

Health Inventory DAYTON ISD 2019-20

Name _____ **Date of Birth:** _____ **Sex: M F**

Parent or Guardian: _____ Home # _____ Work # _____

Relationship to student _____ Cell # _____

Parent or Guardian: _____ Home # _____ Work # _____

Relationship to student _____ Cell # _____

Parent/guardian: Please fill out this form and be aware that the information given on this form may be shared with appropriate school staff in order to have a better understanding of the health status of your child.

Parents/guardians are responsible for notifying the school nurse with your child's specific health conditions and any health/allergy changes that occur during the school year.

Health Problems: _____

If there are any restrictions, procedures or medication needed at school due to any of the above conditions, you must provide an **annual** note from your child's doctor.

Please list **ALL** medications (home/school) _____

(All medications administered at school require completion of additional paperwork).

Name of doctor/clinic: _____ Phone Number _____

HB 742 from the 82nd Texas Legislature requires school districts to request, at the time of enrollment, that the parent or guardian of each student attending the District discloses the student's food allergies.

Dayton ISD requires annual updates of student health/allergy information.

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.

DEFINITIONS:

Food Intolerance is an unpleasant reaction to a food that, unlike a food allergy, does not involve an immune system response or the release of histamine. Food intolerance is not life-threatening.

Allergic Reaction is an immune-mediated reaction to a protein

****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.

_____ My child **does not** have any food allergies.

_____ My child **has** a food allergy(ies).

_____ My child **has a severe** food allergy(ies)* as defined above.

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

Has this food allergy been diagnosed by a health care provider? Yes No

Does your child have an EpiPen? Yes No

Physician/health care provider authorization is required for food substitutions and or medications.

****I hereby authorize Dayton Independent School District personnel to render first aid treatment for the health of the child listed. Furthermore, School officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of this child should an emergency situation arise. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.**

****Parent/Guardiansignature:** _____ **Date** _____