



## REQUEST TO MONITOR

To: Parents/Guardians

When children are receiving medical treatment for attention difficulties, the treating physicians find it helpful to be provided with reports about a student's performance in school.

**If your child is under a doctor's care for attention and/or behavior difficulties and you would like the school to provide reports to the physician regarding how your student is doing in school, please complete the following and return it to your child's school nurse.**

\*\*\*\*\*

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, request that Grand Island Public School personnel monitor my child's school performance and provide information to his/her physician during the 20\_\_\_\_ - 20\_\_\_\_ school year.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Medication(s) and Dosage(s): \_\_\_\_\_

Date Medication(s) Began and Schedule: \_\_\_\_\_

\_\_\_\_\_