

**BARTOW COUNTY SCHOOL SYSTEM
 PHYSICIAN'S MEDICAL DIAGNOSIS/MEDICATION DOSAGE VERIFICATION FORM
 FOR CONSIDERATION OF STUDENT'S MEDICAL CONDITION**

Student's Name: _____ DOB: _____ School: _____

The Bartow County School System has received information that your child has a medical condition. All information is considered confidential. Please have your child's physician complete this form and return it to the following:

**Woodland Middle School
 1061 Euharlee Road
 Euharlee, GA 30145
 Attention: Leigh Ann Dickson, RN, BSN
 Phone: 770-606-5871 Facsimile: 770-606-2092**

I authorize the release of my child's medical records/information to the above.

 Parent/Guardian Signature Date

TO BE COMPLETED BY THE PHYSICIAN

XXVII. Medical Diagnosis: _____

XXVIII. Medication(s) related to this diagnosis that may be required at school:

53. _____	_____	_____	_____
Medication	Dosage	Route	How often?
54. _____	_____	_____	_____
Medication	Dosage	Route	How often?
55. _____	_____	_____	_____
Medication	Dosage	Route	How often?
56. _____	_____	_____	_____
Medication	Dosage	Route	How often?

*Please attach any pertinent information/ school health care plan(s) relating to this medical condition.

 Physician's Name Address Phone #

 Physician's Signature Date