



Student Services Department
181 Encinal Avenue, Atherton, CA 94027
(650) 321-7140 Fax: (650) 292-2200

REQUEST FOR PHYSICIAN INFORMATION/ Petición para información medical

Date: _____

Check Site/marque la escuela: []Heritage Oak []Laurel []Encinal []Oak Knoll []Hillview

Student's Name: _____ DOB: _____

Teacher/Maestro: _____ Grade/Grado: _____ Room/Salon: _____

Complaint/Problema: _____

School Nurse/Enfermera or other designated staff/ el otro personal señalado

Parent: I give permission for my child's health care provider and school to exchange health information for school academic planning. Le doy permiso a la clinica o al medico para cambiar su información con la escuela.

Parent Signature/firma: _____ Date/fecha _____

PHYSICIAN REPORT

Date seen: _____

Diagnosis: _____

Results of examination, tests, labs, x-rays, other: _____

Treatment(s) prescribed (medications, exercises, rest, other): _____

Date student can return to school: _____

Recommendation for physical education activities: _____

Other recommendations/information _____

Date of next scheduled visit: _____

Physician's signature _____ Printed Name _____

Address: _____ Telephone: _____ Fax _____