

Post Falls School District #273
School Nursing Services
206 W. Mullan Ave, Post Falls ID 83854
PO Box 40, Post Falls, ID 83877
(208) 773-6976



ADD/ADHD Information

Dear Parent/Guardian:

If your child has ADD or ADHD please complete this form and return it to your child's school.

Student's Name: _____
School: _____ Grade: _____ Teacher: _____
Parent/Guardian: _____ Phone: _____
Physician's Name: _____ Phone: _____

1. When was your child diagnosed with ADD/ADHD? _____

2. Does your child take medication for ADHD? Yes No Not currently

Please list all medications, prescribed, over the counter, supplements:

Medications	Dose/Time	Side Effects:

If your child needs medication at school, please bring the medication to the school office in the original container (an extra prescription bottle may be prepared for school at the pharmacy).

An Authorization for Medication Administration form will need to be completed.

3. Please list below any behavioral interventions that have been successful with your child that could be used the classroom setting: _____

4. If the school nurse has more questions regarding this form what is your preferred method of contact?
 Phone or Email: _____

Parent/Guardian's signature: _____ Date: _____

Thank you,
Elizabeth Costin, BSN, RN
Post Falls School District Lead Nurse

Revised: June 2020