



## Gilmer Independent School District

### Medical History, Tuberculosis Screening & Food/Drug Allergy Form

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Other ID: \_\_\_\_\_

Please Check any boxes that apply to your student's health:

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma (currently requiring treatment) | <input type="checkbox"/> Sudden Death of Family Member under Age 40                                   |
| <input type="checkbox"/> Pregnancy or a parent                  | <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Cancer/type: _____                 |
| <input type="checkbox"/> Diabetes Type 1 or 2                   | <input type="checkbox"/> Major Head Injury <input type="checkbox"/> High Blood Pressure               |
| <input type="checkbox"/> Psychiatric Disorders                  | <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Severe Allergic Reaction (Anaphylaxis)     |
| <input type="checkbox"/> Migraine Headaches (under treatment)   | <input type="checkbox"/> Chicken Pox/ If so, date of chicken pox? _____                               |
| <input type="checkbox"/> Hearing/Vision Problems                | <input type="checkbox"/> Behavioral Issues <input type="checkbox"/> Blood Disorders (Hepatitis, etc.) |
| <input type="checkbox"/> Kidney Problems                        | <input type="checkbox"/> Heart/Cardiac Issues <input type="checkbox"/> Scoliosis                      |
| <input type="checkbox"/> Other: _____                           |   |

Current Medical Diagnosis: (skip if not applicable): \_\_\_\_\_

Major illness, surgical procedures, hospitalizations, or other medical conditions? (skip if not applicable): \_\_\_\_\_

Accidents: (skip if not applicable) \_\_\_\_\_

Drug Allergies: (skip if not applicable) \_\_\_\_\_

Disabilities/Handicaps: (skip if not applicable) \_\_\_\_\_

**\*\*See next page for Food Allergies\*\***

Will your child need to take medication at school? ☐ Yes ☐ No (if yes, must see nurse for required paperwork)

Does your child need to carry any of the following: ☐ Inhaler ☐ Insulin ☐ EpiPen (if any box is checked, you must see the nurse for required paperwork. Students are not allowed to carry medications without required paperwork.)

**In the event of an emergency, the parent(s)/guardian(s) will be called first. If a parent is unable to be contacted, every emergency contact will be called in order to receive permission. Please make sure that all emergency contacts under the family information area in Skyward Family Access is complete and accurate. You may also check with your campus registrar to get a complete list and make any corrections.**

*State law requires that pupils who show signs of contagious disease be excluded from school until admission is acceptable to school authorities. In case of accident or student illness to the above named child and in the even that I cannot be reached, I hereby authorize a representative of Gilmer ISD to refer the child to the above named physician and/or take to an area hospital if necessary. I realize that the school is not liable for doctor or hospital expenses due to injuries received at school.*

## REQUEST FOR FOOD ALLERGY INFORMATION

Gilmer ISD must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement. Additional information regarding food allergies, including maintaining records related to a student's food allergies, can be found in district policy FFAF. This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

**"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.**

Please list any foods to which you child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

☐ **No Information to report.**

Food	Nature of allergic reaction to the food:	Life Threatening?

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FFAF]

***Additionally, you need to be aware that if your child purchases a school lunch, the cafeteria cannot substitute or change the menu items without written doctor's orders on file at school. This requirement has been established by the State of Texas.***

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_ Other ID: \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_

**Tuberculosis Screening:** Tuberculosis can be transmitted to children by adults who live with them or spend a great deal of time with them. Tuberculosis is transmitted by a person with tuberculosis to another person through airborne droplets that are coughed or sneezed into the air and breathed in by the child. This transmission of infection is more likely to occur when the child and the infectious person spend a lot of time together in a closed environment, like a small room, a car, or similar situations.

Children with tuberculosis frequently do not have symptoms. A person can have tuberculosis infection and not have active tuberculosis. We need your help to find out if your child has been exposed to tuberculosis.

Question	Yes	No	N/A
Has anyone in your family had tuberculosis?			
Do you know of any situation where your child was around an adult who has been diagnosed or suspected of having TB?			
Was your child born in or has your child visited a foreign where there is a lot of TB? If yes, what country: _____			
TB can cause fever of long duration, unexplained weight loss, weakness, chest pain, a bad cough, hoarseness or coughing up blood. Has your child been around anyone with these symptoms?			
Has your child had any of these symptoms described above?			
To your knowledge, has your child had contact with anyone who is/has been an intravenous (IV) drug user?			
HIV Infected?			
In jail/prison?			
Recently moved to the US from a foreign country?			