

Student Medical Information

2018-2019

Student Name: _____
LAST NAME, FIRST NAME

Grade: _____

The Texas Department of Health has ruled that students must be current with **immunizations** in order to attend school unless an exemption has been filed with the school in accordance with Texas Education Code, Health and Safety, Chapter 38.0001
In accordance with the "School Access to Emergency Epinephrine Act," Pilot Point ISD will maintain a stock supply of epinephrine in each school. School nurses and designated school personnel have the authority to administer epinephrine to any student or individual on school premises whom they believe in good faith is experiencing anaphylaxis.

Please circle any conditions that apply to your child:

ADD/ADHD

Allergies*

Anxiety

Asthma/Breathing problems

Behavior issues

Bladder/Kidney problems

Bleeding problems

Blood pressure problems

Bone/joint problems

Bowel problems

Cancer

Cerebral Palsy

Cystic Fibrosis

Depression

Diabetes

Emotional concerns

Epilepsy/seizures

Headaches

Hearing problems

Heart problems

Mental Health problems

Nosebleeds

Physical disability

Sickle Cell Disease

Skin disorder

Stomach problems

Vision problems (glasses/contacts)

Please explain any circled item or list any other serious illnesses or injuries in the space below:

***Please list any allergies:**

Insect sting _____ Life threatening? Yes / No

**Food _____ Life threatening? Yes / No

Medication _____ Life threatening? Yes / No

Other _____ Life threatening? Yes / No

***Will your child have an Epinephrine auto-injector at school?** Yes / No

Does your child take any medication on a daily or frequent basis at home? If yes, please list: _____

Physician's name & phone number: _____

Does your child have Health insurance, Medicaid or CHIP? Yes / No

If yes, list name of company: _____

Does your child have Vision insurance? Yes / No

If your child needs to take any medicine during school hours, including prescription medicine and any "over-the-counter" medicine, please complete a "Parent/Physician Request for Administration of Medication by School Personnel" form and bring the non-expired medication to school in the original container and/or pharmacy labeled prescription container.

*****NO MEDICATION WILL BE GIVEN AT SCHOOL UNLESS IT IS PROVIDED BY THE PARENT/GUARDIAN.*****

If your child has a medical emergency at school or a school-related activity, and you cannot be reached, does designated Pilot Point ISD personnel have permission to obtain emergency medical treatment? Yes / No

Parent/legal guardian signature: _____ Date: _____