

JACKSON PREPARATORY SCHOOL

PHYSICIAN'S STATEMENT FOR JACKSON PREP STUDENTS

*Jackson Prep requires that all students who are on prescribed medications for chronic conditions have on file in the school office a signed Physician's Statement. The Physician's Statement will remain on file from year to year unless **the parent notifies the school** that the student's diagnosis and/or prescribed medications have changed. At that time, an updated Physician's Statement is required.*

STUDENT'S NAME _____ **GRADE** _____

NAME OF PHYSICIAN _____

MEDICAL CLINIC _____ **PHONE** _____

STUDENT'S DIAGNOSIS: _____

PRESCRIBED MEDICATION(S): _____

PRESCRIBED DOSAGE/ TIMES: _____

POSSIBLE SIDE EFFECTS: _____

EMERGENCY RESPONSE: _____

PHYSICIAN'S NAME (print): _____

PHYSICIAN'S SIGNATURE: _____

DATE: _____