



Woodville ISD Health Services

Student Health Information

To all Parents/Legal Guardians,

To best be informed of your child's health information, Woodville ISD needs to collect current health information for the upcoming school year. Please review, complete, and return this form to your campus nurse so that all health records may be updated appropriately. Each student will need a current health information form on file every school year.

If your child received any immunizations over the summer please attach a copy of the updated immunization record as well.

Thank you for your cooperation in helping to keep our students healthy and safe!

General Student Information

Student's Full Name: _____ Student's DOB: _____

Student's Campus/Grade: _____ Gender: _____

Medical Information

Physician: _____ Hospital/Clinic Preference: _____

Physician Phone: _____ Insurance Carrier/Policy#: _____

If necessary, I hereby consent to emergency medical treatment for my child:

Parent/Guardian Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Medical History/Diagnoses

Please circle any medical condition your child is being treated for and leave any notes regarding condition:

DIABETES (Type 1 or Type 2)

ASTHMA

SEIZURES

ALLERGIES (please list)

VISION

HEARING

HEART CONDITION

OTHER (please list)

If any of these are applicable to your child please provide a physician **completed and signed Action Plan or physician orders** to your campus nurse.

If a food allergy is present please provide a physician completed and signed **Action Plan and Diet Order form** to your campus nurse.

Emergency Contacts

1) Name: _____ Relationship: _____
Phone: _____ Address: _____

2) Name: _____ Relationship: _____
Phone: _____ Address: _____