

**SCHOOL HEALTH TREATMENT FORM**

School Year: \_\_\_\_\_

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Medical condition: \_\_\_\_\_  
\_\_\_\_\_**Suctioning:** nasal      oral      tracheal      Size of catheter: \_\_\_\_\_ Time(s): \_\_\_\_\_ Length: \_\_\_\_\_**Special Respiratory Procedure and time:** \_\_\_\_\_**Trach size and type:** \_\_\_\_\_ cuffed      uncuffed      Water or Air \_\_\_\_\_ cc's**Ventilator type:** \_\_\_\_\_ (please attach vent setting orders)**Oxygen:** \_\_\_\_\_ **Pulse ox:** continuous      intermittent      **Limit:** \_\_\_\_\_ %**Diaphragmatic pacer:** \_\_\_\_\_**Tube feeding:** NGT      GT      JT      **Size/Depth:** \_\_\_\_\_**Type of formula:** \_\_\_\_\_**Volume:** \_\_\_\_\_ **Rate:** \_\_\_\_\_ ml/hr      **Time:** \_\_\_\_\_**Flush amount and time:** \_\_\_\_\_**Delivery mode:** Pump or Gravity**May replace tube:** Yes or No      **Size of tube:** \_\_\_\_\_ **Balloon fill:** \_\_\_\_\_ cc's**CIC:** Size of catheter: \_\_\_\_\_ Time(s): \_\_\_\_\_**Ostomy:** Type: \_\_\_\_\_ Pouch size and type: \_\_\_\_\_**Special skin preparation:** \_\_\_\_\_  
\_\_\_\_\_**Wound Care:** Type of Wound \_\_\_\_\_**Dressing procedures and time:** \_\_\_\_\_  
\_\_\_\_\_**Orthotics: Time/Extremity** AFO: \_\_\_\_\_ WHO: \_\_\_\_\_ Splint: \_\_\_\_\_ Other: \_\_\_\_\_**Temperature regulation issues:** Yes or No**Other medical devices:** \_\_\_\_\_  
\_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_