Wood River Rural Middle & High School
13800 West Wood River Road • PO Box 518
Wood River, NE 68883
P: (308) 583-2249 • F: (308) 583-2395

Wood River Rural Elementary
1003 Lilley Street • PO Box 488
Wood River, NE 68883
P: (308) 583-2525 • F: (308) 583-2668

Request to Monitor

When children are receiving medical treatment which affects school performance and behavior, the treating physicians have requested and found it helpful to be provided with reports about a child's performance in school. If your child is under a doctor's care and the treatment may affect his or her school performance and you would like the school to provide reports to the physician, please complete the following and return it to your child's school.

Student's Name:
Parent's Names:
Address:
Phone Number:

I, the undersigned, request that Wood River Rural Schools personnel monitor my child's school performance and provide information to his or her physician, during this current school year.

_____(Physician's Name and Clinic Name)

Parent Signature:
Date:

Medication Information:

My Child is currently taking medication: Yes or No
Medication prescribed:
Dosage/Schedule:
My Child takes medication at school: Yes or No

Please return this form to the school.