

North East ISD

Department of Health Services

8961 TESORO DRIVE - SAN ANTONIO, TEXAS 78217

SPECIAL HEALTH PROBLEM FORM

STUDENT: _____ SCHOOL: _____

DATE OF BIRTH: _____ GRADE: _____ SCHOOL NURSE: _____

For this student to receive medication during school hours, the prescribing physician must complete this document annually.

Physical Condition/Diagnosis:

Medication (dose and time) to be given at school:

Specific emergency measures that need to be followed at school and/or precautions, untoward reactions and interventions needed:

Restriction placed on student's participation in Physical Education: _____

Length of time restriction in effect: _____

Date: _____

Signature of Physician

Physician's Name (Printed)

Signature of Parent

Physician's Phone/Emergency Number

The above must be completed in full

MEDICATION ADMINISTRATION IN SCHOOL

Parent or responsible adult designee must bring the medication to school. Medication is to be in the PRESCRIPTION/ORIGINAL CONTAINER plainly labeled with the student's name, the name and dosage of the medication and directions for administration. Parents must provide all needed medications.

When your physician has determined that administration of medication during school hours is necessary, the following procedure must be followed:

- 1) The Special Health Problem Form must be completed by the physician annually or at any time that the medication is changed.
- 2) School district personnel will accept only medications that are FDA approved pharmaceuticals, manufactured in the U.S. for administration. Homeopathic preparations will not be accepted
- 3) At the time medication is discontinued, and/or at the end of the school year, the parent or adult designee is requested to pick up the remaining medication or to authorize the school nurse to dispose of it.

Medication will be administered under the direction of the school nurse. Questions relating to medication should be directed to the school nurse. Thank you for your cooperation.