

Ropes I.S.D.
2018-2019 SCHOOL YEAR
STUDENT HEALTH INFORMATION

Grade _____

Child's Full Name _____	Birth date _____
Address _____	Home Phone No. _____
Father's Name _____	Cell Phone No. _____
Work Location _____	Work Phone No. _____
Mother's Name _____	Cell Phone No. _____
Work Location _____	Work Phone No. _____
Primary Email Address: _____	

Name of Doctor to call in Emergency _____
Dr.'s Address and Phone No _____
Hospital Preference _____
Does your child have health insurance, CHIP or Medicaid? _____

AUTHORIZATION FOR EMERGENCY CARE

In case of an accident or sudden illness to the above named child and in the event that I cannot be reached by telephone, I hereby authorize a representative of the Ropes I.S.D. to refer my child to the above named physician or to a physician selected by the school representative, if none is given above or that physician is not available.

(Signature of Parent of Guardian) Date

FOR SCHOOL USE ONLY

Type of Treatment _____

Date _____

(Signature of School Official)

Some information, such as asthma, diabetes, and allergies may be shared with your child's

teachers.

**CHILD'S HISTORY
2018-2019 SCHOOL YEAR**

List any allergies your child may have (include medications, food, pet, etc.).

List any medical conditions your child may have (asthma, diabetes, epilepsy, blood disorder, etc.).

Does your child take any medications regularly? _____

If yes, list them.

Does your child have any food intolerances? _____

If yes, explain. _____

Is your child on a special diet? _____

If yes, what kind? _____

Has your child had any diseases or surgeries? _____

If yes, list them.

Please use the following space for any other information that might be helpful for the school to know regarding your child.

NAME AND PHONE NUMBER OF TWO OTHER PEOPLE WHO CAN BE REACHED IF UNABLE TO CONTACT A PARENT.

1. _____

2. _____



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Dear Parent or Guardian,

If your child needs to take medication at school, you need to sign a consent form with the nurse; prescription and non- prescription medications as well as medications for students who self-administer asthma, anaphylactic and diabetic medications. If you wish for your child to receive any medication (Prescription, Tylenol, Advil, cough syrup, etc.) at school, you **must** send the medication. The medication must be in its original container. We will not be able to keep stock bottles of medications to give your child when the child thinks he or she needs it.

The reason for this procedure is Texas State Education Code 22.052, which states the school may administer medication **only** upon written request by the parent or guardian and the medication is in the original container.

Thank you,
WenDee Rhoades MSN RN
School Nurse

562-2606