

**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. \_\_\_\_\_  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The IHP has been reviewed and discussed by the school nurse &/or parent/guardian & have listed the above information as staff awareness and individualized student information to expedite the care of the student during times when a school nurse may not be readily available. **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: \_\_\_\_\_