Jefferson Township Local Schools
School Health Services

2625 South Union Road Dayton, Ohio 45417
Phone 937-835-5682 Fax 937-835-5955

CHRONIC HEALTH PROBLEMS Date_____

To the Parent/Guardian of _____ Grade_____

You have indicated that your child has an ongoing health problem. It is necessary to have health information and direction when he/she needs help at school. Please complete this form for the school health records so that we can better serve your child.

Your child's physician has diagnosed the health problem as:_____
_____

Has hospitalization been needed in the past year for this health condition:
_____No _____Yes If yes, when?_____

This health condition is currently being treated by:
Dr. _____ Phone: _____

Are special measures needed at school? _____ No _____ Yes
If yes, list them:_____

Are medications needed to control this health condition? _____ No _____ Yes
If yes:

Medication	Amount Taken	How Often

Are any to be taken at school? _____ No _____ Yes
If yes, be sure to have your doctor complete the Medication Authorization Form.

Advise the nurse of any change in your child's medical condition.

Additional comments:_____
_____
_____
_____

_____ _____
Parent/Guardian Signature Date

If you have any questions regarding this form, please contact the clinic.