

Annual Student Health Information Form



Student Name _____ Student Grade _____ Gender (Circle) M F
 Student Date of Birth _____ Student ID _____
 Parent Name _____ Parent Cell # _____ Parent Home # _____
 Parent Work # _____ Parent Email _____

In an effort to provide safe, informed care for your child at school, each year the Dallas ISD Health Services Department requires updated health information as part of student enrollment. Dallas ISD keeps all medical information about your child confidential as required by the Family Educational Rights and Privacy Act and other applicable laws. However, health information about your child will be communicated to Dallas ISD school personnel who require the information to better serve your child. **If your child has an acute or chronic medical condition, or any medical changes occur during the school year, it is your responsibility as the parent/guardian to notify the school nurse and update this information.**

ABDOMINAL ISSUES:
 Due to: Irritable bowel syndrome Gastric reflux
 Crohn's disease Ulcerative colitis
 Constipation Other: _____
 What medications are taken for this? _____

ADD/ADHD: When was your child diagnosed? _____
 Is your child under medical care at this time? **Yes No**
 What medications are taken for this? _____

ALLERGY: (other than seasonal allergies)
 Food allergy (specify food): _____
 Medication allergy (specify med): _____
 Insect allergy (specify insect): _____
 Latex allergy
 Symptoms of reaction? _____
 Has a physician prescribed epinephrine for this allergy?
Yes No (If yes, please contact school nurse)
 What medications are taken for this? _____

BLOOD DISORDERS:
 Sickle cell anemia Sickle cell trait
 Clotting disorder (i.e. hemophilia)
 Other _____
 What medications are taken for this? _____

BREATHING ISSUES: Asthma Cystic fibrosis
 Tracheostomy Other _____
 When was your child diagnosed? _____
 Is your child under medical care at this time? **Yes No**
 What medications are taken for this? _____
 How often does your child use rescue inhaler? _____
 Does your child use a nebulizer? **Yes No**
 Does your child wake at night with a cough? **Yes No**

COMMUNICABLE DISEASES:
 Has your child had chicken pox? **Yes No** Date: _____
 Has your child had a positive TB test? **Yes No** Date: _____

DIABETES: Type 1 Type 2
 What medications are taken for this? _____

EARS, EYES, NOSE: Frequent ear infections
 Hearing Loss **R/L** Wears hearing aid? **Yes No**
 Frequent nosebleeds caused by: _____
 Wears glasses or contacts? **Yes No**
 Vision loss not corrected with glasses/contacts **R/L**

EMOTIONAL ISSUES: Depression OCD Bipolar
 School phobia Other _____
 When was your child diagnosed? _____
 Is your child under medical care at this time? **Yes No**
 What medications are taken for this? _____

HEART CONDITIONS: Long Q/T syndrome
 High blood pressure Irregular heart rate
 Heart defect, type: _____ Repaired? **Yes No**
 Other _____
 What medications are taken for this? _____

MUSCLE, BONE, JOINT DISORDERS: Arthritis Scoliosis
 Other _____
 Are there P.E. restrictions for this condition? **Yes No**
 Is your child under medical care at this time? **Yes No**
 What medications are taken for this? _____

NEUROLOGICAL: Migraines Autism spectrum disorder
 Seizures, type: _____ Date of last? _____
 Cerebral Palsy Spina bifida Other _____
 What medications are taken for this? _____

OTHER HEALTH CONDITIONS: _____

Special procedures: (tube feeding, catheterization, etc)

ALL medications taken during school hours and school related activities must be brought to the clinic. A separate permission form is required for each medication. Texas law requires parent and physician permission to carry an inhaler or emergency epinephrine at school. Contact your school nurse for information.

Medications not listed above	Amount	Reason	At Home/At School
_____	_____	_____	_____
_____	_____	_____	_____

My child has **NO KNOWN HEALTH CONDITIONS** and does not require any medications at home of school.

Parent/Guardian Name (Print) _____ Parent/Guardian Signature _____ Date _____