



MEDICAL CONDITIONS UPDATE

**SCHOOL NURSE
USE ONLY**

Date form recv'd: _____

Dear Parent/Guardian of _____,
Student's name

In order to care for your child better, the school nurse's office is following up on your child's medical history. Since the school does not have yearly registration on all students, it is difficult to keep up with children's medical conditions unless we are notified by his/her parent. In some cases the medical condition has been resolved, is in remission or is being treated.

****Please see your school nurse for yearly updating of any food changes, medicines, treatments or restrictions of any kind that may be needed for your child.****

This information is to be given to the school nurse at the beginning of every school year in order to assure continuous care at school. The school nurse will provide you with the appropriate school form or information that is needed for your child's individualized health care needs.

* * * * *

Student has history of: _____

Medical Condition/Problem on Record

At present this medical condition/problem: (mark those that apply)

☐ Under Doctor's care

Date of last doctor visit for reason listed above:

☐ Takes medications at home (please list below)

☐ Condition resolved

☐ Needs further evaluation

☐ Still has allergy which results in:

☐ Rash

☐ Local reaction

☐ Hives

☐ Shortness of breath

☐ Other _____

☐ Last episode occurred on: _____

☐ **Needs Epipen

☐ **Needs Inhaler

☐ **Needs physical activity restriction

☐ ** Needs special diet

****Indicates school needs form signed by doctor**

Parent/Guardian Signature _____ **Date:** _____

FOR ALL SEVERE ALLERGIES, FOOD ALLERGIES, AND ASTHMA, PLEASE SEE NURSE TO PICK UP NECESSARY FORM TO TAKE TO YOUR DOCTOR, A TEXAS LICENSED PHYSICIAN, FOR SIGNATURE. THESE FORMS ARE ALSO AVAILABLE ON THE SHARYLAND ISD WEBSITE.