Philomath School District 17J

ONGOING and/or CHRONIC HEALTH CONDITIONS

the Parents/Guardian of: ____

Students DOB: ______________________________ Students Grade: ____________

You have indicated on school records that this student has an ongoing (chronic) health problem. It is important to have annual health information when s/he needs help at school. Please complete this form and return it to the school nurse so that a plan to help your student can be shared with identified school personnel. It is the responsibility of the parent to provide necessary food, medicine and or test equipment needed at school. If you have any questions or concerns please contact the school nurse.

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The student's health care provider has diagnosed the health problem (s) as:

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Has hospitalization been required in the past year for this condition? ___ No ___Yes (when:__________________)

This health condition is currently being treated by: ____

Phone Number: ______________________________

Are medications needed for this health condition? ___ No ___Yes (Please list below) If yes, and medication needs to be administered during the school day please fill out the long term prescription medication form.

Name of Medication (s)

Is a specific treatment or procedure required for this condition? If yes please explain,

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Is student able to perform treatment/procedure independently? Yes ______ No______

Please provide any additional information regarding the students' health you feel it might be helpful for the school personnel to be aware of: ____

______________________________ ______________________________

Parent Signature Date

Remember to advise the school immediately of changes in phone numbers, emergency contact persons or doctor