

Please list any detailed medical information on this page.

Medication used during the school day requires a completed ASD Medication Administration Form. This includes prescription and over the counter medication. Medications that are needed longer than two-week period may require a Long term Medication Administration form that is completed by your health care provider. All medications should be kept in the School Nurse Office, per ASD Student Handbook policy, Section III. Students are permitted to hand-carry prescribed emergency medications, such as an inhaler, Epi-pen, or diabetic products when the required ASD form is completed by the student's health care provider and parent / guardian.

List medication: _____
Health Care Provider Name: _____ Phone: _____
 Home School Both **Medication Administration Form Completed:** Yes No

List medication: _____
Health Care Provider Name: _____ Phone: _____
 Home School Both **Medication Administration Form Completed:** Yes No

List medication: _____
Health Care Provider Name: _____ Phone: _____
 Home School Both **Medication Administration Form Completed:** Yes No

Medical Concerns / Diagnosis: _____

Health Care Provider Name: _____ Phone: _____
Will this condition require school nursing care? Yes No medication administration treatments

Emotional/behavioral/ psychological issues (panic attacks, OCD, other): _____

Health Care Provider Name: _____ Phone: _____
Will this condition require school nursing care? Yes No medication administration treatments

Will any of the medical conditions or health issues listed affect your child's ability to participate in PE, sports, or classroom activities during the school day? Please explain issues and limitations: _____

Would you like to speak to the nurse privately regarding your child? Yes No

Contact Phone: 1) _____ 2) _____ 3) _____

Email address: _____

Please list any other concerns or comments in the space provided: _____

