

Tarkington ISD Health Services Student Health Inventory

Parents, please complete this form

The District will maintain the confidentiality of the information provide on this form.

Student: _____ **Sex:** _____ **DOB:** _____

Address: _____

Phone: _____ **Grade:** _____ **Homeroom Teacher:** _____

Please check any of the following diseases or conditions that apply for your child:

ADHD/ADD*	Cystic Fibrosis	Meningitis
Allergies (seasonal)	Depression	Orthopedic Problem
Allergies (severe)*	Diabetes	Seizures
Arthritis	Fainting	Skin Disorder (Eczema, Psoriasis, ECT.)
Asthma	Hearing Loss	Sickle Cell
Anxiety	Heart Disease	Tuberculosis
Blood Disorder	Hepatitis	Tubes in Ears
Cancer	High Blood Pressure	Visual Defect
Cerebral Palsy	Kidney Disease	Other:

*ADHD/ADD (Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder)

*Severe Allergies: Trouble breathing, Swallowing, Unconscious, Altered Mental Status, ECT.

1. If you check any of the above, please explain in more detail.

2. Has your child been hospitalized for any reason, or had any serious illness, injuries or surgeries since birth?

3. Does your child have a severe allergic reaction to the following?

_____ Medications _____ Insect bites _____ Foods _____ Scents (Cleaning Supplies, Perfumes, ECT.)

Please list reactions:

4. Is your child taking any medication at this time? Yes _____ No _____ If yes, name medication and dosage

Will it be given at school? Yes _____ No _____

5. Will any health problem of this student require adjustment of his/her school program? Yes _____ No _____

If yes, explain.

6. Are there any problems in the home that might affect your child's learning?

Please comment.

7. Does the student have health care insurance? Yes _____ No _____

8. Physician's Name: _____

Phone: _____

9. Hospital preference: _____

Phone: _____

10. Primary Emergency Contact: _____

Relationship: _____ Phone: _____

11. Secondary Emergency Contact: _____

Relationship: _____ Phone: _____

I agree that the nurse may share necessary medical information with my child's teacher.

Signature of Parent or Guardian

Date