

JORDAN SCHOOL DISTRICT – STUDENT HEALTH SERVICES

Student Full Name _____ Student Birthday _____

Parent Name _____ Parent Phone _____

Does your student have any medically diagnosed health concerns that need health care services, or other special attention during school hours? (Examples include diabetes, asthma, seizures, life-threatening allergies, etc.)

Yes No

If yes, link to *Request for Special Health Care Services and Release of Confidential Information* form.

_____ (Initial) I understand this Request for *Special Health Care Services and Release of Confidential Information Form* must be completed before a student can receive health care services at school. <http://edsupport.jordandistrict.org/files/JORDAN-SCHOOL-DISTRICT-NURSING-SERVICES-REQUEST-FOR-SPECIAL-HEALTH-CARE-SERVICES-AND-RELEASE-OF-CONFIDENTIAL-INFORMATION.pdf>

Spanish – <http://edsupport.jordandistrict.org/files/Spanish-IHP-Release.pdf>

_____ (Initial) I understand this includes nursing services and that it is my responsibility to complete and submit this form. I understand that this form must be submitted every year.

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Does your student have a medically diagnosed health concern requiring your student to take or be administered medication during the school day?

Yes No

If yes, link to *Medication Authorization Form*.

http://edsupport.jordandistrict.org/files/Medication-MD-Form_ADA.pdf

Spanish: http://edsupport.jordandistrict.org/files/Med-MD-Form_SpanishADA.pdf

_____ (Initial) I understand that this *Medication Authorization Form* must be completed before elementary students are permitted to have medications at school.

_____ (Initial) I understand that middle and high school students may carry one 8-hour dose of medication on their person without a *Medication Authorization Form* being completed.

_____ (Initial) I understand that if my student requires medications at school, I am responsible for providing a completed form signed by a medical provider on an annual basis. I understand the form must be submitted every year.

If your child is not covered by insurance, you may call 1-877-543-7669 for information about CHIP (Children’s Health Insurance Program) or Medicaid, or contact one of the names listed on the following website: <http://healthservices.jordandistrict.org/about/>