STUDENT HEALTH AND EMERGENCY INFORMATION
2020-2021

Student General Information

Student's Name

_____

Last First Middle

Date of Birth___/____/____ Student ID_____ Grade_____

Gender: Male / Female Language spoken: English / Spanish / Other_____

Student Health Information

Dear Parent/Guardian: The information requested on this form is needed to maintain accurate school health records for your child. It is confidential and only shared with essential personnel per HIPAA guidelines.

- ❑ ADHD
- ❑ Asthma
- ❑ Cancer
- ❑ Diabetes: Type I or II
- ❑ Emotional/Psych disorder
- ❑ Gastrointestinal Condition
- ❑ Genetic Condition
- ❑ Heart Condition
- ❑ Hearing Loss/Condition
- ❑ Hospitalizations
- ❑ Hypertension (High Blood Pressure)
- ❑ Hypotension (Low Blood Pressure)
- ❑ Kidney/Bladder Conditions
- ❑ Migraines
- ❑ Seizures/Epilepsy
- ❑ Surgical History
- ❑ Vision Loss/Condition
- ❑ Other

Please explain any health issues your child has: _____

_____

Allergies

Please list allergy to: medication, insects/stings, food, other

1. Has an Epi Pen been prescribed for your child? ❑ **Yes** ❑ **No**
2. If yes, please bring to school and complete Allergy Action Plan (physician signature required)
3. If your student has a food allergy, please complete an Allergy Questionnaire and Special Meals Request.

Medications

Please list medication your child is currently taking. If medication is to be given at school, please complete the district medication forms.

Daily Medications_____

As Needed Medications _____

DOCTOR NAME _____ **PHONE** _____

Emergency Information

In case of accident or sudden illness, the following information is required.

Parent/Guardian_____ Relationship_____

Preferred Phone Number_____ Alternate Number _____

Student lives with this parent/guardian: ❑ **Yes** ❑ **No**

Parent/Guardian_____ Relationship_____

Preferred Phone Number_____ Alternate Number _____

Student lives with this parent/guardian: ❑ **Yes** ❑ **No**

My Student Has: ❑ **Private Insurance** ❑ **Medicaid** ❑ **No Insurance** ❑ **Other**

I, the undersigned, do hereby authorize an official of Pflugerville Independent School District to contact the persons named on this form, and do authorize treatment to be rendered in an emergency, as deemed necessary for the best interest of the student.

In the event of a serious medical situation, accident or illness, the school nurse or a school official may determine that activating Emergency Medical Services (EMS) is warranted. Every attempt to contact the student's parent/guardian will be made. The child may be transported to the nearest medical facility prior to the parent/guardian arrival.

By signing this form, I acknowledge that the Pflugerville ISD is not financially responsible for emergency care or transportation of said student and I do authorize a Pflugerville ISD official to sign consent for emergency treatment if I cannot be reached.

X_____Date_____

Parent/Guardian Signature

PLEASE SEE SIDE 2 FOR CONSENT TO TREAT

Parent/Guardian Signature Authorization for Treatment at School

The campus nurse **CAN NOT** provide any treatment or evaluation of your child without parental consent. This includes basic first-aid (treatment of superficial injuries, scratches, etc.). Treatments that are requested to be performed during the school day will require a Physician's order and written parental consent.

___ YES, I authorize trained school staff to provide first aid treatment to my child.

___ NO, I do not authorize school staff to treat my child.

X_____Date_____

PfISD school health services has physician signed protocols allowing for first aid treatment by the campus nurse. The protocol includes several topical and oral over-the-counter medications. Parents will be contacted prior to the administration of acetaminophen, ibuprofen or diphenhydramine to your child.

Please approve or deny permission for the LIMITED use of each over-the-counter protocol medication when providing care for your student.

Oral medications:

Yes	No	Tylenol/Acetaminophen
Yes	No	Motrin/Ibuprofen
Yes	No	Benadryl/Diphenhydramine
Yes	No	Oragel/Anbesol/Benzocaine
Yes	No	Biotene Oral Wash
Yes	No	Chloreseptic Spray/Phenol 1.4%
Yes	No	Listerine

Topical medications:

Yes	No	Band-aid Antiseptic Wash
Yes	No	Aloe Vera
Yes	No	Neosporin
Yes	No	Burn Gel/Aloe w/lidocaine
Yes	No	Caladryl
Yes	No	Hydrocortisone Cream
Yes	No	Vicks VapoRub/Camphor, Eucalyptus oil and Menthol