



## COLMESNEIL INDEPENDENT SCHOOL DISTRICT

610 W. Elder St.  
P. O. Box 37  
Colmesneil, TX 75938

Phone: 409.837.5757  
Fax: 409.837.5759  
www.colmesneilisd.net

---

DEAR PARENT(S):

I NEED YOUR HELP! TO BEST BE INFORMED OF YOUR CHILD'S HEALTH, I NEED TO COLLECT SOME CURRENT INFORMATION. PLEASE FILL OUT THE QUESTIONNAIRE BELOW, AND RETURN IT TO SCHOOL SO THAT I MAY UPDATE ALL MEDICAL RECORDS.

ALSO IF YOUR CHILD(S) RECEIVED ANY VACCINATIONS THIS SUMMER, PLEASE ALSO ATTACH A COPY OF THE MOST RECENT SHOT RECORD.

THANK YOU FOR YOUR TIME AND COOPERATION. TOGETHER, OUR EFFORTS WILL KEEP OUR CHILDREN SAFE AND HEALTHY.

SINCERELY,

MICHELE MARSHALL  
CISD SCHOOL NURSE

CHILD'S NAME: \_\_\_\_\_ HOME PHONE # \_\_\_\_\_  
PARENTS' NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAMILY PHYSICIAN: \_\_\_\_\_  
CHILD'S CURRENT GRADE: \_\_\_\_\_ DOB OF CHILD: \_\_\_\_\_

HEALTH HISTORY OF CHILD—PLEASE COMMENT IF APPLICABLE

DIABETES:

ALLERGIES (IF SO, WHAT?):

ASTHMA:

HEART PROBLEMS:

BLOOD DISORDERS:

RESPIRATORY DISORDERS:

NEUROLOGICAL DISORDERS (i.e. seizures):

VISION PROBLEMS:

HEARING PROBLEMS:

OTHER (EXPLAIN INCLUDE ANY SURGERIES, LIST ANY ROUTINE MEDS WITH DOSAGE)