

BOERNE INDEPENDENT SCHOOL DISTRICT

DEPARTMENT OF HEALTH SERVICES

The Boerne Independent School District has established health policies that require all students with special health conditions to provide the school **each school year** with certain information. This information is supplied **each school year** by all students who have special health conditions, require medication at school, or have restrictions placed on their participation in the physical education program. These policies have been established for the protection of all students who attend Boerne Schools.

Parents: **It is necessary to do the following each school year:**

1. Physician must fill out this form **each year** if medication is to be given at school.
2. Return form to school with medication in the actual prescription labeled bottle.

School Nurse

Name of Child: _____

Statement of Condition: _____

Medication: _____

Dosage to be given at school: _____

Length of time: _____

Restriction: _____

If you wish a follow-up report from the nurse concerning this student's progress?

_____ Yes _____ No

Date: _____

Physician's Signature: _____

Physician's Printed Signature: _____

Parent's Signature: _____

Parent's Printed Signature: _____

Comments: _____
