

Date: \_\_\_\_\_

Dear Parent/Guardian:

RE: \_\_\_\_\_ (D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_)

Each school year, the nursing staff and school-based educational team need the physician to provide input and instructions to assist in the educational health planning for your child. Please take this medical packet to your child's doctor to have the following forms completed:

1. **Medical Examination Report and Health Care Management Plan** -assists in providing a detailed and comprehensive overview of child's health status and needs. Please include specific recommendations for the team relative to safety and ambulation throughout the school building.
2. **\*Administration of Medication** - used to document physician orders for routine and PRN medications, nutritional supplements and other therapeutic/assistive devices (i.e. protective helmet, walker, etc.) **(Note: Parent/Guardian signature is required)**
3. **\*Medical Statement & Diet Prescription for Meals at School** - used to document orders for alternate nutritional supplement and dietary restrictions, substitutions or preparation. **(Note: Parent/Guardian signature is required)**
4. **Referral for Homebound Services** - can be completed to request intermittent services. This will allow the school to automatically implement homebound for your patient in case of extended absence. **(Note: Parent/Guardian signature is required)**
5. **Emergency Plan** – created to guide emergency intervention for the student while in school.
6. **Vision/Hearing Diagnostic and Treatment Report** – used to document vision and/or hearing results (pass/normal **OR** fail/diagnosis & treatment plan) for students that are not able to be tested utilizing traditional screening methods; or students that fail the screening performed by the School Nurse and/or Audiologist.

All these documents will remain in effect for one school year. A new set of documents will be required each August prior to school opening. In the event that new orders are not received, parents have the right and responsibility to administer medications and/or perform special health procedures during the school day. Feel free to keep a blank copy of the forms in preparation for the next school year.

Thank you in advance for your continued cooperation and support.

\_\_\_\_\_  
School Nurse / Referring Party

\_\_\_\_\_  
School / Program Location

\_\_\_\_\_  
Phone

\*Our school nurses are governed by the Georgia Nurse Practice Act and APS Policy JGCD – Medication, and they will only administer medication in accordance with written medical orders signed by a licensed physician, dentist, or podiatrist. APS nurses will not modify any dosage of medicine based solely on a request or recommendation by a parent or guardian. A parent or guardian seeking a dosage modification must provide the nurse with an appropriate medical order.