Dear Parent/Guardian: Thank you for providing this information to us to help keep your child safe and healthy at school. Your school nurse will be in contact with you if follow up information is needed. Please return all forms to your child’s school office or email them to hservices@mesd.k12.or.us

Child’s Name:       Date of Birth       Today’s Date

School:

Parent/Guardian(s):

Health Care Provider:       Phone       Fax

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**History and Treatment:**

What is your child’s health condition?

When was your child diagnosed with this health condition?

Has your child required hospitalization for this health condition? When?

Will your child be taking medication during school hours for this health condition? What is the name and dose of the medication(s)?**All medications at school must be kept in their original containers. Prescription medications must have pharmacy labels attached.**

Has your child’s health care provider given you any orders or specific written directions for the care of your child during school hours? If yes, please return a copy of the school orders with this form.

Is there any additional information we should know about your child’s health?