

**Woodville Independent School District**  
**Health Services**

Today's Date: \_\_\_\_\_

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

Parent or Guardian:

You have indicated on our records that your child has a diagnosis of \_\_\_\_\_.  
**Please Provide an Action Plan or doctor's orders for the school nurse** to ensure proper care of your child. Action Plans can be printed off of our website, or contact your school nurse to provide you with one.

**If your child requires no medical treatment at school for this condition, please complete the section below and return it to the school nurse.**

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My child has a diagnosis of \_\_\_\_\_, but no treatment is needed at school.

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

Date \_\_\_\_\_

Thank you for your cooperation.

Kara Davis, BSN/RN

Health Services Coordinator