

STUDENT HEALTH HISTORY BISD

Student's Last Name _____ First _____ Middle _____ Birth date _____ Grade _____ M ☐ F ☐

Doctor: _____ Phone # _____ Dentist: _____ Phone # _____

HEALTH INFORMATION ABOUT YOUR CHILD

➡➡ ☐ NO KNOWN HEALTH PROBLEMS

>>>>>>>>>>> Check only those that apply and return to school office <<<<<<<<<<<<<

- ☐ **ADHD:** Requires medication? Yes ☐ No ☐ Name of medication _____
Given at school? Yes ☐ No ☐ MD's name/phone: _____
- ☐ **Asthma:** Requires medication/inhaler? Yes ☐ No ☐ Daily? ☐ As Needed? ☐ With exercise? ☐
Name of medication _____ given at school? Yes ☐ No ☐
- ☐ ***Allergic reactions:** To what? _____ Hives/rash? Yes ☐ No ☐
(Severe) Breathing difficulty? Yes ☐ No ☐ has epipen? Yes ☐ No ☐
MD's Name/Phone: _____
- ☐ **Clinical Depression:** Requires medication? Yes ☐ No ☐ Name of medication? _____
Given at school? Yes ☐ No ☐ MD's name/phone: _____
- ☐ ***Diabetes:** Type I ☐ Type II ☐ Medications? Oral ☐ Injection ☐ Given at school? Yes ☐ No ☐ Pump? ☐
Name of medication _____ MD's name/phone: _____
- ☐ **Ear Problems:** Frequent infections? Past ☐ Present ☐ Permanent hearing loss? ☐ Date of last exam? _____
Hearing aid? Left ☐ Right ☐ Both ☐ MD's name/phone: _____
- ☐ ***Seizure Disorder:** Date of last seizure _____ Requires medication? Yes ☐ No ☐
Name of medication _____ MD's name/phone: _____
- ☐ **Heart problems:** Diagnosis: _____ MD's name/phone: _____
Medications? Yes ☐ No ☐ At Home? ☐ At School? ☐ Physical restrictions? Yes ☐ No ☐
- ☐ **Recent Hospitalization:** Explain: _____
- ☐ **Orthopedic** Corrective shoes/braces? ☐ Crutches? ☐ Wheelchair? ☐ Physical therapy?
☐ Other physical limitations? _____
- ☐ **PTSD(Post Traumatic Stress Disorder):** Requires medication? Yes ☐ No ☐
Name of medication _____ Given at school? Yes ☐ No ☐
MD's name/phone: _____
- ☐ **Vision problems:** Wears glasses? ☐ Contacts? ☐ Reading only? ☐ All the time? ☐ Date of last exam: _____
- ☐ **Taking medication for other reasons:** For what condition? _____
Name of medication _____ Dose & frequency _____
Given at school? Yes ☐ No ☐ MD's name/phone: _____

Please list other important health or behavior information: _____

Texas Ed. Code 22.052 - Students taking medication at school need medication in original container with written permission from the parent or legal guardian. This form must be on file with the school before medication can be given.

*** These conditions require a Health Care Plan. Note:** Any of the above conditions may require a Health Care Plan. All forms can be obtained from the School Nurse Office or Health Services tab on school website.

* Parent Signature: _____ Date: _____