

LONG COUNTY SCHOOL SYSTEM

**DOCTOR'S REPORT**

*To be completed by school personnel*

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_

School and Address:

Attention: \_\_\_\_\_ (School Contact)

\_\_\_\_\_ (School Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State, Zip)

\_\_\_\_\_ (Phone) \_\_\_\_\_ (FAX)

Parent Release:

I hereby give my permission for the doctor's office to release the following information concerning my child.

\_\_\_\_\_

(Parent's/Guardian's/Surrogate's Signature)

*To be completed by doctor's office; please print or type*

1. Diagnosis/Prognosis:
2. Medications and Dosage:
3. Special health care procedures, special diet, or activity restrictions:
4. Please give any other information that school personnel should be aware of. Feel free to attach pertinent records for clarification or emphasis and to send additional sheets if necessary.

Date of Evaluation: \_\_\_\_\_

Signature of licensed doctor of medicine: \_\_\_\_\_

Please print or type name and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please return to the school at the fax number or address listed above.*