Jordan School District

Primary Health Care Provider's Statement

This portion of the form should be filled out by the parent or guardian.

Student's Name	Student's Birthdate
Student's Address	Student's City, State & Zip
Student's School	Student's Grade
Health Care Provider's Name	Health Care Provider's Phone
Health Care Provider's Address	Health Care Provider's City, State & Zip

The parent or guardian of this student has requested that Jordan School District provide health care services during school hours. **Jordan School District personnel may not administer health care treatments unless it is medically necessary to treat the student during periods when the student is under the control of the school.**

Please complete this form so that an initial assessment of the student's condition can be made to determine whether or not the student qualifies for special services and the nature and extent of any services needed.

Please describe the treatments or interventions required and the method and time schedule for administration:

Continue on the back if necessary or attach instructions to this form on the health care provider's letterhead.

Health Care Provider's Signature

Date