

**BIRDVILLE INDEPENDENT SCHOOL DISTRICT**

**HEALTH INFORMATION**

Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Current medical diagnosis or handicaps: \_\_\_\_\_

Medication-Routine or occasional-times, dosages (even if given at home): \_\_\_\_\_

ALLERGIES (medications, foods, environments): \_\_\_\_\_

Special procedures or other health information necessary for nurse at school to know about: \_\_\_\_\_

**INSURANCE:** NONE MEDICAID TEXCARE CHIPS OTHER \_\_\_\_\_

**PHYSICIAN:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

I give permission for the school nurse to communicate with the above named physician and to release information to the appropriate school personnel regarding my child's medical condition. I understand a copy of this form will be sent with EMS in an emergency.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_ **WORK PHONE #** \_\_\_\_\_ **CELL#** \_\_\_\_\_

BISD Form I A-15, 6/09

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