



111 Walker St. Bogalusa, LA 70427 | 985 732 0005

www.northshorecharterschool.org

Date: _____

Re: _____

Date of Birth: _____

Dear Physician:

The above named student has been identified as having a health or orthopedic concern. Health information provided will be used to develop individual education/health plans so that we may offer a safe, healthful, and appropriate school environment.

CURRENT MEDICAL INFORMATION

Date of last medical/psychological assessment: _____

Previous Hospitalizations: _____

Diagnosis (es) _____

Diet (example: blended, soft, liquid, regular) _____

Medications (include name, dosage, frequency, method of administration): _____

Major Safety Considerations for the school environment (example: special safety equipment, precautions in lifting, feedings, positioning): _____

Medical Treatment (example: gastrostomy care, inhalations treatments, catheter care, injections, suctioning): _____

Results of: **Vision Screening** _____ **Hearing Screening** _____

Adjustments of the school environment or schedule because of health condition (example: seizures, limitations of physical activity, periodic breaks, part-time schedule, temperature control, etc.): _____

Physician's Signature _____ **Date** _____