional information. [www.eatwellbewell.org](http://www.eatwellbewell.org)
- Center for Disease Control and Prevention: Extensive informational site on health topics, health data, statistics, and much more. [www.cdc.gov/](http://www.cdc.gov/)
- Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD): Nation's leading non-profit organization serving individuals with attention deficit/hyperactivity disorder. [www.chadd.org/index.htm](http://www.chadd.org/index.htm)
- Communicable Disease Fact Sheets: General information on numerous communicable diseases through the State of Maryland web site. [www.edcp.org/html/dcindex.html](http://www.edcp.org/html/dcindex.html)
- Epilepsy Foundation: Information for children and adults affected by seizures. [www.efa.org/](http://www.efa.org/)
- Food Allergy & Anaphylaxis Network: General information about food allergies and anaphylaxis. [www.foodallergy.org/](http://www.foodallergy.org/)
- Food and Nutrition Information Center: Information about food and human nutrition from the USDA. [www.nal.usda.gov/fnic/index.html](http://www.nal.usda.gov/fnic/index.html)
- HIV/AIDS: Information and current treatment guidelines. [aidsinfo.nih.gov](http://aidsinfo.nih.gov)
- Juvenile Diabetes Research Foundation International: Dedicated to finding a cure for diabetes. [www.jdf.org/](http://www.jdf.org/)
- Kids Health: Provides accurate, up-to-date, jargon-free health information for kids, teens and parents. [www.kidshealth.org/index2.html](http://www.kidshealth.org/index2.html)
- Mayo Clinic: Access to a wealth of information from the respected Mayo Clinic. [www.mayoclinic.com](http://www.mayoclinic.com)
- Mental Health Association of Arizona: General information on mental illness. [www.mhaaz.com/](http://www.mhaaz.com/)