GENERAL Health Concern	MLS Grade/Teacher:	McKinney Middle Grade:	YSHS Grade:

Student Name: Physician Name:

Parent Name: Physicain Address:

Contact Phone Number: Physician Phone Number:

*** **School records indicate diagnosis of:**

*** Complete & return to school nurse within TWO WEEKS to ensure proper health care plan.
*** Important to updated health information each new school year.
*** It is the responsibility of parent/guardian to provide necessary medication needed during the school day.
*** All students using prescribed inhalers must follow district guidelines for medication use
*** **NOTIFY SCHOOL NURSE IMMEDIATELY IF CHANGES: phone number, medications, etc.**
*** Symptoms usually OBSERVED:

*** Please describe any details of YOUR child's typical response to any/all symptoms (2):

Treatment plan for managing:				
Taken @ school (1)		Medications:	Amount taken:	How often?
Y / N				
Y / N				
Y / N				
Y / N				

The usual procedure followed at school for:

1
2
3
4
5

(1) The district medication policy requires parental/guardian and physician/primary care provider signatures on district forms for all medications administered during school activities. Forms are available on school website and/or school office.
(2) Any treatments and/or activity restrictions require written directions from the students' physician/primary care provider.

Parent/guardian signature: Date:

FOR SCHOOL NURSE ONLY:

Nursing Dx:	☐ Stable history	☐ Diagnose form complete	
	☐ Potential complications - injury	☐ NURSE review & initials	
	☐ High risk - altered mental status, physical injury	☐ PRINCIPLE review	
	☐ Other:	☐ HOMEROOM TEACHER review	
Plan:	☐ No ongoing nrsg mgmt at school indicated	☐ MEDICATION in MEDICATION DRAWER	
	☐ Standard procedure for seizure	☐ DASL updates	
	☐ Standard medication procedure	☐ FIELD TRIP list updated	
	☐ Individualized IEP (refer to DASL)	☐ ANNUAL staff training	
	☐ Training		
	☐ Other:	☐ Nurse:	