

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: _____