



# Dodd City ISD

## Information on Medical Conditions

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**No known medical problems** Student ID number: \_\_\_\_\_

**Asthma** *Has your child been treated for asthma in the past 2 years?*  Yes  No  
*At school, my student will need:*  breathing treatments  rescue inhaler  
*My student will:*  self-carry inhaler.  
Asthma Action Plan must be provide with Dr. and parent signature.

**Diabetes** *At school, my student will need:*  insulin  blood sugar checks  
 My student is independent in diabetes care.  
Diabetic Action Plan must be provided with Dr. and parent signature.

**Seizure Disorder** *My student has been diagnosed with a seizure disorder.* Date of last seizure: \_\_\_\_\_  
 Tonic-clonic  Absence  Drop  emergency medication needed at school

**Allergies** *My student has Life Threatening Allergies.*  
 Anti-histamine  Epinephrine Auto-injector  Other Medication  
 My student self-carries anaphylaxis/anti-histamine medication.  
An Allergy Action Plan must be provided with Dr. and parent signature.

Life Threatening Food Allergy (please list) \_\_\_\_\_ Reaction: \_\_\_\_\_

Other Life Threatening Allergy (please list) \_\_\_\_\_ Reaction: \_\_\_\_\_

Medication Allergy (please list) \_\_\_\_\_ Reaction: \_\_\_\_\_

**Any other Medical Conditions you would like the school to be aware of (please explain):** \_\_\_\_\_

**Please list all current medication (taken at home or in school):**

Name of Medication: \_\_\_\_\_ to be taken:  home  school

Name of Medication: \_\_\_\_\_ to be taken:  home  school

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Below is some important information that needs to be reviewed.

**Medical/Allergic Conditions**

Parents will notify and meet with the school nurse or principal regarding any medical/allergic conditions that may affect their student's welfare in the school setting. Notification must be done as soon as school begins, the student is enrolled or as soon as the condition presents itself.

**Medication**

A student who must take prescription or non-prescription medication during the school day must bring a completed and signed medication authorization form along with the medication in its **original** container with **current dates** to the office upon arrival at school. Medication cannot be expired and must be **age appropriate**. Controlled medication must be brought to the office by a parent or guardian.

Please contact the school nurse or principal to discuss any health concerns for your child.

Thank you,  
Dodd City ISD

\_\_\_\_\_ Reviewed by Nurse