

Protected Forms
Escambia County, FL School District
Index for Health Care Providers

Form No.	Name of Form
9400-005-A & 9400-HES-005	Authorization for the Administration of Prescription Medication; Medication Protocol at School; Parent Responsibilities
9400-HES-005-B & 9400-HES-005	Authorization for Administration of Non-Prescription/Over-the-Counter Medication (OTC); Medication Protocol at School; Parent Responsibilities
9400-HES-006 & 9400-HES-006	Authorization for Health Procedure/Treatment; Guidelines for Performing Health Procedure/Treatment
9400-HES-012	Authorization for Peak Flow Monitoring and Action Plan
9400-HES-501	Authorization for Seizure Management
9400-HES-503	Authorization for Diabetes Management
9400-HES 506	Authorization for Diabetes Management with Insulin Pump
9400-HES-507	Authorization for Administration of Gastrostomy/Jejunostomy Tube Feedings
9200-RMT-019	Pre-Participation Athletic Exam
DH3040	Required School Entry Health Exam; Guide for Completing the School Entry Health Exam
9300-ESE-080 & 9300-ESE-080-A	Physician Instructions for Hospital/Homebound Referrals; Physician Referral Form for Hospital/Homebound Referral