

THIS FORM MUST BE RETURNED BY EVERYONE
SCHOOL HEALTH FORM

Dear Parent/Guardian:

Our school nursing personnel wish to provide quality services for your child. Knowledge of any health concerns which may influence school performance will help us in this regard. These conditions may include, but are not limited to: seizures, diabetes, heart conditions, migraine headaches, asthma, allergies (including latex and food allergies), kidney disorders, or attentional needs. In addition, please indicate whether your child wears glasses, contact lenses, braces of any type, or is on medication.

This information will be made available to your child's teacher/instructional staff.

If your child is receiving regularly prescribed medication or over-the-counter medication that will be administered at school, you are required to complete the Order for Administration of Medication form. This form is enclosed and additional forms may be obtained at any school and will need to be signed by you and the prescribing physician.

Sincerely,

Batavia School District Nursing Services

Student's Name:

School Year: _____ Grade: _____

Health Information

None _____

Date: _____

Signature of Parent

Revised 2/03