

TEXHOMA ISD STUDENT HEALTH HISTORY

We would like for your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please complete this form for your child's school health record. *This information is confidential and may only be shared with school personnel.

Child's Name _____ Date of Birth _____ Grade _____

Does your child have a history of any of the following **physician diagnosed** health problems?

___ Heart – Diagnosis _____ ___ Kidney – Diagnosis _____

___ Bone/Joint – Diagnosis _____ ___ Stomach – Diagnosis _____

___ Hearing impairment – Cause _____ ___ Vision impairment – Cause _____

___ Life-threatening allergy to _____

___ Cancer – Location _____ Type _____ Treatment _____

___ Epilepsy – Type of seizure _____ Date of last seizure _____

___ Other _____

Does your child take medication? ___ No ___ Yes Name of medication(s) _____

Will medication be required at school? ___ No ___ Yes ***Review the TISD medication policy ***

Are there any problems in your home that might affect your child's learning? _____

Special information/instructions for school health personnel: _____

The following may be administered to my child (**check all that may be administered**):

___ Hydrogen peroxide/alcohol (for cleaning) ___ Antibiotic ointment/antiseptic spray

___ Insect sting wipes/Cortizone cream ___ Calamine lotion

___ Cough drops ___ Vicks Vaporub ___ Tums ___ Eye drops

I understand that under state law: The Board of Education, the School District or the employees of the District, shall not be liable to the student or the student's parent/guardian for civil damages for any personal injuries to the student which result from acts/omissions of school employees in administering the medicine I have hereby authorized.

Signature of Parent/Guardian

Date