



Allen ISD Information on Medical Conditions

Student

Name: _____ Teacher (elementary): _____ Grade: _____

No known medical problems

Student ID number: _____

Asthma

Has your child been treated for asthma in the past 2 years? Yes No

At school, my student will need: breathing treatments rescue inhaler

My student will: self-carry inhaler. Asthma Action Plan must be provided with Dr. and parent signature.

Diabetes

At school, my student will need: insulin blood sugar checks

My student is independent in diabetes care. Diabetic Action Plan must be provided with Dr. and parent signature.

Seizure Disorder

My student **has been diagnosed with a seizure disorder**. Date of last seizure: _____

Tonic-clonic Absence Drop

emergency medication needed at school

Allergies

My student has **Life Threatening Allergies**.

Anti-histamine Epinephrine Auto-injector Other Medication

My Student self-carries anaphylaxis/anti-histamine medication. An Allergy Action Plan must be provided with Dr. and parent signature.

Life Threatening Food Allergy (please list) _____ Reaction: _____

Other Life Threatening Allergy (please list) _____ Reaction: _____

Medication Allergy (please list) _____ Reaction: _____

Any other Medical Conditions you would like the school to be aware of (please explain): _____

Please list all current medication (taken at home or in school):

Name of Medication: _____ to be taken: home school

Name of Medication: _____ to be taken: home school

Parent Signature

Date

Dear Parents,

Below is some important information that needs to be highlighted from The Allen ISD Student Handbook. **Please take time to familiarize yourself with the health section of the handbook. The policies outlined in the handbook will be strictly followed.**

Medical/Allergic Conditions

Parents will notify and meet with the school nurse regarding any medical/allergic conditions that may affect their student's welfare in the school setting. Notification must be done as soon as school begins, the student is enrolled or as soon as the condition presents itself.

Medication

A student who must take prescription or non-prescription medication during the school day must bring a completed and signed AISD medication authorization form along with the medication in its **original** container to the nurse's office upon arrival at school. Medication cannot be expired and must be **age appropriate**. Controlled medication must be brought to the clinic by a parent or guardian.

Please contact the school nurse to discuss any health concerns for your child.

Thank you,

AISD Health Services

Revised 2/5/2016

_____ Reviewed by Nurse