

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, Request for Special Health Care Services and Release of Confidential Information form required.

_____ (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-SERVICESREQUEST-FOR-SPECIAL-HEALTH-CARE-SERVICES-AND-RELEASE-OF-CONFIDENTIALINFORMATION.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.

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, complete a 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/>