

**JORDAN SCHOOL DISTRICT NURSING SERVICES  
HEALTH CARE PLAN REAUTHORIZATION FORM**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

Health Care Plan Prepared by \_\_\_\_\_ Date \_\_\_\_\_

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**JSD HEALTH CARE PLAN REVIEWED AND WILL REMAIN AS WRITTEN**

Comments: \_\_\_\_\_  
\_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

School Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

School Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

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

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