

**Office of the School Nurse**

**TO:**

**SUBJECT:**

**STUDENT'S NAME:**

**This student has the following medical problem(s):**

\_\_\_\_ **Activity restrictions:** \_\_\_\_\_

\_\_\_\_ **Allergic to:** \_\_\_\_\_

\_\_\_\_ **Asthma Triggers:** \_\_\_\_\_

\_\_\_\_ **Attention Deficit/Hyperactivity Disorder**

\_\_\_\_ **Medications @** \_\_\_\_\_

\_\_\_\_ **Emotional Problems:** \_\_\_\_\_

\_\_\_\_ **Frequent ear infections:** \_\_\_\_\_

\_\_\_\_ **Visual Impairment:** \_\_\_\_\_

\_\_\_\_ **Hearing Loss:** \_\_\_\_\_

\_\_\_\_ **Heart Condition:** \_\_\_\_\_

\_\_\_\_ **Medication daily @ for:** \_\_\_\_\_

\_\_\_\_ **Medication PRN (as needed) for:** \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please see me for further information.**

\_\_\_\_\_  
**School Nurse Signature and Title**

