



**ATTENTION DEFICIT**

Name : \_\_\_\_\_ Date: \_\_\_\_\_

According to your child's health records, he/she has had ADD or ADHD or symptoms of ADD or ADHD in the past. It would be helpful if you could provide us with more current information by completing the following questions each year and returning this form to your child's school. Thank You.

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Medical diagnosis (please circle)      ADD      ADHD      None

Additional related diagnosis: \_\_\_\_\_

Treating Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How often does you child see the physician because of this? \_\_\_\_\_

May we contact your child's doctor about the attention deficit? \_\_\_\_\_

When was your child diagnosed? \_\_\_\_\_

Does your child take medication (please circle all that apply)    at home    at school    none

What medications does he/she use?

Name _____	Dose _____	Frequency _____
Name _____	Dose _____	Frequency _____
Name _____	Dose _____	Frequency _____
Name _____	Dose _____	Frequency _____

Does your child get any extra help at school because of this health concern?    Yes    No

Additional comments: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**DISTRICT 20 HEALTH SERVICES**

**Greenbrook Elementary School  
& Early Childhood Center**  
630-894-4409 Nurse Phone  
630-894-4544 Main Office  
630-289-6183 Fax

**Waterbury Elementary School**  
630-894-4211 Nurse Phone  
630-893-8180 Main Office  
630-539-2316 Fax

**Spring Wood Middle School**  
630-894-4044 Nurse Phone  
630-893-8900 Main Office  
630-894-9658 Fax