



District Health Office
Phone: 269-695-8400 ext. 20008
401 West Chicago Street
Buchanan, Michigan 49107

Hello Buchanan families!

We're reaching out to you in hopes of providing a head-start on your student's health office form requirements for the 2025-26 school year. These requirements for all students include:

Health Survey: A short survey to help us provide the safest experience possible for our Bucks. [Please complete the electronic survey here.](#)

Provider-signed Medication Authorizations: required for the district to administer both prescription and non-prescription medications and topical ointments (5703-F-2 Consent for District Administered Medication Form); and for the self-administration and carrying of medications (5703-F-3 Consent for Student to Self-Administer Medication Form). Medication authorization forms available in the school office.

Please note that *each* medication requires an individual consent form for *each* school year.

Provider-signed Procedure Orders: for procedures like tube feedings and urinary catheterizations. Please request a printed order from your child's provider.

*All medical information is protected by Family Educational Rights and Privacy Act (FERPA).

Thank you for allowing us to serve your child in the safest way possible!

Sincerely,

A handwritten signature in black ink, appearing to read "Cat Comer".

Cat Comer, RN
ccomer@buchananschools.com
District Nurse
Buchanan Community Schools