

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: \_\_\_\_\_