

HEALTH INFORMATION

TO BE COMPLETED BY PARENT OR GUARDIAN EACH SCHOOL YEAR

PART 1 Parent Or Guardian To Complete. Parent or guardian is encouraged to participate in the				
development of an Individual Health Car Student Name Last First	e Plan If needed. Middle	Sex DOB		
Student Name Last First	Middle	Sex DOB		
School Year Grade	Teacher Name			
Home Phone Father Work F	Phone	Mother Work Phone		
My child has a medical condition that may affect his or her school day NO YES (please complete Part 2)				
Parent or Guardian Name (Print or Type)				
Parent or Guardian Signature		Date		
PART 2 Complete All Boxes That Apply To Your Child. Parent or guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. Check with the school health room to obtain correct medication and procedural forms. If an individual school health care plan is indicated, parent or guardian is responsible for providing the school public health nurse with necessary medical information, appropriate authorization forms, and written consent to exchange information with the child's physician.				
☐ ALLERGIES				
Allergy Type				
Food List food(s)				
Medication List medicine(s)				
Bee sting				
Other (list)				
Reactions Type	ere Date of last severe	reaction		
Coughing Hives Rasl	า			
☐ Difficulty breathing ☐ Local swelling ☐ Whe	ezing			
☐ Generalized swelling ☐ Nausea ☐ Othe	er			
Currently prescribed medications and treatments				
☐ Oral antihistamine (Benadryl, etc.) ☐ Epinephrine ☐ Other				
☐ FOOD INTOLERANCE				
☐ Due to Gastrointestinal (Digestive) distress List Foods				
☐ Due to Religious preferences List Foods				
□ ASTHMA				
Triggers	Other (list)			
Symptoms				
Chest tightness, discomfort, or pain Difficulty breathing Throat itch, tightness, or soreness				
Coughing Hoarseness	☐ Wheezing			
C Other				
Currently prescribed medications and treatments				
☐ Inhalers ☐ Oral antihistamines ☐ Oral steroids				
☐ Nebulizer ☐ Oral bronchodilator ☐ Peak flow monitoring				
Date of last hospitalization related to asthma				

Diabetes				
Currently prescribed medications and treatments				
Insulin Syringe Pen Pump				
☐ Blood sugar testing ☐ Carbohydrate Counting				
Glucagon				
Oral medication(s) List medication(s)				
Date of last hospitalization related to Diabetes				
Is special scheduling of lunch or Physical Education required? NO YES				
☐ Seizure Disorder				
Type of seizure				
Absence (staring, unresponsive) Complex partial Generalized tonic-clonic (grand mal, convulsive)				
Other (explain)				
Physical education restrictions NO YES				
Medications needed IN SCHOOL NO YES List medication(s)				
Date of last seizure Length of seizure				
Currently prescribed medications				
Other Health Conditions				
Cancer Heart condition (be specific)				
☐ Hemophilia ☐ Sickle cell anemia ☐ Physical disability (be specific)				
Gastrointestinal Condition (be specific)				
Other (explain)				
Medication needed IN SCHOOL NO YES List medication(s)				
Special procedures (e.g. catheterization, cardiac monitor, etc.) required IN SCHOOL NO YES				
(explain)				
☐ Vision Conditions ☐ Hearing Conditions				
☐ Contacts ☐ Glasses ☐ Non Correctable ☐ Hearing aid(s) ☐ Non Correctable				
☐ Other ☐ Other				
☐ Physical Restrictions				
Does your child's health condition restrict participation in Physical Education? NO YES				
If Yes, please complete Physician's Referral for participation in Physical Education form (SS/SE-200).				
http://www.fcps.edu/it/forms/se200.pdf				
PART 3 School Public Health Nurse To Complete if parent or guardian indicates medical condition(s	s).			
Health condition noted				
Follow protocol (school health care emergencies–suggestion for temporary care manual)				
☐ Medical flag				
Individual health care plan or procedure				
Public Health Nurse Signature Date	—			
Notes				

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent, guardian, or the eligible student.