Desoto County Schools Health Record

School ______________________________ **School Year** ______________________

Student's Name: ____________________________ Date of Birth: __________Age: _____ Male:___ Female: ___

Parent/Guardian: ______________________________________ Home Phone: _____________________________

Cell Phone: __________________________________ Work Phone: ______________________________________

Emergency Contact Person: ________________________________ Phone: _______________________________

I give permission for my child to be transported to a medical facility if necessary _____YES ____NO

Medical facility that you prefer your child to be transported to in an emergency: ___________________________

Medical Diagnosis	No	Yes	List medications needed	List Symptoms
Severe **Allergies**				If yes, please ask for an Emergency care Plan to fill out
Please list allergies:				
Does your child require an EpiPen at school?				
Asthma diagnosed by a doctor				
Is your child currently being treated for asthma?				If yes, please ask for an Asthma Action Plan and medication form
Does your child require an inhaler at school?				
Attention deficit (ADD, ADHD)				
Birth defects/physical handicap				
Bone or joint problems				
Seizures / Epilepsy				If yes, please ask for a Seizure Care Plan
Diabetes				If yes, please provide the school with a Diabetic Care Plan from your physician
Nosebleeds				
Heart condition				
Speech or hearing problems				
Does your child wear a hearing aid?				
Stomach or digestive problems				
Vision problems				
Does your child currently wear glasses or contacts?				
Bleeding Disorder				If yes, please ask for a Care Plan
Please list any other medical or special needs:				

****All medical information will be kept confidential****

Student's Healthcare Providers: _________________________________ Phone: _____________________________

_________________________________ Phone: _____________________________

Emergency Care Plans are necessary to provide a safe environment for your child at school. Asthma Action Plans and medication forms are required by law for your child to carry their inhaler or EpiPen at school. Care plans need to be returned to the school by the first day of class, along with needed medications.

Parent Signature: ____ Date: ______________________________