

**JUDSON INDEPENDENT SCHOOL DISTRICT  
SPECIAL HEALTH PROBLEM/MEDICATION FORM**

Student \_\_\_\_\_ School \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_ School Nurse/Health Aide \_\_\_\_\_

Judson ISD requires that the parent or guardians 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: \_\_\_\_\_

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

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3. Please list all medications given home:

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4. Special procedures/Specific instructions: (tube feeding, catherization, etc.

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

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

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By signing this form I understand I am giving the school nurse authorization to contact the doctor if the nurse has any questions regarding the administration of the medication listed above and that my signature also authorizes the doctor to share any necessary written or verbal information in response to the nurse's questions related to the administration of the medication.

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Printed Name of Physician

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Physician Signature

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Date

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Phone Number of Physician

I request that the above medications/procedures be administered/performed for my child,

\_\_\_\_\_ while at school \_\_\_\_\_

Student's Name

Parent's Signature