

Avoyelles Parish School Board
 221 Tunica Drive West
 Marksville, Louisiana 71351
 (318) 253-5982

NURSE'S MEDICAL HISTORY QUESTIONNAIRE

Child's name: _____ Grade: _____ Teacher: _____

Bus driver/# _____ Car rider _____ Special Education: _____ 504: _____

PLEASE CHECK IF A DOCTOR OR HEALTHCARE PROVIDER HAS DIAGNOSED YOUR CHILD WITH ANY OF THE FOLLOWING.

_____ Food Allergy (List & reaction) _____
(PLEASE SEE NURSE FOR DIET ORDER OR DR ORDER FOR EPI-PEN IF NEEDED)

_____ Asthma (triggers) _____
(PLEASE SEE NURSE FOR DR ORDER FOR INHALER IF NEEDED AT SCHOOL)

_____ Diabetes **(PLEASE SEE NURSE FOR DIABETIC ORDERS)**
 _____ Seizures **(Last Seizure & describe)** _____
 _____ Heart Condition**(explain)** _____
 _____ Insect Allergy **(what insect & type of reaction)** _____
 _____ Other, please list _____
 _____ ADHD. Medication(s) _____ Doctor _____

mother	cell number	home number	work number
father	cell number	home number	work number
Other Emergency contact	cell number	home number	work number
Other contact	cell number	home number	work number

I consent for my child's medical information to be shared with staff in direct care of my child on an as need to know basis for the school year 2019-2020.

_____ parent/guardian signature

_____ date