



<b>Student Name:</b>	<b>Grade Level:</b>	
<b>DOB:</b>	<b>Age:</b>	
<b>Guardian #1:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Guardian #2:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Emergency Contact #1:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Emergency Contact #2:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Physician:</b>	<b>Physician Phone:</b>	

**Medical Condition/Diagnosis:**

**Medications Taken for Medical Condition:**

Medication Name	Home/School		Route	Dose	Frequency
	<input type="checkbox"/> Home	<input type="checkbox"/> School			
	<input type="checkbox"/> Home	<input type="checkbox"/> School			
	<input type="checkbox"/> Home	<input type="checkbox"/> School			
	<input type="checkbox"/> Home	<input type="checkbox"/> School			

The prescribed in-school procedure may be administered by the school nurse and/or non-health care professional as prescribed by the physician. Any special health care/nursing procedures that need attention during school hours will be administered upon receipt of this completed form, along with any special equipment needs.

**Specific Procedure:**

**Method of Administration:**

**Precautions, Unfavorable Reactions:**

**Disposition of Student After Procedure (Rest, Class, Home, Etc.):**

**Symptoms Requiring Emergency Response (9-1-1, Then Parents and MD):**

**Symptoms Requiring Parent Notification:**

**Permissions/Approval:**

<input type="checkbox"/> I <input type="checkbox"/> Give <input type="checkbox"/> Do Not Give permission for the school nurse to communicate with the physician and release information to the appropriate school personnel regarding my child's medical condition. I understand that this information will be provided to EMS in case of an emergency.
<input type="checkbox"/> We (I), the undersigned the parents/guardians of above child <input type="checkbox"/> Approve <input type="checkbox"/> Do Not Approve the above procedure(s) to be administered to our (my) child by EMS ISD personnel.

<b>Physician's Signature:</b>	<b>Signature Date:</b>
<b>Parent Signature:</b>	<b>Signature Date:</b>
<b>School Nurse Signature:</b>	<b>Signature Date:</b>