

McKinney Independent School District
School Health Services

Health Condition Information Sheet

(For general staff use, copy and distribute as needed)

Student's Name _____ D.O.B. _____ ID _____

Condition _____ Grade _____

Physician's Name _____ Phone # _____

Parent's Name(s) _____ Home Phone # _____

Street Address _____ Work Phone # _____

Employer _____ Cell/Mobile # _____

Emergency Contact #1 _____ Phone # _____

Emergency Contact #2 _____ Phone # _____

If signs or symptoms of the above condition are noted please take the following steps:

A) If this happens: _____

Then do this: _____

B) If this happens: _____

Then do this: _____

C) If this happens: _____

Then do this: _____

Please circle one of the following to indicate the level at which this student can perform this care.

Independently

Needs Assistance/Supervision

Cannot do for self

Additional Comments: _____

This form may also be completed by the campus RN when information from the physician or parent has not been received and a teacher/substitute teacher needs to be advised of a medical condition & steps to ensure safety during times when a school nurse may not be readily available.

School RN's Printed Name: _____ Signature: _____ Date: _____

Optional Parent Printed Name: _____ Signature: _____ Date: _____

Optional MD Printed Name: _____ Signature: _____ Date: _____