Annual Student Health Information Form

DALLAS INDEPENDENT SCHOOL DISTRICT

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 or school.**

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