Today's Date: _____ School: _____

Student's Name: _____ Grade: _____

Dear Parent/Guardian:

Nursing Services, on an annual basis, updates health records. According to our records, your child has a health condition. Please complete the following information and return the completed form to the school health office.

1. What is your child's current medical diagnosis/health condition(s)?_____

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. Are there medical problems or emergencies your child could develop at school? ( ) Yes ( ) No

   If yes, how would you like them managed at school?

   _____
   _____
   _____
   _____
   _____
   _____

3. What medication(s) does your child take?

Medication	Dosage	How Often?	Side Effects?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication	Dosage	How Often?	Side Effects?

4. Will medication(s) be used while in school? ( ) Yes* ( ) No

   If yes, how would you like them managed at school?_____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

5. Would you like to discuss your child's health condition with nursing services? ( ) Yes ( ) No
6. Who are your child's medical providers?

   Physician: _____ Clinic: _____

   Specialists: _____ Clinic: _____

   Other: _____ Clinic: _____
7. Where may you be contacted if it is necessary?

   Name: _____ Home Phone # _____

   (Relationship to child: _____) Work Phone # _____

   Name: _____ Home Phone # _____

   (Relationship to child: _____) Work Phone # _____
8. May this information be shared with other appropriate school personnel? ( ) Yes ( ) No

* If school personnel are to assist in the administration of medication(s) a **PINK** Parent /Guardian Medication Consent Form must always be completed. If the medication is prescription, a Practitioner's Order For Prescription Medication Administration must be completed by the practitioner.

_____ _____

Parent/Guardian Signature Date

_____ _____

Nurse's Assistant Signature (when completed form has been received) Date received

_____ _____

School Nurse's Signature (when completed form has been reviewed) Date reviewed