# JUDSON INDEPENDENT SCHOOL DISTRICT
# SPECIAL HEALTH PROBLEM –MEDICATION FORM

Student:_____ DOB: _____ School: _____ Grade___

Judson ISD requires that the parent or guardian of students with special health problems have their physician provide the school with an annual report of the child's special health needs and requirements for any specialized health care. Information needed includes the nature of the special health problem, procedures to be performed at school, specific directions on administering medication, and / or restrictions placed on the student's participation in physical education classes or other activities. Please have your physician complete those items applicable and return this form to the school nurse. For additional information, please contact the nurse assigned to your child's school. **Thank you.**

1. Physical Condition/Diagnosis:

   _____

   _____

2. The following medication is to be given at school. Please indicate the time the medication will be given, the dosage required, route (by mouth or g-tube), any side effects to watch for and the length of time it is to be given at school:

   _____

   _____

   _____

3. Please list all medications given at home:

   _____

   _____

4. Special procedures : (tube feeding, catheterization, etc.) or Special instructions or Other Health Impairment:_____

   _____

5. Specific emergency measures and / or precautions : (seizure precautions, etc.)

   _____

6. Any restrictions / length of time (date): (P. E., etc.)

   _____

_____ _____

Printed Name of Physician Physician's Signature

_____ _____

Date Physician's Phone Number

I give permission for the above procedure and/ or medications to be administered/performed by the appropriate school personnel for my child, _____ while at school.

Student's Name

_____ _____

Parent/ Guardian's Signature Date

2/02